



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title:	Effective Date:
A 5.1	11/2018	Division Level II Incident Report Management and Closure process	11/16/2018
			Next Review Date 11/01/2020

1.0 POLICY:

The Clinical Services Branch monitors, tracks and evaluates all Level II Incidents.

2.0 PURPOSE:

To provide a standardized process for reviewing and closing Division Level II Incident reports.

3.0 SCOPE: Clinical Services Branch

4.0 DEFINITIONS:

4.1 **Division Level II Incident** is a serious incident that may represent a high risk to the safety of consumers or staff or liability to the State. Such incidents are reported to the Administrator of the Division to ensure that appropriate safeguards are implemented and all level II incidents are evaluated and addressed by the Division Incident Report Committee.

4.2 **Patient Safety Officer (PSO)** as used in this policy references [NRS. 439.815](#) means a person who is designated pursuant to [NRS 439.870](#).

4.3 **Division Incident Report Committee** is a Clinical Services Branch Committee consisting of membership of each agency's PSO or Quality Assurance Specialist (QAS).

4.4 **Closed Chart:** A Medical Record that has been reviewed and all forms, documents and signatures are completed by clinical staff. Inpatient paper/hard copy charts are uploaded into Avatar and the paper chart if filed as a closed chart.

4.5 **Locked Chart:** A Medical Record both electronic and hard/paper copy are secured by Health Information Services (HIS). The Avatar record is locked and the hard/paper copy is secured separately from open or closed charts.

5.0 REFERENCES:

5.1 [NRS. 439.815](#)

5.2 [NRS 439.870](#)

5.3 [DPBH Clinical Services Branch CRR .014 Risk Management and Reporting Serious Incidents](#)

6.0 PROCEDURE:



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title:	Effective Date:
A 5.1	11/2018	Division Level II Incident Report Management and Closure process	11/16/2018
			Next Review Date 11/01/2020

- 6.1 Division Incident Report Committee meetings will be convened on a periodic Basis, approximately every two (2) months by teleconference.
- 6.2 Level II Division Incidents must be entered into Avatar by a QAS, a clinical staff person or a QAPI staff member, AAs do not enter Level II Incidents even with an SIR worksheet.
- 6.3 Prior to each meeting, PSO or QAS will be given assignments to review and report with recommendation for further review or closure of each of their assigned Level II Division incidents.
- 6.4 Incidents will not be assigned for review that are not at least three (3) months old. This will allow time for Root Cause Analysis (RCA), investigations or other necessary research to be completed.
- 6.5 Members of the Division Incident Report Committee will have access to closed and locked medical records both electronic and paper/hard copy on request. This will allow them to do the necessary research to determine the status of an open Division Level II Incident.
- 6.6 At each meeting, the agency PSO or QAS will report on each of their assigned incidents to include the following:
 - 6.6.1 A brief summary of the incident;
 - 6.6.2 A recommendation for further review and research; or
 - 6.6.3 A recommendation to “close” the incident in Avatar.
- 6.7 After review and discussion the Committee will agree on the status of the incident approving either further research or closure.
- 6.8 Incidents not approved for closure by committee consensus will remain open for further research and committee review.
 - 6.8.1 The Agency Manager or delegee will ensure that a final incident note be recorded in Avatar prior to closure of the indent.
 - 6.8.2 The Agency Manager or delegee will not close Level II incidents.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title:	Effective Date:
A 5.1	11/2018	Division Level II Incident Report Management and Closure process	11/16/2018
			Next Review Date 11/01/2020

- 6.8.3 Level II Division Incidents may only be closed at the recommendation of this committee and by a committee member.
- 6.8.4 Incidents not approved for closure remain on subsequent agendas until they are approved for closure.
- 6.8.5 When incidents that remain on the agenda for more than six (6) months, the committee will work with the DPBH Deputy Administrator to resolve issues and facilitate closure.

6.9 The PSO or QAS assigned will close each of their assigned incidents approved for closure by the committee.

6.10 The Committee will focus on identifying trends that would point to opportunities for system improvements through out the Division and make recommendations for further action or analysis.

7.0 ATTACHMENTS:

7.1 [CRR .014 Risk Management and Reporting Serious Incidents Attachment A](#)

8.0 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: 03/16/2018; 11/2018

DATE APPROVED BY DPBH ADMINISTRATOR: 03/16/2018; 11/2018

DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH:
03/16/2018; 11/2018



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title:	Effective Date:
A 5.1	11/2018	Division Level II Incident Report Management and Closure process	11/16/2018
			Next Review Date 11/01/2020



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 03/2017
A6.2	<u>03/2019</u> 7	Clinical Services Disaster Plan Requirement	Next Review Date: <u>03/2021</u>19

1.0 POLICY:

The Division of Public and Behavioral Health is responsible for mitigation against, preparation for, response to, and recovery from emergencies and disasters in order to provide assistance that saves lives and protects health, safety and property.

- 1.1 Public Health Preparedness and Behavioral Health (ESF 8-1) are part of the Statewide Comprehensive Emergency Management Plan which describes the methods by which the State of Nevada will mobilize resources and conduct disaster response and recovery activities.
- 1.2 The Division of Public and Behavioral Health is also part of the overall Continuity of Operations Plan for state agencies.
- 1.3 Each facility and agency under the Clinical Services Branch of DPBH is required to have an All Hazards Emergency Operations Plan that is reviewed and updated annually.

2.0 PURPOSE:

This policy serves to ensure that the DPBH, Clinical Services Branch, is prepared in the event of a natural or manmade disaster or state or federally - declared emergency, in collaboration with other disaster response efforts at state and local levels within the National Incident Management System and NRS 414 Emergency Management.

3.0 SCOPE:

Division of Public and Behavioral Health, Clinical Services Branch

~~4.0 REFERENCES:~~

- ~~4.1 NRS 414.0335~~
- ~~4.2 NRS 414.0345~~
- ~~4.3 NRS 414.035~~
- ~~4.4 Nevada Behavioral Health Emergency Operations Plan~~
- ~~4.5 Emergency Preparedness: Preparing Hospitals for Disasters, California Hospital Association; <http://www.calhospitalprepare.org/hazard-vulnerability-analysis>~~

4.0 DEFINITIONS:

- 4.1 The Joint Commission (TJC): a United States-based nonprofit tax-exempt 501 (c)



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 03/2017
A6.2	<u>03/2019</u> 7	Clinical Services Disaster Plan Requirement	Next Review Date: <u>03/2021</u> 19

organization that accredits health care organizations and programs.

- 4.2 Centers for Medicaid and Medicare Services (CMS): Part of the U.S. Department of Health and Human Services which oversees many federal healthcare programs.
- 4.3 Disaster: Per NRS 414.0335 “Disaster” means an occurrence or threatened occurrence for which, in the determination of the Governor, the assistance of the Federal Government is needed to supplement the efforts and capabilities of state agencies to save lives, protect property and protect the health and safety of persons in this state, or to avert the threat of damage to property or injury to or the death of persons in this state.
- 4.4 Emergency: Per NRS 414.0345 “Emergency” means an occurrence or threatened occurrence for which, in the determination of the Governor, the assistance of state agencies is needed to supplement the efforts and capabilities of political subdivisions to save lives, protect property and protect the health and safety of persons in this state, or to avert the threat of damage to property or injury to or the death of persons in this state.
- 4.5 Emergency Management: Per NRS 414.035 “Emergency management” means the preparation for and the carrying out of all emergency functions, other than functions for which military forces are primarily responsible, to minimize injury and repair damage resulting from emergencies or disasters caused by enemy attack, sabotage or other hostile action, by fire, flood, earthquake, storm or other natural causes, or by technological or man-made catastrophes, including, without limitation, a crisis involving violence on school property, at a school activity or on a school bus. These functions include, without limitation:
 - 4.51 The provision of support for search and rescue operations for persons and property in distress.
 - 4.52 Organized analysis, planning and coordination of available resources for the mitigation of, preparation for, response to or recovery from emergencies or disasters.
 - 4.5 Essential Service Function 8-1 (ESF 8-1) facilitates behavioral health support to assist victims, victim’s families, emergency responders, and community members during the immediate, intermediate and long term.

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 03/2017
A6.2	<u>03/2019</u> 7	Clinical Services Disaster Plan Requirement	Next Review Date: <u>03/2021</u> 19

- 4.6 National Incident Management System (NIMS) is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity.
- 4.7 Hazard Vulnerability Assessment (HVA): a systematic approach to recognizing hazard that may affect demand for agency services or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for the Emergency Management Operations Plan.

5.4.0 REFERENCES:

- 4.1 NRS 414.0335
- 4.2 NRS 414.0345
- 4.3 NRS 414.035
- 4.4 Nevada Behavioral Health Emergency Operations Plan
- 4.5 Emergency Preparedness: Preparing Hospitals for Disasters, California Hospital Association; <http://www.calhospitalprepare.org/hazard-vulnerability-analysis>

5.0 6.0 PROCEDURE:

5.14.1 Each facility, to include but not limited to Dini-Townsend Psychiatric Hospital of Northern Nevada Adult Mental Health Services (NNAMHS), Rawson-Neal Psychiatric Hospital and Stein Forensic Facility of Southern Nevada Adult Mental Health Services (SNAMHS), Lakes Crossing Center, and Rural Counseling and Supportive Services, under the DPBH Clinical Services Branch shall maintain an All Hazards Emergency Operation Plan that is consistent with NIMS and based on annual HVA.

5.24.2 Each facility shall identify essential staff including a designated Emergency Management Coordinator and provide those staff with information regarding their responsibilities in preparation for possible disasters and in the event of a disaster.

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 03/2017
A6.2	<u>03/2019</u> 7	Clinical Services Disaster Plan Requirement	Next Review Date: <u>03/2021</u> 19

5.34.3 The Emergency Operations Plan shall include appropriate training activities to ensure that staff is prepared to implement the plan in the event of a disaster.

5.44.4 The Joint Commission and CMS require psychiatric hospitals such as Dini-Townsend Psychiatric Hospital and Rawson-Neal Psychiatric Hospital to have an All Hazards Emergency Operations Plan, as well as multi-year emergency preparedness training plan for all staff.

5.54.5 Agencies may partner with other entities within their community and the State, as necessary to implement the plan. Such partnership agreements must be approved by the appropriate Deputy Attorney General.

5.64.6 Emergency Operations Plans at each facility or agency level under the Clinical Services Branch, shall be reviewed and updated annually and be based on a Hazard Vulnerability Assessment

5.74.7 Each agency or facility under the Clinical Services Branch will develop specific written procedures to implement this policy.

6.05.0 ATTACHMENTS

6.1 HVA Tool

7.06.0 Implementation of Policy

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.

ADMINISTRATOR

EFFECTIVE DATE:

DATE APPROVED BY DPBH ADMINISTRATOR:

DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH:

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 03/2017
A6.2	<u>03/2019</u> 7	Clinical Services Disaster Plan Requirement	Next Review Date: <u>03/2021</u> 19

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date:
HR 1.3	5/19 5/2011	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	12/2003 Next Review Date: 05/2021

1.0 POLICY:

It is policy to require a criminal background check of any person appointed to a position in ~~the~~ classified or unclassified service, and to require the disclosure of certain criminal convictions, which occur during a person's employment with the Division.

2.0 PURPOSE:

To take measures ~~available through~~ required by Nevada law to ensure that agencies are aware of and take appropriate action in relation to any criminal history of current employees and persons being considered for employment.

3.0 SCOPE: Clinical Services Branch

4.0 DEFINITIONS: N/A

5.0 REFERENCES:

- 5.1 NRS 179A.190
- 5.2 NRS 179A.110
- 5.3 NRS 193.105
- 5.4 NRS 239B.010"
- 5.5 NRS 449.176.
- 5.6 NRS 449.179
- 5.7 NRS 449.188
- 5.8 NAC 284.314
- ~~5.9~~

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6.0 PROCEDURE:

- 6.1 A criminal background check consists of a check of a person's fingerprints against the criminal history records on file with the State of Nevada and the Federal Bureau of Investigation (FBI).



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 12/2003
HR 1.3	5/2011 5/19	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	Next Review Date: 05/20 21 ¹¹

- 6.2 A criminal background check is required as a condition of employment for any person appointed to a position in the Division, to include appointment as a new hire, promotion, transfer, reinstatement, reemployment, reappointment, or demotion.
- 6.2.1 The applicant/employee must receive written notice (Attachment A) of the requirement for a criminal background check at his/her cost as a condition of employment.
- 6.3 The Division Administrator, Deputy Administrator, or agency director may require a criminal background check of a current employee when deemed necessary to confirm the existence or absence of a criminal history relevant to the employee's employment.
- 6.4 Division Administrator or Deputy Administrator may waive the requirement for a criminal background check for temporary employees, those for whom such background checks are already on file with the ~~agency, or agency or~~ may be obtained from another agency in the Division or another Division in the Department of Health and Human Services, or others at his/her discretion.
- 6.5 Except as otherwise provided in this subsection, a current employee of the Division must disclose any criminal conviction in writing to the Division Administrator, Deputy Administrator, or his/her agency director, within five (5) calendar days following a finding of guilty or entry of judgment.
- 6.5.1 Convictions for driving under the influence of drugs or alcohol are reportable under this policy.
- 6.5.2 Minor traffic violations are not reportable convictions except as required in conjunction with an application for employment.
- 6.5.3 The Division or agency personnel representative must maintain the written disclosure in a confidential manner separate from the employee's personnel file.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 12/2003
HR 1.3	5/19 5/2011	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	Next Review Date: 05/20 21 ¹¹

- 6.6 ~~With regard to~~Regarding employment offers for a classified position, a current state employment application (NPD-1), completed and signed by the applicant, must be received by the Division agency personnel representative prior to extending an employment offer.
- 6.7 ~~With regard to~~Regarding employment offers for an unclassified position, a completed application or resume and a statement signed by the applicant stating ~~whether or not~~whether the applicant has ever been convicted of a misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication) or convicted, within the last five (5) years, of a moving violation must be received by the relevant personnel representative prior to extending an offer of employment.
- 6.8 Completion of Fingerprint Cards:
- 6.8.1 A criminal background check requires submission of completed fingerprint cards by the personnel representative to the Department of Public Safety and Criminal History Records Repository.
 - 6.8.2 The personnel representative will provide the employee with two fingerprint cards.
 - 6.8.3 The employer information and account number on the fingerprint cards will be completed by the Division or agency personnel representative or his/her designee.
 - 6.8.4 The requestor, employer and address spaces must reflect the name and address of the Division or agency personnel representative.
 - 6.8.5 The space for Reason Fingerprinted should read "NRS 239B.010"
 - 6.8.6 "Notice relating to sexual offenses - NRS 179A.190" will also be listed for an employee whose duties include exercising supervisory or disciplinary control over children, having direct access or contact with children served by the Division or having access to information or records related to identifiable children served by the Division.
 - 6.8.7 "Information from FBI – NRS 449.179" will also be listed for employees of the Division's two (2) intermediate care facilities.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 12/2003
HR 1.3	5/19 5/2011	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	Next Review Date: 05/20 21 11

- 6.8.8 The employee must complete all identifying information on the front of the card and sign the Authorization for Release of information (reverse side of form #NHP-016) and have his/her fingerprints rolled.
- 6.8.9 The employee's supervisor must ensure the employee is fingerprinted and the fully completed cards are delivered or mailed to the agency personnel representative within five (5) working days of the employee's appointment date or upon request if the fingerprints are requested for a reason other than a new appointment.

6.9 Cost of the Fingerprinting and Background check:

- 6.9.1 The employee is responsible for the cost of the fingerprinting and background check as a condition of employment, unless this service is provided free to the agency by a local law enforcement agency, or the agency has provided for such costs in its budget.
 - 6.9.1.1 The cost of background checks required of current employees will be borne by the agency.
 - 6.9.1.2 The cost for fingerprinting and background checks for employees in intermediate care facilities are covered per NRS 449.179.
- 6.9.2 Fingerprinting may be done by any local law enforcement agency offering this service.
- 6.9.3 The cost of the background check must be paid by a money order payable to the Department of Public Safety.
- 6.9.4 The employee may arrange through the Division or agency personnel representative to pay the fee by money order within 30 days of his/her date of appointment by signing a deferred payment agreement (Attachment B).
 - 6.9.4.1 If a person's employment with the Division ends prior to the Division's receipt of payment, the payment will be due on or before the last day of employment.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 12/2003
HR 1.3	5/19 5/2011	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	Next Review Date: 05/20 21 11

6.9.5 The Criminal History Repository will not charge a fee for the state search if a report was provided within the immediately preceding six (6) months and the original report was performed using NRS 449.176.

6.9.5.1 The applicant/employee must disclose the date of the prior search, and the personnel representative must submit this information to the Records and Identification Services section at the time the fingerprint cards are submitted on the appropriate DPS medical facility authorization form

6.10 The Division or agency personnel representative is responsible for submitting the fully executed fingerprint cards and money order to the State of Nevada, Department of Public Safety, and Criminal History Repository within five (5) working days after receipt.

6.10.1 For employee-paid background checks, a money order for payment must accompany the fingerprint cards or must be submitted with the direct billing statement if the employee entered into a deferred payment agreement.

6.11 Results of Criminal Background Check:

6.11.1 Results of criminal background check will be transmitted by the Criminal History Repository to the agency personnel representative.

6.11.2 The agency personnel representative is responsible for notifying the Division Administrator, Deputy Administrator or agency director within five (5) working days of the information reported by the Criminal History Records Repository.

6.11.3 Results of background checks must be maintained in a confidential manner separate from employees' personnel files.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 12/2003
HR 1.3	5/2011 5/19	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	Next Review Date: 05/20 21 ¹⁴

6.11.4 NRS 179A.110 precludes any person who receives information as the result of a criminal history search from further disclosure of the records of criminal history, or the absence of such records to any person other than the employee of the record without the express authority of law or in accordance with a court order.

6.11.5 The Criminal History Repository has agreed that Divisions within Department of Health and Human Service (DHHS) may exchange this information on employees moving between agencies or divisions under the conditions specified in Section XII.

6.12 An employee must be notified by the Division Administrator, Deputy Administrator, Agency Director, or their designee, as to whether a record of criminal history was received ~~as a result of~~because of the search, and advised whether the information resulted from the State search or the FBI search.

6.12.1 The employee must be directed instead to the Records and Technology Bureau.

6.12.2 The Records and Technology Bureau will provide the employee with the forms and procedures to review information or to challenge the accuracy of the information.

6.12.3 Correction of inaccurate information typically requires that the employee contact the arresting agency or the state where the arrest occurred.

6.13 Any challenge to the accuracy of the information must be submitted by the employee within three (3) working days after receiving notice of the record of criminal history from the Division or agency.

6.13.1 A copy of the challenge must be provided by the employee to the agency personnel representative at the same time.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 12/2003
HR 1.3	5/2011 5/19	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	Next Review Date: 05/20 11

6.13.2 The employee must demonstrate due diligence in providing corrected information to the agency personnel representative in the form provided by the Records and Technology section or an alternate form, such as an official court document accepted by the Division or agency.

6.14 A criminal conviction and/or information relating to sexual offenses must be considered on its individual merit when determining whether dismissal or any other employment action should be taken ~~with regard to~~ regarding the employee.

6.14.1 The following factors will be considered:

- 6.14.1.1 the offense;
- 6.14.1.2 the intervening amount of time since the offense;
- 6.14.1.3 the duties and responsibilities of the employee's position;
- 6.14.1.4 how the offense is related to the person's employment.
- 6.14.1.5 relevant laws and regulations and ~~whether or not~~ whether the employee disclosed the criminal conviction on the application for employment as required by NAC 284.314 and/or by this policy.

6.15 Pursuant to DPBH ~~CS~~ Policy HR 1.1, if results of the background check indicate a criminal history, approval for hiring must be obtained from the Division Administrator.

6.16 If an employee of the Division is appointed to a position in another division within the Department of Health and Human Services, or to another agency within DPBH, the results of the criminal background checks obtained by the first DPBH agency may be forwarded to the employee's new agency or DHHS division, provided that the position to which the employee is being appointed requires a comparable type of criminal background check.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date:
HR 1.3	5/2011 <u>5/19</u>	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	12/2003 Next Review Date: 05/20 11 <u>14</u>

6.17 The Division and its agencies will comply with any laws, regulations or policies which require the disclosure of criminal convictions. Examples:

- 6.17.1 The State's Alcohol/Drug Free Workplace Policy requires a state employee to inform his/her employer in writing within five (5) days after they are convicted for violation of any federal or state criminal drug statute when such violation occurred while on duty or on the employer's premises.
- 6.17.2 Agencies receiving a federal contract or grant must in turn notify the federal agency which authorized the contract or grant within ten (10) days after receiving notice of the conviction.

6.18 NRS 193.105 requires an employer to terminate the employment of an employee if, ~~during the course of~~during his employment, the employee is convicted on or after October 1, 1989, of violating any federal or state law prohibiting the sale of any controlled substance.

NRS 449.188 allows the denial, suspension or revocation of a license to operate an intermediate care facility if the applicant or licensee is convicted of certain crimes as listed in NRS 449.188.

7.0 ATTACHMENTS:

- 7.1 Criminal Background Check Employee Notification
- 7.2 Deferred Payment Agreement – Criminal Background Che

8.0 IMPLEMENTATION OF POLICY:

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.

EFFECTIVE DATE: 12/05/2003
 REVIEWED / REVISED DATE: 07/16/2007, 5/20/11, 5/19
 SUPERSEDES: POLICY # 5.030 CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS
 APPROVED BY MHDS ADMINISTRATOR: 5/20/11
 APPROVED BY MHDS COMMISSION: 5/20/11
APPROVED BY DPBH COMMISSION: 5/19



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 12/2003
HR 1.3	<u>5/19</u> 5/2011	CRIMINAL BACKGROUND CHECKS AND EMPLOYEE REPORTING OF CONVICTIONS	Next Review Date: 05/20 21 <u>11</u>

ATTACHMENT A
CRIMINAL BACKGROUND CHECK EMPLOYEE NOTIFICATION

NRS 239B.010 authorizes state agencies to request and receive information from the FBI on persons considered for employment, and on persons about whom it has a need for such information to protect the agency or its clients. The Division of Public and Behavioral Health (DPBH) conducts criminal background checks upon initial hire for all positions and may also conduct such checks of existing employees at its own expense.

I understand that I must undergo a criminal history background check, including a search of State and FBI criminal history records, as a condition of employment or continued employment with DPBH.

I understand that I may review and challenge the accuracy of any and all criminal history records or notices thereof which are returned to the employer as a result of this check, and the proper forms and procedures will be furnished by the Department of Public Safety, Records and Technology section, for me to do so upon my request.

I understand that DPBH may use the information received as a result of the criminal background check in determining whether to continue my employment or to take other action in relation to my employment.

I agree to pay the charges associated with the background check including the fees, if any, for rolling of fingerprints and for conducting the search.

Applicant or Employee's Signature Date

Employer's Representative Signature Date

DEFERRED PAYMENT AGREEMENT CRIMINAL BACKGROUND CHECK

I, agree to submit a money order in the amount of \$_____ payable to Department of Public Safety for payment of the fees for a criminal background check to the _____'s personnel representative by _____. In the event my (agency) (30 days from today's date) employment with the Division of Public and Behavioral Health~~Mental Health and Developmental Services~~ ends prior to this date, I will make the payment on or before my last day of employment

Employee Signature Date



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 1.09	4/2019	Lobbying	8/2007
			Next Review Date
			04/2021

1.0 POLICY:

The Division prohibits any employee or representative of the state of Nevada in contacting or communicating with a federal agency, member of congress, or congressional staff member as an advocate for funding of any program

2.0 PURPOSE:

To ensure that any lobbying efforts are in the best interest of all citizens of Nevada.

3.0 SCOPE:

4.0 DEFINITIONS:

Lobbying is a concerted effort designed to achieve some result, typically from government authorities and elected officials. It can consist of the outreach of legislative members, public actions (e.g. mass demonstrations), or combinations of both public and private actions (e.g. encouraging constituents to contact their legislative representatives).

5.0 REFERENCES:

6.0 PROCEDURE:

- 6.1** No representative of the state of Nevada is to contact or communicate with a federal agency, member of congress, or congressional staff members as an advocate for funding of any program without obtaining prior approval from the governor's office.
- 6.2** This is designed to better coordinate the administrator's efforts on behalf of the citizens of Nevada and to ensure that any lobbying efforts are indeed in the best interests of all the citizens of Nevada.
- 6.3** Each division agency shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into the agency policy manual.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 1.09	4/2019	Lobbying	8/2007
			Next Review Date 04/2021

7.0 ATTACHMENTS: NA

8.0 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

Effective Date: 12/3/80

Date Revised: 8/21/07

Date Review: 3/10/05, 04/2019

Dated Approved by DPBH Commission: 4/2019



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 09/2007
SP1.2	04/2019	Serving Individuals with Co-Occurring Mental Health and Substance Use Disorders	Next Review Date: 04/2021

1.0 POLICY:

The DPBH Clinical Services Branch staff will follow guidelines for providing care for clients with co-occurring mental Health and substance use disorders, in all levels or care, across all agencies, and throughout all phases of the recovery process (e.g., engagement, screening, assessment, treatment, rehabilitation, discharge planning and continuing care).

2.0 PURPOSE:

To outline procedures focused on the provision of services for DPBH clinicians providing co-occurring treatments, as well as to ensure a process for a continuum of care agency to agency and statewide.

3.0 SCOPE: Clinical Services Branch

4.0 DEFINITIONS:

- 4.1 Co-occurring Disorders: the existence of at least two (2) disorders, one (1) of which refers to the use of alcohol or drugs and another relating to mental illness.
- 4.2 Integrated Treatment is a means of coordinating both substance use and mental health interventions. It is preferable if this is done by one (1) clinician, however two (2) or more clinicians working collaboratively within one (1) program or collaboratively with other service providers. Integrated services must be seamless to the individual participating in the services.
- 4.3 Co-occurring guiding principles
 - 4.3.1 Consumers with co-occurring disorders are common in the healthcare system and not viewed as an exception
 - 4.3.2 There is no wrong door for consumers with co-occurring disorders who are entering our healthcare system.
 - 4.3.3 Both mental health and substance use disorders are to be diagnosed and treated simultaneously.
 - 4.3.4 Service provision of integrated treatment includes one (1) plan for one (1) person.
 - 4.3.5 Use evidence-based practices and protocols and evaluate how they relate to outcomes.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 09/2007
SP1.2	04/2019	Serving Individuals with Co-Occurring Mental Health and Substance Use Disorders	Next Review Date: 04/2021

- 4.3.6 Identify develop and evaluate new practices to be used for evidence-based research.
- 4.3.7 Continuously improve program structures, milieu, staffing, and training relative to co-occurring disorders.
- 4.3.8 Family education, support, recovery, self-help, mutual support and peer delivered services are important components of delivering a co-occurring system of care.
- 4.3.9 Integrated care must be accomplished by preserving and capitalizing on the values, philosophies, and core technologies of both mental health assessment and treatment.
- 4.3.10 Relapse or non-adherence to treatment is not an automatic cause of terminating the client from the program.
- 4.3 Dual Diagnosis refers to clients with mental health and intellectual disability diagnosis.

5.0 REFERENCES: N/A

6.0 PROCEDURE:

- 6.1 Screening and assessment must be completed to determine the existence of a co-occurring disorder. Screening and Assessment will include:
 - 6.1.1 Psychiatric, substance use and trauma history, interaction between a client's mental health symptoms and substance use throughout the lifespan.
 - 6.1.2 Documentation of both psychiatric and substance use diagnoses.
- 6.2 A Co-occurring treatment plan will be developed based on screening and assessment and using a multi-disciplinary team approach where:
 - 6.2.1 Both diagnosed disorders will be viewed as priority and the plan will ensure that stage specific and clinically indicated services be prescribed and completed concurrently.
 - 6.2.2 The treatment plan will document and ensure that the treatment of mental illness as well as substance use will continue at the needed intensity regardless of the consumers active use of substances or exhibiting psychiatric symptoms.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date: 09/2007
SP1.2	04/2019	Serving Individuals with Co-Occurring Mental Health and Substance Use Disorders	Next Review Date: 04/2021

6.2.3 The treatment plan will identify and address and medical conditions as appropriate.

7.0 ATTACHMENTS: N/A

8.0 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

Division of Mental Health and Developmental Services
Policy #4.010 – Care and Treatment of Dual Diagnosed Clients

Policy: It is the policy of the division that mental health and developmental service agencies cooperate in providing services to dual diagnosed clients with mental illness and developmental delays.

Procedure:

1. If a client is mentally ill and being served by a mental health agency, but is also diagnosed as developmentally disabled, the mental health agency shall remain the primary responsible agency for that client.
2. If a mentally ill client being served by a mental health agency is assessed by the agency administrator as needing developmental services, the agency administrator shall contact the agency administrator of the developmental services agency shall stipulate who from that agency will be responsible for coordinating developmental services. The developmental services agency may be asked on for assistance in diagnosing suspected developmental delay.
3. If developmental delay is diagnosed in a client with mental illness, the developmental services agency shall evaluate the client for treatment and services that could be provided in the client's treatment plan, how their services should be provided, and who should provide them. The developmental services agency will assist the mental health agency in furnishing and coordinating developmental services specified in the treatment plan. The representative from developmental services may be asked to participate on the treatment team.
4. Treatment plans of the dually diagnosed client shall be reviewed every 90 days. The staff member identified in the treatment plan as responsible for implementation of the plan will have responsibility for requesting that the developmental services agency participate in the care and treatment of the client and of convening the review meetings.
5. If a client is developmentally disabled and being served by a developmental services agency, but is also diagnosed as mentally ill, the developmental services agency shall remain the primary responsible agency for that client.
6. If a developmentally delayed client being served by a developmental services agency is assessed by the agency administrator as needing mental health services, the agency administrator shall contact the agency administrator of the mental health agency in the region for assistance. The administrator of the mental health agency shall stipulate who from that agency will be responsible for coordinating mental health services. The mental health agency may be called on for assistance in diagnosing suspected mental illness.

7. If mental illness is diagnosed in a client with developmental delays, the mental health agency shall evaluate the client for treatment and services that could be provided in the client's treatment plan, how these services should be provided, and who should provide them. The mental health agency will assist the developmental services agency in furnishing and coordinating mental health services specified in the treatment plan. The representative from mental health may be asked to participate on the treatment team.
8. Treatment plans of the dually diagnosed client shall be reviewed every 90 days. The staff member identified in the treatment plan as responsible for implementation of the plan will have responsibility for requesting that the mental health agency participate in the care and treatment of the client and of convening the review meetings.
9. In the event the client involved is in need of emergency institutional placement for treatment and evaluation, mental health agencies will cooperate with developmental services agencies to provide such evaluation and treatment, and both agencies will work together to assist each other in the treatment and discharge planning for said client.
10. In the event the client involved is in need of services including treatment and training for developmental delay, developmental services agencies will cooperate with mental health agencies to provide such treatment and training, and both agencies will work together to assist each other in the treatment and discharge planning for said client.
11. Clients have the right to consent to their transfer from one facility to another. If a client, in the professional opinion of the members of his treatment team, could be more appropriately served in a division facility other than the one in which he is being served at the time the need to transfer is identified, he shall be asked to consent to his transfer after the reasons for the transfer are discussed with him. His consent shall be written and shall be in this chart. If the client does not consent, or is unable to have written consent, the team shall so note in the client's chart and shall ask the administrator of the agency to request an order for transfer from the division administrator. Any transfer made without the consent of the client shall be noted and reported to the Commission on Mental Health and Developmental Services as a denial of rights.
12. The primary responsible agency for the client will ensure that the assisting agency is provided with information from the client's chart sufficient to satisfy NRS 433.332, which includes a medical history of the client, a summary of the current physical condition of the client and a discharge summary which contains information necessary for the proper treatment of the client.
13. The primary responsible agency will not close its charts and files on a client until after a discharge plan agreed to by the assisting agency has been drawn and

approved by the administrators of both agencies. On such agreement, the assisting agency may become the primary responsible agency for the client and the former primary responsible agency may be called upon as an assisting agency for the client.

14. This policy is not intended to abrogate the legal responsibility of each agency administrator to expend resources allocated to that agency according to state, federal and division guidelines and requirements. It is intended that services be provided to the greatest extent possible by the primary responsible agency for the client. It is also intended that needed services be coordinated by the primary responsible agency for the client to avoid duplication and to maximize the benefit available for the client while minimizing the effect on the assisting agency.
15. Each division agency shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into the agency policy manual.

A handwritten signature in black ink, appearing to read "Carol Brando". The signature is stylized and includes a large, sweeping flourish at the end.

Administrator

Effective Date: 12/31/97
Date Revised:
Date Reviewed: 12/31/99, 3/10/05
Date Approved by MHDS Commission:
Replaces: MOU



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 4.37	4/2019	Professional Behavior of DPBH Employees	5/1999
			Next Review Date 04/2021

1.0 POLICY:

It shall be the policy of that all Division employees will behave in a professional manner and meet established codes of ethics.

2.0 PURPOSE:

This policy is intended to assist employees within all DPBH and contract providers, in avoiding dual relationships with consumers and to promote a healthy and therapeutic environment.

3.0 SCOPE: Clinical Services Branch

4.0 DEFINITIONS: N/A

5.0 REFERENCES:

- 5.1 State Administrative Manual Current Edition – Found in Resources on SharePoint
- 5.2 Code of Ethics – State Web site/ Department of Administration, Human Resource Management
- 5.3 DPBH Policy HR 1.9 Workplace Violence Prevention
- 5.4 DPBH Policy HR 5.31 Bullying Prevention Program

6.0 PROCEDURE:

- 6.1 Agencies and supervisors must support employees to be sufficiently involved with consumers to offer effective care yet refrain from involvement that hampers their ability to effectively attend to consumers' needs.
 - 6.1.1 Healthy interpersonal boundaries between employees, contract providers



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 4.37	4/2019	Professional Behavior of DPBH Employees	5/1999 Next Review Date 04/2021

- and consumers are essential for the appropriate emotional and therapeutic support of people receiving services.
- 6.1.2 Lack of clearly defined boundaries and dual relationships involving both personal and professional roles confuse consumers, increase their dependency, hamper their recovery or progress and reduce the development of natural support systems.
 - 6.1.3 Each Division agency shall incorporate this policy into their agency's policy manual.
- 6.2 Initial orientation training for all Division employees and contract provider staff shall include this policy, and training on the importance of maintaining healthy professional boundaries with consumers and other persons with whom consumers maintain close personal relationships and actions to take when dual relationships or unhealthy emotional ties occur.
- 6.2.1 Training on this policy shall be provided and documented annually
 - 6.2.1 Division agencies shall develop ongoing training to assist all staff to safely identify and discuss issues involved in having dual relationships that could involve emotional involvement or exploitation.
- 6.3 This policy shall be provided to Division employees and contract provided on the first day of employment.
- 6.4 All licensed and certified professional employees, including but not limited to nurses, counselors, psychologists, psychiatrists, physicians, social workers and therapists shall be accountable for following the ethical standards, statutes and regulations of their respective licensing boards, as well as DPBH policies.
- 6.5 Division employees and contract providers shall not impose their personal values or



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 4.37	4/2019	Professional Behavior of DPBH Employees	5/1999
			Next Review Date 04/2021

- encourage agency consumers to adopt or affiliate with any organized group, sect, religious or political ideology or organization.
- 6.6 Division employees and contract providers shall avoid revealing intimate personal history/information to a consumer with whom they have a direct therapeutic role or other persons with whom consumers maintain close personal relationships unless there is a specific therapeutic purpose for the disclosure.
- 6.7 If there is a specific therapeutic purpose for the disclosure it shall be documented in the clinical record.
- 6.7.1 Staff shall not share specific personal information such as address and/or home phone number.
- 6.7.2 The treatment team or supervising staff will address the need for phone contact by a person receiving agency services outside of work hours and appropriate resources and alternatives for the person will be identified.
- 6.8 If an individual who is known or whose family member is known to a Division employee or contract provider applies for or is admitted for services, the employee shall review the relationship with his/her supervisor who shall, in turn, seek approval from the agency Director in establishing guidelines for maintaining a professional relationship when contact occurs within the treatment setting.
- 6.9 A Division employee or contract provider shall not knowingly establish



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 4.37	4/2019	Professional Behavior of DPBH Employees	5/1999 Next Review Date 04/2021

or engage in a personal relationship with agency consumers, family members, or the consumer's significant others.

6.9.1 If such a relationship exists, the Division employee or contract provider will inform his/her supervisor of the relationship and be removed from the therapeutic role.

6.10 Personal relationships are prohibited between a Division employee or provider and **former** agency consumers with whom a therapeutic relationship has occurred.

6.11 Supervisors shall bring knowledge of conflicting relationships to the attention of the agency Director immediately upon learning of such relationships.

6.11.1 The agency Director will assess the situation and develop a plan to assure the safety of the consumer.

6.12 **Under no circumstances** may Division employees or contract providers engage in romantic relationships or sexual activity with agency consumers or former consumers with whom a therapeutic relationship was established, regardless of the time lapse since termination of the therapeutic relationship.

6.13 **Under no circumstances** may employees engage in sexual activity within the agency or on the property where they are assigned to work.

6.14 Division employees or contract providers are strictly forbidden from engaging in business relationships with agency consumers or former consumers as long as there is or has been a therapeutic relationship, including but not limited to:



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 4.37	4/2019	Professional Behavior of DPBH Employees	5/1999 Next Review Date 04/2021

- 6.14.1 Loaning or borrowing of money,
- 6.14.2 Trading, bartering, or profiting from sale of goods to the consumer.
- 6.15 If a Division employee or contract provider must engage in a regular business relationship with an agency consumer or former consumer because of the lack of a business alternative in the community (e.g., in small rural communities with limited business resources):
 - 6.15.1 The employee must immediately notify their supervisor.
 - 6.15.2 The supervisor and agency Director shall assure that a plan is developed in assisting the person to set clear boundaries with the consumer or former consumer so that harm is avoided.
- 6.16 Generally, Division employees and contract providers shall not accept money, gifts, services, or special privileges in any amount from agency consumers or others with whom those consumers have close personal relationships.
 - 6.16.1 Exceptions include personal interactions that occur in the context of events in which staff, consumers, and families participate together, such as holiday parties, social events connected with the therapeutic environment, agency, or unit, or similar occasions in which participants come together because of their connections within the agency.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 4.37	4/2019	Professional Behavior of DPBH Employees	5/1999
			Next Review Date 04/2021

- 6.17 If a Division employee or contract provider wishes to donate money or tangibles to an agency consumer, they must have prior approval from the supervisor and the donation must be made anonymously through a designated non-profit contractor or vendor agency.
- 6.18 Division employees or contract providers shall not perform work-related activities on behalf of consumers on their private time without the prior approval of their immediate supervisor.
- 6.19 Violations of this policy may result in disciplinary action up to and including dismissal.
- 6.20 In the case of a Division employee or contract provider engaging in a romantic relationship or sexual activity with a current or former agency consumer when a therapeutic relationship exists or has existed, the agency Director shall recommend dismissal of the employee.

7.0 ATTACHMENTS: N/A

8.0 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: 05/11/1999



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev.	Title	Effective Date:
SP 4.37	4/2019	Professional Behavior of DPBH Employees	5/1999 Next Review Date 04/2021

REVISED DATE: 7/11/02, 8/26/02, 9/5/02, 1/2/03, 1/3/03; 7/2/07, 6/23/08
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DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH: 05/2019