LEGISLATIVE SUMMARY SHEET

Tracking No. 0087-24

DATE: April 16, 2024

TITLE OF RESOLUTION: AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE; AMENDING AND APPROVING THE NAVAJO DEPARTMENT OF HEALTH DIVISION OF BEHAVIORAL AND MENTAL HEALTH COMPREHENSIVE POLICES AND PROCEDURES

PURPOSE: If approved, this resolution will amend and approve the Navajo Department of Health Division of Behavioral and Mental Health Services Outpatient Treatment Center and Residential Treatment Center Policies and Procedures.

FINAL AUTHORITY: Health, Education and Human Services Committee
VOTE REQUIREMENT: Simple Majority

This written summary does not address recommended amendments as may be provided by the standing committees. The Office of Legislative Counsel requests each Council Delegate to review each proposed resolution in detail.

5-DAY BILL HOLD PERIOD: AJohnson
Website Posting Time/Date:
Posting End Date: 04-24-24
Eligible for Action: 04-25-24

PROPOSED STANDING COMMITTEE RESOLUTION

25th NAVAJO NATION COUNCIL—SECOND YEAR, 2024

INTRODUCED BY

Primary Sponsor

TRACKING NO. 0087-24

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE; AMENDING AND APPROVING THE NAVAJO DEPARTMENT OF HEALTH DIVISION OF BEHAVIORAL AND MENTAL HEALTH COMPREHENSIVE POLICES AND PROCEDURES

BE IT ENACTED:

SECTION ONE. AUTHORITY

A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council and as such is empowered to oversee all health and social service-related activities of the Navajo Nation and its organizations and enterprises, relating to the delivery of health. 2 N.N.C. §§ 400(A), 401(C)(2).

B. The Health, Education and Human Services Committee has oversight of the Navajo Department of Health. 2 N.N.C. § 401(C)(1).

C. The Health, Education and Human Services Committee is authorized to establish Navajo Nation policy, and promulgate rules and regulations governing health, social services, education, human services, and general government services of the Navajo Nation. 2 N.N.C. § 401(B)(1).

SECTION TWO. FINDINGS

A. The Division of Behavioral and Mental Health Services is established within the Navajo Department of Health. Resolution HEHSCJA-01-18 Navajo Department of Health Master Plan of Operation.

B. The initial Division of Behavioral and Mental Health Services Outpatient Services Policy and Procedures Manual was approved by the 20th Navajo Nation Council Health and Human Services Committee through Resolution HSSCD-12-05. Resolution HSSCD-12-05 (exhibits omitted) is attached as **Exhibit A**.

C. The Division of Behavioral and Mental Health Services submitted an Executive Summary Memo, attached as **Exhibit B**, requesting amendment of the Division of Behavioral and Mental Health Policies and Procedures. The Department of Justice completed an Executive Official Review and determined the

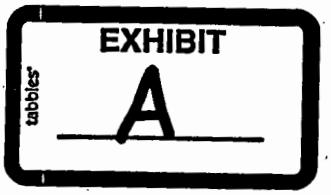
D. Amendments are needed to reflect updated services, current trends, and changes in clinical terminology.

E. The Division of Behavioral and Mental Health Services Comprehensive Policies and Procedures, attached as **Exhibit C**, includes:

1. The Division of Behavioral and Mental Health Services Outpatient Policies and Procedures;
2. The Division of Behavioral and Mental Health Services Residential Treatment Center Policies and Procedures;
3. The Division of Behavioral and Mental Health Services Residential Traditional Healing Component Policies and Procedures;
4. The Navajo Regional Health Authority – Training Manual;
5. And an Appendix containing various documents.

SECTION THREE. APPROVAL

The Health, Education, and Human Services Committee of the Navajo Nation Council hereby amends and approves the Navajo Department of Health Division of Behavioral and Mental Health Services Comprehensive Policies and Procedures, as detailed in **Exhibit C.**



HSSCD-12-05

RESOLUTION OF THE
HEALTH AND SOCIAL SERVICES COMMITTEE
OF THE NAVAJO NATION COUNCIL

20th NAVAJO NATION COUNCIL –Third Year, 2005

AN ACTION

RELATING TO HEALTH, APPROVING THE DEPARTMENT OF BEHAVIORAL HEALTH SERVICES OUTPATIENT SERVICES POLICY AND PROCEDURES MANUAL

BE IT ENACTED:

The Health and Social Services Committee hereby approves the Department of Behavioral Health Services Outpatient Services Policy and Procedures Manual, attached hereto as Exhibit A.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Health and Social Services Committee of the Navajo Nation Council at a duly called meeting at Window Rock, Navajo Nation (Arizona), at which a quorum was present and the same was passed by a vote of 4 in favor, 0 opposed, this 23rd day of December, 2005.

Jerry Freddie, Chairperson
Health and Social Services Committee

Motion: Willie Johnson, Sr.
Second: Peterson B. Yazzie

EXHIBIT
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B

DR. BUU NYGREN *PRESIDENT*
RICHELLE MONTOYA *VICE PRESIDENT*
The Navajo Nation | Yideeskąądi Nitsáhákees

EXECUTIVE SUMMARY

TO : ALL CONCERNED

FROM : Dr. Michelle Brandser
Dr. Michelle Brandser, Health Services Administrator
Division of Behavioral and Mental Health Services

DATE : December 20, 2023

SUBJECT : Executive Summary: Division of Behavioral and Mental Health Policies and Procedures

This executive summary provides an overview of the amended Division of Behavioral and Mental Health Policies and Procedures. As part of our ongoing commitment to ensuring the well-being and evolving needs of our community members, this revised policy now encompasses Residential, Navajo Regional Behavioral Health Authority, and Sober Living Services, building upon the foundation of the original policy that focused solely on Outpatient Services. The initial policy was approved through Resolution HSSCD-12-05 by the 20th Navajo Nation Council Health and Social Services Committee on December 23, 2005.

The Division of Behavioral and Mental Health Services Policies and Procedures has been meticulously produced by our team, taking into consideration Navajo and State regulations, industry best practices, and the unique needs of our community. These policies and procedures cover a wide range of areas, including but not limited to:

1. **Confidentiality and Privacy:** Ensuring the confidentiality and privacy of individuals seeking behavioral health support within our community.
2. **Crisis Intervention:** Establishing protocols for identifying and responding to behavioral and mental health crises, including crisis intervention strategies.
3. **Employee Training:** Implementing ongoing training programs for staff to enhance their awareness and understanding of behavioral health issues.
4. **Access to Services:** Facilitating easy and equitable access to behavioral health services for all members of our community.

5. **Collaboration with External Resources:** Establishing partnerships with external organizations to provide additional resources and support.

Request for Review and Approval:

We seek the review and approval of the amended Division of Behavioral and Mental Health Policies and Procedures, now including Residential, Sober Living Services, and Navajo Regional Behavioral Health Authority. This aligns with the commitment outlined in Resolution HSSCD-12-05, acknowledging the dynamic nature of behavioral health services.

Request for Review and Approval:

The Division of Behavioral and Mental Health Services Policies and Procedures continues to embody the mission of Division of Behavioral and Mental Health's dedication to comprehensive behavioral health services. We appreciate your consideration and look forward to your favorable response as we meet the diverse needs of our community.

cc: DBMHS Files

MEMORANDUM:

TO : Executive Reviewers

THRU : Lavinia Begaye
Dr. Michelle Brandser, Health Services Administrator
Division of Behavioral and Mental Health Services

FROM : _____
Tanya Sheperd, Senior Programs & Projects Specialist
Division of Behavioral and Mental Health Services

DATE : December 06, 2023

RE : **DBMHS Outpatient Treatment Center Policies and Procedures**

I am forwarding 164 #021875 for review and signature. The Navajo Nation Division of Behavioral and Mental Health Services is requesting approval of the revisions made to the DBMHS Outpatient Treatment Center Policies and Procedures Manual. The last update was completed in 2005 and updates are required to reflect changes in services and up to date information. Some language and terminology are outdated and needs to reflect current trends and clinical language. The revisions were made directly to the 2005 manual and are included on the USB drive attached. The document is too large to attach and viewing on the USB drive allows reviewers to see where changes were made. Your review and approval of the Executive Review packet is appreciated. After review and approval, DBMHS will submit our request to legislative services for approval by our oversight committee. If you have any questions, contact Nicole Begay, Program Evaluation Manager at (928) 810-8536 or (928) 871-6240. Thank you for your time in this matter.

xc: File

MEMORANDUM

TO: ALL CONCERNED

FROM: Dr. Michelle Brandser
Dr. Michelle Brandser, Health Services Administrator
Division of Behavioral and Mental Health Services

DATE: July 10, 2023

SUBJECT: **STANDING DELEGATION OF AUTHORITY**

Effective immediately the following will assume the responsibility of the Health Services Administrator of the Division of Behavioral and Mental Health Services-Administrative Support during my absence. The standing line of delegation will be as follows:

1. Tanya Sheperd, Senior Programs & Projects Specialist-DBMHS
2. Lavinia Begaye, Administrative Services Officer-DBMHS

While serving the capacity, delegated individuals should be accessible from 8:00 a.m.–5:00 p.m., so all urgent and important documents/issues can be addressed in a timely manner. The individuals above will be delegated signature authority and will address pertinent and pressing division issues and concerns related to the day-to-day operations of the division.

The authorized delegation will include all routine duties of the Health Services Administrator, with the exception of certain documents the designee recommends for my review/decision and signature. This delegation shall supersede all other delegations. Thank you for your cooperation.

ACKNOWLEDGMENT:

Tanya Sheperd, Senior Programs & Projects Specialist
Division of Behavioral and Mental Health Services

Lavinia Begaye
Lavinia Begaye, Administrative Services Officer
Division of Behavioral and Mental Health Services

xc: Kim Russell, Executive Director-NDOH
DISTRIBUTION

Document No. 021875 Date Issued: 12/06/2023

EXECUTIVE OFFICIAL REVIEW

Title of Document: DBMHS Outpatient Treatment Center P&P Contact Name: SHEPERD, TANYA LYNN

Program/Division: DEPARTMENT OF HEALTH

Email: tlsheperd@navajo-nsn.gov Phone Number: (928) 871-7578

			Sufficient	Insufficient
☐ **Business Site Lease**				
1. Division:	_____	Date: _____	☐	☐
2. Office of the Controller:	_____	Date: _____	☐	☐
(only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review)				
3. Office of the Attorney General:	_____	Date: _____	☐	☐
☐ **Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions**				
1. Division:	_____	Date: _____	☐	☐
2. Office of the Attorney General:	_____	Date: _____	☐	☐
☐ **Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications**				
1. Office of Management and Budget:	_____	Date: _____	☐	☐
2. Office of the Controller:	_____	Date: _____	☐	☐
3. Office of the Attorney General:	_____	Date: _____	☐	☐
☐ **Navajo Housing Authority Request for Release of Funds**				
1. NNEPA:	_____	Date: _____	☐	☐
2. Office of the Attorney General:	_____	Date: _____	☐	☐
☐ **Lease Purchase Agreements**				
1. Office of the Controller:	_____	Date: _____	☐	☐
(recommendation only)				
2. Office of the Attorney General:	_____	Date: _____	☐	☐
☐ **Grant Applications**				
1. Office of Management and Budget:	_____	Date: _____	☐	☐
2. Office of the Controller:	_____	Date: _____	☐	☐
3. Office of the Attorney General:	_____	Date: _____	☐	☐
☐ **Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval**				
1. Division:	_____	Date: _____	☐	☐
2. Office of the Attorney General:	_____	Date: _____	☐	☐
☐ **Relinquishment of Navajo Membership**				
1. Land Department:	_____	Date: _____	☐	☐
2. Elections:	_____	Date: _____	☐	☐
3. Office of the Attorney General:	_____	Date: _____	☐	☐

Pursuant to 2 N.N.C. § 110, 164, 222, 223 and Executive Order Number 06-2023

☐ **Land Withdrawal or Relinquishment for Commercial Purposes**

			Sufficient	Insufficient
1. Division:	_____	Date: _____	☐	☐
2. Office of the Attorney General:	_____	Date: _____	☐	☐

☐ **Land Withdrawals for Non-Commercial Purposes, General Land Leases and Resource Leases**

1. NLD	_____	Date: _____	☐	☐
2. F&W	_____	Date: _____	☐	☐
3. HPD	_____	Date: _____	☐	☐
4. Minerals	_____	Date: _____	☐	☐
5. NNEPA	_____	Date: _____	☐	☐
6. DNR	_____	Date: _____	☐	☐
7. DOJ	_____	Date: _____	☐	☐

☐ **Rights of Way**

1. NLD	_____	Date: _____	☐	☐
2. F&W	_____	Date: _____	☐	☐
3. HPD	_____	Date: _____	☐	☐
4. Minerals	_____	Date: _____	☐	☐
5. NNEPA	_____	Date: _____	☐	☐
6. Office of the Attorney General:	_____	Date: _____	☐	☐
7. OPVP	_____	Date: _____	☐	☐

☐ **Oil and Gas Prospecting Permits, Drilling and Exploration Permits, Mining Permit, Mining Lease**

1. Minerals	_____	Date: _____	☐	☐
2. OPVP	_____	Date: _____	☐	☐
3. NLD	_____	Date: _____	☐	☐

☐ **Assignment of Mineral Lease**

1. Minerals	_____	Date: _____	☐	☐
2. DNR	_____	Date: _____	☐	☐
3. DOJ	_____	Date: _____	☐	☐

☐ **ROW (where there has been no delegation of authority to the Navajo Land Department to grant the Nation's consent to a ROW)**

1. NLD	_____	Date: _____	☐	☐
2. F&W	_____	Date: _____	☐	☐
3. HPD	_____	Date: _____	☐	☐
4. Minerals	_____	Date: _____	☐	☐
5. NNEPA	_____	Date: _____	☐	☐
6. DNR	_____	Date: _____	☐	☐
7. DOJ	_____	Date: _____	☐	☐
8. OPVP	_____	Date: _____	☐	☐

☑ **OTHER:**

1. Division Director:	[signature]	Date: 12-6-23	☑	☐
2. OAG:	[signature]	Date: 12/8/23	☒	☐
3. _____	_____	Date: _____	☐	☐
4. _____	_____	Date: _____	☐	☐
5. _____	_____	Date: _____	☐	☐

Navajo Nation Division of Behavioral & Mental Health Services

OUTPATIENT TREATMENT CENTER POLICIES AND PROCEDURES

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5.1.01 AcuDetox Level 1 and 2

SECTION 6 – CRISIS RESPONSE TEAM

6.1.01 Crisis Response Team

I. ~~I.~~ Introduction

The Navajo Nation is the largest federally recognized Indian tribe in the United States of America covering a geographical area of about ~~16.5 million acres~~27,000 square miles.~~–~~ The Navajo Nation is a sovereign nation situated in three different states of Arizona, New ~~Mexico~~New Mexico, and Utah (comparable to the state of West Virginia).

It is estimated that there are approximately ~~298,197~~399,494 people who claim Navajo ethnicity.~~–~~ Approximately ~~180,000~~165,000 Navajo people reside on the reservation, which is unique in terms of geophysical, demographic characteristics and structures that directly influence the lifestyle of the Navajo population.

The Dinée culture, language and traditions are still practiced today by a majority of the Navajo people.~~—~~ Before the advent of colonization, the Navajo people used traditional ceremonies and medicines for healing and restorative purposes. ~~–~~The core structure of Navajo philosophy is living the Beauty Way of Life, which is perpetuated to the younger generations through teachings received from clanship, grandparents, Navajo ~~elder~~selders, and traditional practitioners.

Also prevalent are the influences and concepts of Dinée language, Four Sacred Mountains, K'ée and many other Diné teachings still widely practiced today~~—~~. As a result, the Navajo people ~~desire~~ require culturally appropriate behavioral health services from clinicians who respect their culture and are culturally sensitive to their beliefs.

II. ~~a.~~ Background of American Indian Populations

Compared with the U.S. population in general, the American Indian population is especially at risk for alcohol related consequences.~~–~~ According to Indian Health Services (IHS) records on alcohol related illness and death among tribes in the United States, (IHS, ~~1996~~2019), the age adjusted alcohol related death rate ~~in 1992-~~2099-2011was ~~5.6~~6.6 times higher among the Indian population than among the U.S. population in general.

A sources, *"Changing the Conversation, Improving Substance Abuse Treatment: The National Treatment Plan Initiative"*, states that, "Although studies indicate that ethnic populations are at high risk for substance abuse disorders, the majority of patients in treatment are white men, highlighting the concern that the current system is not effectively reaching certain populations (e.g. women, juveniles, the physically challenged, and many ethnic or culturally diverse groups) SAMHSA's UFDS date, 1977), the treatment programs targeting these populations are limited in number and often difficult to access."

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If further states that regarding rural areas such as the Navajo Nation, "geography poses a problem in many rural areas because an insufficient number of programs are spread across different regions. These scattered programs pose problems for accessibility (e.g.e.g., long travel times or lack of transportation), especially for individuals in need of ongoing care. Location of care, type of care available, hours of operation, and program characteristics often limit client access to care."

Adverse physical and social consequences of excessive alcohol consumption are endemic among many Native American communities; this is especially true of the Navajo Nation. Among the Navajo Nation population, alcohol-related diagnoses among men is double the rate among women as is the rate of alcohol-related deaths. It is estimated that approximately 52,000 Navajo individuals (25% of the Navajo population) are affected by substance abuse and co-occurring disorders, but all do not receive treatment.

~~In 2004fiscal year 2021, during the unprecedented Covid-19 pandemic, the DBHS DBMHS was able to provide services for only 11,986591 individuals (25% required residential treatment services)that included 2,368 direct client service hours. In 2021, the Navajo Nation Council approved the Dine Action Plan to collectively address prevention, substance use, violence, and crime. It will provide a roadmap for all entities and partners to address public safety and social program needs in order to address the issue plaguing the Navajo Nation by working toward shared goals and objectives.~~

Alcohol mortality rates related to motor vehicle accidents are the leading cause of death among Navajo people (Navajo Area Indian Health Services, 2000-2001). The Indian Health Service (1998-99) reports that 21.8% of all deaths in the Navajo Area were caused by accidents and ~~adverse affects~~adverse effects due to alcohol use.

Adverse health consequences from a high incidence and prevalence of alcohol/drug use on the Navajo Nation ~~include:~~include domestic violence, high rates of fetal alcohol syndrome (FAS) and underlying psychological disorders.

Therefore, to meet the ongoing behavioral health needs of the Navajo population, DBMHS strives to provide direct serves to clients, through unforeseen circumstances or events, which was seen throughout the COVID-19 pandemic. Additionally, in 2021, the Navajo Nation Council approved the Diné Action Plan to collectively address prevention, substance use, violence, and crime to provide a roadmap for all entities and partners to address public safety and social program needs in order to address the issue plaguing the Navajo Nation by working toward shared goals and objectives.

III. b. Selected Health/Behavioral Health Statistics

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Statistics	Navajo Nation	US
Per Capita Health Care	1,397	3,261
Life Expectancy at Birth (both sexes)	72.5	75.8
Birth Rate (per 1,000)	23.2	14.8
Maternal Mortality (rate per 100,000	3 (Death)	0.6
Infant Mortality (rate per 1,000 live births)	8.2	7.6
Age Adjusted Mortality (rate per 100,000, all causes)	625.1	503.9
Years of Productive Life Lost (rate per 1,000 population under 65 years of life)	111.9	57.0
Age Adjusted Accident Mortality (rate per 100,000)	134.6	30.5
Age Adjusted Alcoholism Mortality (rate per 100,000)	50.1	6.5
Alcohol related Motor Vehicle Crashes death per	NA	9.8
Cirrhosis Death (per 100,000)	NA	9.1
Drug related deaths (per 100,000)	NA	3.8
FAS Incidence per 1,000 Births	2.5	0.22
Mother who drank during pregnancy under age 18 (%)	3.8	0.8
Mother who drank during pregnancy all ages (%)	3.1	1.5
Adjusted suicide deaths rate (100,000)	15.9	11.2
Age Adjusted Homicide Mortality Rate (per 100,000)	19.1	9.0

Regional Differences in Indian Health 1998-99 and Trend in Indian Health 1998-99 (I.H.S. Publication), and Health People 2010 Objectives

Statistics	Navajo Nation	United States
Life Expectancy at Birth (both sexes)	71.4	77
Birth Rate (per 1,000)	13.4	12.01
Maternal Mortality (rate per 100,000)	30.40%	12.7%
Infant Mortality (rate per 1,000 live births)	8.3	5.547
Potential Years of Life Lost (rate per 1,000 population under 65 years of life)	41,044	7,665
Age Adjusted Death Rate (per 100,000)	1,027.8	715.2
Age-Adjusted Rate of Alcohol Induced Deaths (rate per 100,000)	52.2	13.1
Deaths from Drunk Driving Crashes	NA	11,654
Cirrhosis Death Rate (per 100,000)	6.4	11
Fetal Alcohol Syndrome Incidence per 1,000 Births	1.4	0.5

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Suicide Rate (100,000)	17.48	16.10
Homicide Death Rate (per 100,000)	18.8	6.52

Gap in Services

Total Navajo Nation Service Delivery Area Population		Service Need (25%)	Currently Served		Gap in Service	Unmet Need
Reservation	180,000165,158		DBHSDBMHS	Other		
Border Towns	30,00016,516		15,000591	22,000		
Total	210,000181,674	52,00045,418	37,000		15,000	15,000

Population figures are from year 2000 U.S. Census
Projections of Need from Department of Behavioral Health Services Annual Report

IV. c. Behavioral Health Services on the Navajo Nation

The NAIHSNavajo Area Indian Services (IHS) provides health services to approximately 237,000247,203 individuals. However, they Navajo Area IHS transferscontract services related to alcohol related funds, services and functions directly to the Navajo Nation through P.L. 93-638 contract. The Navajo Nation Department Division of Behavioral and Mental Health ServicesDBMHS is the lead agency to provide comprehensive alcohol and substance abuse prevention/education, treatment and aftercare services to Navajo individuals and their families on the Navajo Nation.

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~~The Department~~ Division ~~of Behavioral and Mental Health Services (DBHS~~DBMHS~~)~~The DBMHS uses an integrated multi-disciplinary approach model using Western 12-step Recovery, Alternative Treatment/Navajo Traditional and Faith Based Initiative components. ~~Navajo DBHS~~DBMHS meets professional ethics, enhances family preservation, and strengthens mental, physical, ~~cultural~~cultural, and spiritual well-being of Navajo individuals.

~~DBHS~~ DBMHS assures that adequate quality and culturally acceptable behavioral health care services are available, ~~accessible~~accessible, and affordable to the Navajo people through effective coordination, regulation and development of a health infrastructure. ~~-~~Such services are provided through collaborative programs, contact providers and through ~~DBHS~~ DBMHS offices.

~~Current Issues:~~

- ~~Lack of funding exists to employ needed trained licensed personnel to provide culturally relevant behavioral health services. Currently DBHS DBMHS employs approximately 180 counselors and clinicians, and is striving to fill multiple counselor and clinician positions. If Commission on Accreditation of Rehabilitation Standards (CARF) were utilized, DBHS would need an additional 12,000 counselors and clinicians to provide basic clinical services to the estimated population of Navajo individuals in need of services.~~
- ~~Lack of adequate facilities exists. The established DBHS DBMHS offices across the Navajo Nation are centrally located in the most populated areas. There exists a need for residential and detox services all across the Navajo Nation, but there are no funds~~is a lack of available ~~funding to build new facilities.~~
- ~~Lack of culturally relevant behavioral health treatment centers. Many off reservation facilities do not have Navajo speaking staff and that limits the ability of clients to convey issues relevant to their use of alcohol or harmful substances. Navajo patients feel limited in conversing about their problems with a therapist in the English language. In addition, some facilities prohibit possession of corn pollen, cedar, sweet grass or other traditional supplies. Clients' families may be unable to travel long distances to treatment centers for participation in family therapy sessions.~~
  - ~~Lack of funding. The Navajo Area Indian Health Services reports that the level of funding awarded to the Navajo Area for all health care services (including funding of alcohol/substance abuse prevention and treatment programs) is below 70% level of need Currently, DBMHS is using Third Party Reimbursements with State Medicaid in New Mexico and Arizona to help fill the gap in need.~~

V. Navajo Nation Department of Health

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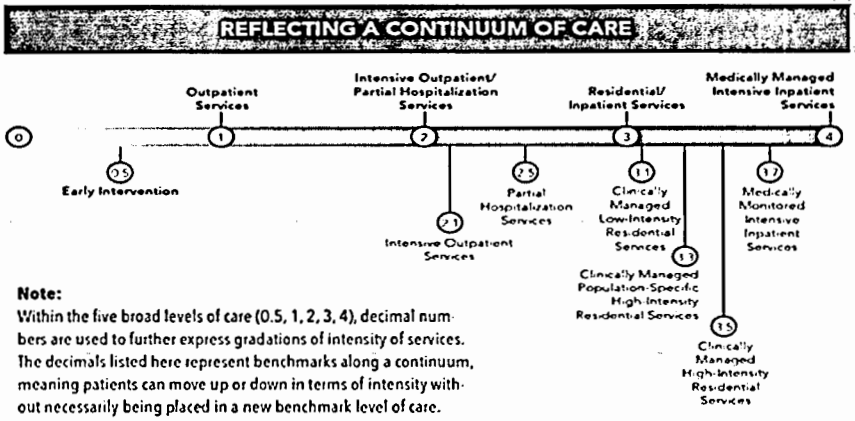
Pursuant to 2 N.N.C.§1604, The Department of Health is established as a Department under the Executive Branch of the Navajo Nation Government. Pursuant to 2 N.N.C.§1606, The Department of Health is comprised of such programs, offices and administrative components as may be deemed necessary by the Executive Director to fulfill its purposes subject to legislative review and approval of the Department's Plan of Operation.



The Department of Health was enacted by Resolution CO-50-14 to ensure that quality comprehensive and culturally relevant health care and public health services are provided on the Navajo Nation, and was established to monitor, evaluate, regulate, enforce, and coordinate health codes, regulations, policies, and standards and provide public health services in order to protect the health and safety of the Navajo people and communities.

VI. d. ~~Navajo Department~~ Division of Behavioral and Mental Health Services

~~Navajo Department~~ Division of Behavioral and Mental Health Services (~~Navajo DBHS~~DBMHS) is the lead agency providing comprehensive substance ~~a~~buse, care coordination, education, treatment and aftercare services to Navajo individuals and their families. ~~Navajo DBHS~~ DBMHS is committed to ~~improve~~ improving the level of quality, health and wellness of each Navajo individual and family affected by substance ~~a~~buse and/or mental health problems. Unique to DBMHS are the cultural and pastoral services through Traditional Practitioners and Faith-Based services.

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~~Navajo DBHS~~ DBMHS meets professional ethics, enhances family preservation, and strengthens mental, physical, cultural, and spiritual well-being of Navajo individuals and families.

DBMHS has a total of ten (10) Outpatient Treatment Centers; seven (7) locations in Arizona, three (3) in New Mexico; and one (1) Residential Treatment Center located in Shiprock, NM. In addition, DBMHS has eight (8) Navajo Regional Behavioral Health Authority (NRBHA) offices in Arizona and one (1) in New Mexico.

1. Window Rock, AZ
   - Central Administration
   - Window Rock Central RBHA Service Center
2. Fort Defiance, AZ
   - Fort Defiance Outpatient Treatment Center
   - Ft. Defiance RBHA Service Center
3. Sanders, AZ
   - Nahat'a Dziil Outpatient Treatment Center
4. Chinle, AZ
   - Chinle Outpatient Treatment Center
   - Sober Living Center
   - Chinle RBHA Service Center
5. Tuba City, AZ
   - Tuba City Outpatient Treatment Center
   - Tuba City RBHA Service Center
6. Kayenta, AZ
   - Kayenta Outpatient Treatment Center
   - Kayenta RBHA Service Center
7. Dilkon, AZ
   - Dilkon Outpatient Treatment Center
   - Dilkon RBHA Service Center
8. Kaibeto, AZ
   - Kaibeto Outpatient Treatment Center
   - Kaibeto RBHA Service Center
9. Shiprock, NM Navajo Regional Behavioral Health Center
   - Shiprock Outpatient Treatment Center
   - Red Mesa, Arizona Outpatient Treatment Center
   - Shiprock Youth Residential Treatment Center
   - Shiprock Adult Residential Treatment Center
   - Shiprock RBHA Service Center
10. Crownpoint, NM

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- Crownpoint Outpatient Treatment Center

DBMHS has been acquiring its annual operational funds through the P.L. 93-638 master contract from the Federal Government/Indian Health Service. The Navajo Nation DBMHS receives funding from Federal Agencies, the State of Arizona, the State of New Mexico, and local Navajo Nation funding to operate the Division.

VII. History of the Navajo Department of Health and Division of Behavioral and Mental Health Services

In 1968, the Navajo Nation for the first time officially began planning and coordinating health care programs and services on the Navajo Nation.

e. Navajo Nation Division Department of Health

Pursuant to 2 N.N.C §1604, The Department of Health is established as a Department under the Executive Branch of the Navajo Nation Government. Pursuant to 2 N.N.C §1606, The Department of Health shall be comprised of such programs, offices and administrative components as may be deemed necessary by the Executive Director to fulfill its purposes subject to legislative review and approval of the Department's Plan of Operation.

The Department of Health was established by enacted Resolution CO-50-14 to ensure that quality comprehensive and culturally relevant health care and public health services are provided on the Navajo Nation, and was established to monitor, evaluate, regulate, enforce, and coordinate health codes, regulations, policies, and standards and provide public health services in order to protect the health and safety of the Navajo people and communities.

In 1968, the Navajo Nation for the first time officially started planning and coordinating health care programs and services on the Navajo Nation. The following shows the progression of development of the Navajo Division Department of Health and Division of Behavioral and Mental Health Services:

- 1968 – The Community Health Representative (CHR) program.

- 1977 – Division of Health Improvement Service, to provide and coordinate health services on the Navajo Nation.

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- 1981 – Established Navajo Nation Health Authority.
- 1987– Established Navajo Department of Behavioral Health Services (Navajo DBHS)
- 1991 – Established Navajo Division of Health under the Executive Branch of the Navajo Nation three-branch government.
- 1995 – Navajo Nation Department of Behavioral Health Services entered into an Inter-Ggovernmental Agreement (IGA) with the Arizona Department of Health; Behavioral Health Services to provide mental health services to the Navajo people of Arizona.
- 1996 – Establishment of Navajo Nation Six-Year Master Contract for program including: Department of Behavioral Health Services, Health Education, Community Health Representative Program, AIDS Prevention Program, Kayenta Public Health Nursing Program, and Environmental Health Program, and others.
- 2016 – Arizona Health Care Cost Containment System (AHCCCS) and Navajo Nation entered into an Intergovernmental Agreement (IGA), Project Title: Navajo Nation Care Coordination. The agreement created the Navajo Regional Behavioral Health Authority (NRBHA) which addressed care coordination for individuals with mental health and substance use.
-
- 2018 – Navajo Nation Department of Behavioral Health Services officialofficially changed its name change to Division of Behavioral and Mental Health Services (DBMHS) effective as of January 29, 2018 as the amended Navajo Nation Department of Health's (NDOH) Plan of Operation was approved by the Health, Education, and Human Services Committee of the 23rd Navajo Nation Council.

Since 1996, the Navajo DBHS DBMHS has been acquiring its annual operational funds through the PL 93-638 master contract from the Federal Government/Indian Health Service. The Navajo funding authority comes from Title VII of the P.L 94-437, P.L. 99-570, the State of Arizona, the State of New Mexico and Bureau of Indian Affairs (BIA). The Department Division has an annual operating budget of approximately $18 17 million. The Navajo DBHS employs about 268 professional, technical and administrative support staff.

DBMHS has a total of ten (10) Outpatient Treatment Centers; seven (7) locations in Arizona, three (3) in New Mexico; and one (1) Residential Treatment Center located in Shiprock, NM

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known as the Navajo Regional Behavioral Health Center. In NM. In addition, DBMHS has eight (8) Navajo Regional Behavioral Health Authority (NRBHA) offices in Arizona and one (1) in New Mexico.The Navajo DBHS central office is located in Window Rock, AZ, and has over 20 service sites that provide residential and outpatient treatment, and outreach services. The Navajo DBHS service centers are located at:

1. Fort Defiance, AZ
   - Fort Defiance Outpatient Treatment Center
   - RBHA Service Center

Nahat'a Dziil (Newlands, NM)
   - Nahat'a Dziil Outpatient Treatment Center
     - Tohatchi Outpatient Treatment Center
     - Gallup Mobile Unit (proposed)
   - RBHA Service Center

2. Chinle, AZ
   - Chinle Residential Adolescent Treatment Center
   - Chinle Outpatient Treatment Center
   - RBHA Service Center

3. Tuba City, AZ
   - Tuba City Outpatient Treatment Center
   - RBHA Service Center

4. Shiprock, NM
   - Shiprock Outpatient Treatment CenterNavajo Regional Behavioral Health Center
     - Utah Navajo Sub-Office Unit, UTRed Mesa Outpatient Treatment Center
   - Teec Nos Pos Sub-Office
   - Farmington Sub-Office
   - Shiprock Adolescent Residential Treatment Center
   - Shiprock Adult Residential Treatment Center (Proposed)
   - Shiprock Women and Children Treatment Center (Proposed)
   - RBHA Service Center

5. Crownpoint, NM
   - Crownpoint Outpatient Treatment Center
   - Crownpoint Intensive Outpatient Treatment Center
     - Ojo Encino Sub-Office
     - RBHA Service Center

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~~6. Kayenta, AZ~~
- ~~Kayenta Outpatient Treatment Center~~
- ~~RBHA Service Center~~

~~7. Dilkon, AZ~~
- ~~Dilkon Outpatient Treatment Center~~
- ~~RBHA Service Center~~
- ~~HPL Mobile Unit (proposed)~~

~~8. Page, AZ~~
- ~~Page Adult Residential Treatment Center/Rainbow Bridge~~

~~9. Kaibeto, AZ~~
- ~~Outpatient Treatment Center~~

~~RBHA Service Center~~

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~~**f. Navajo DBHS Sub-Contracted Providers**~~

~~**Navajo Regional Behavioral Health Authority**~~

~~**Mental Health Service Providers**~~

~~Adventure Discovery, Flagstaff, AZ~~
~~Andrea R. Del Grande, Certified Professional Counselor, Page, AZ~~
~~Arizona Baptist Children's Services, Phoenix, AZ~~
~~Arizona Youth Associates, Phoenix, AZ~~
~~Childhelp, USA, Wickenburg, AZ~~
~~Colorado Boys Ranch, La Junta, CO~~
~~Community Behavioral Health Services, Inc., Page, AZ~~
~~Copper Hills Youth Center, West Jordan, UT~~
~~Department of Behavioral Health Services – Chinle~~
~~Department of Behavioral Health Services – Crownpoint~~
~~Department of Behavioral Health Services – Dilkon~~
~~Department of Behavioral Health Services – Ft. Defiance~~
~~Department of Behavioral Health Services – Kaibeto~~
~~Department of Behavioral Health Services – Kayenta~~
~~Department of Behavioral Health Services – Newlands~~
~~Department of Behavioral Health Services – Shiprock~~
~~Department of Behavioral Health Services – Tuba City~~
~~Devereux Foundation, Scottsdale, AZ~~
~~Eagle Ranch, Wilcox, AZ~~
~~Flagstaff Medical Center, Inc., Flagstaff, AZ~~
~~Coconino County Guidance Center, Flagstaff, AZ~~
~~Intermountain Centers for Human Development, Tucson, AZ~~
~~Horizon Human Services, Casa Grande, AZ~~
~~Mingus Mountain Estates Residential Center, Inc., Prescott, AZ~~
~~American Indian Connections, Phoenix, AZ~~
~~New Foundation, Scottsdale, AZ~~
~~New Sunrise Regional Treatment Unit, San Fidel, NM~~
~~PARC Place, Phoenix, AZ~~
~~Path of Renewal Halfway House, Gallup, NM~~
~~Phoenix Indian Center, Phoenix, AZ~~
~~Prehab of Arizona, Mesa, AZ~~
~~Rainbow Treatment Center, Tse Nani A Hi, Page, AZ~~
~~Regina School, Inc., Tucson, AZ~~
~~Rehoboth McKinley Christian Hospital, Gallup, NM~~
~~Santa Rosa Health Care, Tucson, AZ~~

~~Sonora Behavioral Health, Tucson, AZ~~
~~Sue J. Howe, Certified Professional Counselor, Clarkdale, AZ~~
~~Toyei Industries, Inc., Ganado, AZ~~
~~Vista Care Facility, LLC, Hereford, AZ~~
~~Western Navajo Juvenile Detention Center, Tuba City, AZ~~
~~Youth Development Institute, Phoenix, AZ~~
~~Youth Evaluation and Treatment Center, Phoenix, AZ~~

~~Pharmacy Providers~~

~~PharAmerica, Phoenix, AZ~~

~~Transportation Providers~~

~~Native Resource Development, Inc., Window Rock, AZ~~
~~Navajo Transport Services, Inc., Shiprock, NM~~

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~~g. Philosophy~~

~~The Navajo Department of Behavioral Health Services (DBHS) Policies and Procedures Manual provides an overview of the core elements of outpatient treatment protocols to assist clinicians in establishing individualized and client driven treatment.~~

~~DBHS uses an integrated multi disciplinary approach model using the Western 12 step recovery, Alternative Treatment/Dine Traditional and Faith Based Initiative components. This enables DBHS to provide Navajo clients a choice in the service modality they prefer; DBHS does not impose a service modality that is not agreeable or acceptable to the client. DBHS staff recognizes, acknowledges and extends each of these services with mutual respect.~~

~~We are continually challenged to adapt changing behavioral health treatment modalities with approaches that complement spiritually based cultural healing. Both the "western" and "traditional" approaches prescribe the restoration of the whole person within the family system by addressing physical, emotional, mental and social being.~~

~~Appropriate treatment is an essential and cost effective means to curb the escalating human and economic toll on our society; treatment is vital for those whose use of substances is in the predictable "downward spiral". Having acknowledged the need for effective healing we are reminded that the Navajo philosophy of Hozhoo (Beauty) is consistent with effective prevention as well as treatment.~~

~~The primary focus of treatment is to assist individuals to recapture success in all areas of life. Therefore, it behooves the users of this document to continually upgrade their clinical skills.~~

~~i. Vision~~

~~The Navajo DBHS vision is captured in the Navajo language as: "Dine Be'iina' Hoozhoogo Sila". This phrase has a broad and complex meaning but a simple translation is: "In the Navajo way of life there is beauty before you".~~

~~ii. Mission~~

~~To restore families to health and harmony by using culturally appropriate behavioral health services.~~

~~iii. Program Goals~~

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- To provide services that are designed to enhance, promote and expand the recovery, independence, self-sufficiency, self-esteem and quality of life of the client.
- Reduce chemical dependency symptoms of the affected client.
- Support the integration of the client as a contribution member of the community.
- Encourage the clients and their entire social system to be involved in the planning of treatment.
- Utilize a multi-systemic approach integrating western, traditional and pastoral treatment/healing approaches.
- Utilize a clinical team approach to provide coordinated, individualized, goal-oriented services based on the objectives identified in the client's treatment plan.
- Expand access to services by fostering partnerships within the community served.

iv. Values

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~~The Navajo Department of Behavioral Health Services believes in the following core values:~~

- ~~Each client has a unique history and culture that must be respected.~~
- ~~Behavioral health services are most effective when they involve the family and/or significant others in the process.~~
- ~~The blending of western, traditional healing and pastoral methodologies enhances the potential for successful outcomes and the quality of life of the client and family served.~~
- ~~All clients are provided the necessary information to exercise their right to informed consent.~~
- ~~Behavioral health services are most effective when they are provided in the "least restrictive environment" within the client's community.~~

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II. Leadership

a. Policy

The leadership of the organization consists of the leadership governance authority and management. The Navajo Nation Health and Social Services Committee (HHSC) oversees the functions of the Navajo DBHS, and the DBHS assumes the governance authority while the outpatient facilities assume management of the organization. The responsibilities of each are outlined below.

b. Purpose

To outline responsibilities for governance authority and management

c. General Information

1. Role of the Navajo Nation Standing Committee Health and Social Services Committee: To provide support and recommendations to the governance authority of Navajo DBHS.
2. Role of Department of Behavioral Health Services: Functions as the governance authority by evaluating the refining the Outpatient Treatment Services Policies and Procedures Manual. Navajo DBHS also provides guidance to local management teams regarding the interpretation, intent of this manual, and assist in addressing program and clinical issues.
3. Role of Management: Program Supervisors and Clinical Specialists are responsible for utilizing and applying both this manual and the Navajo Nation Personnel Policies and Procedures Manual consistently. They are encouraged to seek advice from the DBHS Core Management Team, Department of Personnel Management and Department of Justice in applying policies to local program operations. Supervisors are expected to provide leadership in implementing the policies and to set positive examples for DBHS employees.
4. Role of DBHS employees: DBHS employees shall read, understand, and comply with DBHS Outpatient Treatment Services Policies and Procedures and the Navajo Nation Personnel Policies and Procedures

d. Leadership Chart

The Health and Social Service committee of the Navajo Nation Council is responsible for providing support to Navajo DBHS by:	**The DBHS Central Office core management team will function as the *governance authority*:**	The Outpatient Treatment Center Program Supervisor and Clinical Specialist function as the *management authority*:

• Working collaboratively with the DBHS management.	• Creates and maintains:
	  ○ The core values.
	  ○ The mission of the organization
	• Provides leadership and empowers managers
	• Develops and implements strategic plans
	• Assumes final authority over and responsibility for the accountability of the programs.
	• Develops programmatic outcomes.
	• Provides input and recommends approval of local program budgets.
	• Monitors local program budgets.
	• Ensures compliance with all applicable legal and regulatory requirements.
	• Develops and implements Navajo DBHS standards (Policies and Procedures).
	• Works with Department of Personnel Management to:
	  ○ Recruit members that are representative of the specific cultures and populations; the organization complies with the Navajo Preference in Employment Act.
	  ○ Develops and implements job description and evaluations.
	• Develops and implements quality management program.
	• Is responsible for organization-wide input needed for key decision making format he clients.
		• Is responsible for integrating the following components into daily operations:
		  ○ The core values of the organization.
		  ○ The mission of the organization.
		• Provides leadership and empowers staff.
		• Provides input and implements strategic plan.
		• Has a working knowledge of the programs provided.
		• Is accessible and available to:
		  ○ The client
		  ○ Personnel
		• Management of programmatic outcomes.
		• Maintaining a focus on the client
		• Proposes the local program budget.
		• Monitors and complies with local program budget.
		• Enforces compliance with all legal and regulatory requirements.
		• Ensures compliance with all Navajo DBHS standards (Policies and Procedures).
		• Works in cooperation with Navajo Department of Personnel Management to recruit and select qualified DBHS employees.
		• Monitors and evaluates DBHS employee job performance.
		• Implements and monitors Quality Performance and Improvement.

III. Business Practices and Ethics

a. Reporting of Fraud and Abuse

i. *Policy*

All identified fraud and abuse will be reported to the proper authorities pursuant to established Navajo Nation protocols.

ii. Purpose

The reporting of potential fraud and abuse is intended to avoid the misappropriation of tribal, federal, and state funds.

iii. Definitions

Financial Abuse: Activities inconsistent with standard fiscal business or medical practices that result in unnecessary costs to the Navajo DBHS programs that are committed by a DBHS DBMHS employee.

Fraud: An intentional act of deception committed by a DBHS DBMHS employee to gain unauthorized benefits.

iv. General Information

1. Fraud and abuse results in the misuse of tribal, federal and state funds; jeopardizes the care and treatment of clients receiving outpatient treatment services; and can result in monetary fines and/or criminal prosecution.
2. Any person who knowingly obtains any benefit by means of false or fraudulent pretenses, representations, promises or material omissions is in violation of federal, states, and/or tribal laws, which can result in the termination of providers and prohibition from participation on Medicare/Medicaid Programs pursuant to regulations.
3. Clients receiving care in the outpatient treatment services could also commit acts of fraud and abuse (e.g., by loaning or selling their provider identification card).
4. Navajo DBHS Central Office is required to report any fraud or abuse, by either employer or employee report received from the outpatient treatment centers to the appropriate State Department of Behavioral Health Services within 10 working days. The report should be submitted in writing to:

   Navajo Division of Behavioral & Mental Health Services
   Attention of Department Manager and Clinical Specialist Coordinator
   Attn: Health Services Administrator
   Department of Behavioral Health Support
   PO Drawer 709
   Window Rock, AZ 86515

   Navajo DBHS DBMHS Central Office will submit report to:
   ADHS/BHS office of Program Support
   150 N. 18th Avenue, Suite 280
   Phoenix, Az 85007

   Navajo DBHS DBMHS Central Office will also submit report(s) to agency:

   AHCCCS Office of Program Integrity
   801 E. Jefferson Street
   Phoenix, Az 85034

~~Navajo Division Department of Health~~
~~Executive Director~~
~~PO Drawer 1390~~
~~Window Rock, Az 86515~~

~~New Mexico Department of Health~~
~~Behavioral Health Services Division~~
~~1190 St. Francis Drive~~~~P.O. Box 2348~~
~~Sant Fe, NM 8750587504~~

Navajo Nation Division of Behavioral & Mental Health Services

POLICIES~~¥~~ AND PROCEDURES MANUAL

Section: 1 Management & Support Functions
Subsection: 1.~~2~~1 Introduction
Title: 1.1.0~~2~~2 ~~Program Philosophy, Goals, and Values~~Organizational Purpose

I. ~~i.~~ Vision

~~The Navajo DBHS~~ DBMHS vision is captured in the Navajo language as: "Dineé Be'iina' Hoozhoogo Sila"~~."~~ ~~This~~ This phrase has a broad and complex meaning but a simple translation is: "In the Navajo way of life there is beauty before you~~."~~."

II. ~~ii.~~ Mission

To restore families to health and harmony by using culturally appropriate behavioral health services.

III. ~~iii.~~ Program Goals

- A. To provide services that are designed to enhance, promote, and expand the recovery, independence, self-sufficiency, ~~self-esteem~~self-esteem, and quality of life of the client.
- B. Reduce chemical dependency symptoms of the affected client.
- C. Support the integration of the client as a ~~contribution~~contributing member of the community.
- D. Encourage the clients and their entire social system to be involved in the planning of treatment.
- E. Utilize a multi-systemic approach integrating western, traditional, and pastoral treatment/~~t~~healing approaches.
- F. Utilize a clinical team approach to provide coordinated, individualized, ~~goal-oriented~~purposeful services based on the objectives identified in the client's treatment plan.
- ~~Expand~~ Expand access to services by fostering partnerships within the community served ~~i.e.~~ i.e. Crisis Response Teams (CRT), and Naloxone distribution centers.

G.

IV. Core ~~iv.~~ Values

~~The Division of Behavioral and Mental Health Services believes in the following core values:~~

A. Each client has a unique history and culture that must be respected.
B. Behavioral health services are most effective when they involve the family and/or significant others in the process.
C. The blending of western, traditional healing and pastoral methodologies enhances the potential for successful outcomes and the quality of life of the client and family served.
D. All clients are ~~provided~~provided with the necessary information to exercise their right to informed consent.
E. Behavioral health services are most effective when they are provided in the "least restrictive environment" within the client's community.

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~~The Navajo Department of Behavioral Health Services believes in the following core values:~~

- ~~Each client has a unique history and culture that must be respected.~~
- ~~Behavioral health services are most effective when they involve the family and/or significant others in the process.~~
- ~~The blending of western, traditional healing and pastoral methodologies enhances the potential for successful outcomes and the quality of life of the client and family served.~~
- ~~All clients are provided the necessary information to exercise their right to informed consent.~~
- ~~Behavioral health services are most effective when they are provided in the "least restrictive environment" within the client's community.~~

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~~VII. Screening and Access to Services~~

~~a. Population Served~~

~~i. Policy~~

~~The Navajo DBHS Outpatient Service are designed for any Substance abusing persons and persons dealing with a family member /significant other whoa re abusing substances.~~

~~Generally, the clients are Navajo, but members of all federally recognized tribes, with Certificate of Indian Blood (CIB) documentation, their children and significant others may receive services.~~

~~In special circumstances and with justification, services may be provided to spouses, significant others, or caregivers residing on federally recognized land, who are not enrolled as a member of any tribe.~~

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b. Services Provided

I. i. PolicyPOLICY

Navajo DBHS willDBMHS provides a variety of outpatient treatment services to individuals, their families suffering from the effects of substance abuse, and support the communities in creating a healthy, productive environment.

II. ii. PurposePURPOSE

I. To provide clinically, developmentally, and culturally appropriate outpatient services for adolescents age 13 to 18, and adults age 18 and older. To define the services available to Navajo DBHS registered clients and their families.

III. iii. DefinitionsDEFINITIONS

A. **Assessment and Referral Service:**

A. Multidisciplinary assessment is provided to clients to obtain a complete picture of their strengths and needs in all developmental domains, and to define treatment goals and objectives. Licensed/Certified providers complete the assessment and generate an integrated treatment plan that identifies initial and ongoing treatment services, and recommended level of care. Confidential assessment and referral services are provided to any individual and/or family member who may be in need of Navajo DBHS Outpatient Treatment services. Our professional staff is available for consultation.

B. **Case Management (Service Coordination)**

Based on the needs of the client, the Clinical Supervisor, the case management specialist, and the primary counselor, with input from the clinical team, coordinate client services. Coordinated services may include Service provision approval, resource referrals, medical, rehabilitation, housing, clothing, food, etc.

C. **Continuum of Care**

Refers to a range of community-based, culturally responsive behavioral health services designed to foster recovery and resiliency among persons served. Each client receives care from a primary behavioral health professional, under the supervision of a primary

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behavioral health professional. The DBMHS continuum of care includes the following levels of care:

1. Men's LOC 3.3, 3.1 Residential
2. Women's LOC 3.3, 3.1 Residential
3. Adults with Children Residential LOC 3.1 & Sober Housing
4. Sober Housing for Men
5. Sober Housing for Women
6. Adolescent LOC 3.5 Residential
7. Sober Housing for Adolescents
8. Outpatient Treatment Center
9. Intensive Outpatient Program
10. Community Outreach & Prevention

~~D.~~ **~~Counseling~~**

~~B. The goal of individual, family and group counseling are to assist the client with their substance use and co-occurring disorders to achieve the maximum level of healthy development, self-reliance, and community integration. Individual, family and group counseling is available for the people served. Family members are encouraged to participate in the treatment process. The goal of counseling is to assist the individual with his/her substance abuse problems to achieve the maximum level of community integration and self-reliance.~~

E. **Family Services**

Family participation in the treatment process is required, with the purpose of restoring individuals to a life of health and harmony, consistent with Navajo traditional concept of K'é hasin. Participation includes family therapy and psychoeducational sessions, treatment and continuing care planning, and traditional treatment services. The goal of these services is to assist family members with the restoration, enhancement or maintenance of the family functioning in dealing with substance abuse and mental health issues.

F. **Interpreter Services**

Navajo oral and/or written translation services are provided to persons and/or their families with limited English proficiency by staff who are bilingual. Other communication barriers (e.g. hearing or vision) may be addressed through collaboration with other agencies.

G. **Substance Use and Health Education, Psychosocial Skills**

Provide Psychoeducation groups to clients and their families (i.e. anger management, parenting skills training, emotion & behavior, relapse prevention, Alcoholics Anonymous, Narcotics Anonymous, healthy life skills, coping skills).

H. **Telephone Crisis Intervention**

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Telephone crisis intervention services are available, as needed. Services typically involve brief stabilization, referral to community emergency services, and a follow-up call to ensure the person is stabilized.

I. **Traditional Healing Services**

The Navajo Traditional healing model includes diagnostic and healing ceremonies, sweat lodge sessions, talking circle, traditional peacemaking sessions, cultural education and other traditional activities. Traditional healing services and Native American Church (NAC) meetings can be provided at the request of client and family in accordance to the treatment plan.

J. **Transportation Services**

~~c.~~ Limited transportation services involve the transporting of a person from one place to another to facilitate the client to achieve their treatment goals. The service may also include the transportation of a person's family/caregiver, with or without the presence of the person, if the family/caregiver is also a registered client. ~~Prevention and Health Education: Navajo DBHS provides education to the Navajo DBHS clients utilizing the Relapse Prevention and Alcohol, Tobacco, and Other Drugs (ATOD) curriculum.~~

K. **Screening**

Behavioral health (substance use and co-occurring) screening to determine eligibility for admission using a standardized screening tool or criteria, including making preliminary recommendations for treatment interventions and/or assisting in the development of the person's service plan.

~~**Traditional Healing Services:** The Navajo Traditional Treatment Model includes Traditional Navajo Ceremonies, Native American Church (NAC) meetings, sweat lodge sessions, talking circle, traditional peacemaking sessions, cultural education and other traditional activities. Traditional healing services may be provided at the request of the registered client or family, in accordance to their treatment.~~

L. **Pastoral Services:**

~~Navajo will provide Christian Based counseling services to the registered clients and families to encourage restoration of spirituality as a part of the recovery process.~~ DBMHS makes available faith-based counseling services to clients and their families to encourage restoration of spirituality as a part of their recovery process.

M. **Prevention Education**

Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.

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~~II. RULES Case Management (Service Coordination): Based on the needs of the client, the case management specialist or the primary counselor with the input from the multidisciplinary treatment team coordinates client services. Services may include service provision approval, service coordination, medical, rehabilitation, housing, food, and etc.~~

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IV.

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A. DBMHS treatment services are provided through a multidisciplinary treatment team approach and the roles, responsibilities and leadership of the team are clearly defined.

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B. DBMHS provides an individualized structured program that meets clients' needs as identified in the comprehensive assessment and as prescribed in the treatment plan. The following services are provided:

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1. Individual, family, and group therapy, at the level of frequency documented in the treatment plan.
2. Crisis intervention.
3. Care coordination.
4. Spiritually based services.
5. Other planned therapeutic activities.

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C. The following factors will be considered in determining the appropriate level of services and exclusionary criteria:

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1. Risk of harming others.
2. Applying the least restrictive means to meet the needs of the client.

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D. Services and activities are appropriate to the age, behavioral, and emotional development level of the client.

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E. The program encourages parent/client contact and makes efforts at family reunification. Such contacts and efforts are documented as they occur. If reunification is therapeutically or legally contraindicated, the reason is documented in the client's record at the time that determination is made. The issue may be reconsidered when indicated, as necessary. This process of reunification and strengthening the family, *K'é hasin* is strongly encouraged for all clients.

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F. Accessibility of services is ensured by:

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1. Providing culturally responsive services consistent with the culture and values of the client and family, acknowledging diversity of tribal and spiritual affiliations.
2. Employing staff who are bilingual and bicultural, consistent with the population served.
3. Providing public information concerning services provided to persons in the community who are non-English speaking, to help ensure their full access to

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services.

~~**Family Support Services:** Family support services are available to assist family member(s) with the restoration, enhancement of maintenance of the family functioning in dealing with substance abuse issues.~~

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~~**Interpreter Services:** Oral and/or written translation services are provided to persons and/or their families with limited English proficiency. Other communication barriers (e.g. sight or sound) may be addressed in collaboration with other agencies.~~

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~~**Telephone Crisis Intervention:** Telephone crisis intervention services are available. The service may also include a follow-up call to ensure the person is stabilized.~~

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~~**Transportation Services:** Transportation services involve transporting a person from one place to another on order to facilitate client treatment goals. The service may also include the transportation of a client's family/caregiver, with or without the presence of the client, if provided for the purposes of carrying out the client's service plan (e.g., counseling, family support, case planning meetings).~~

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V. ~~iv. Procedure~~PROCEDURES

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A. All services provided will be in accordance with the client's treatment plan. DBMHS client treatment plans contain all the elements required by applicable tribal, state, or federal regulations.

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B. Treatment plans are individualized, defined in terms of objectives or desired outcomes, and accomplishment of desired outcomes is documented in the electronic health record.

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C. Full-time Primary Counselor caseloads may be established for up to eighteen (18) clients.

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D. All requests for service including, but not limited to ~~Faith-Based~~Faith-based and Traditional~~, and Adventure Based~~ will be discussed in a case staffing.

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REFERENCES

NMAC 7.20.11.18; NMAC 7.20.11.20; NMAC 7.20.11.23; NMAC 7.20.11.30F

ADHS/DBMHS Covered Services Guide §II.G.

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~~c. Traditional Treatment Methods~~

~~i. Policy~~

~~The Navajo DBHS Outpatient Services makes available traditional and cultural healing services to help stabilize the client while participating in therapeutic activities.~~

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~~ii. Purpose~~

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~~To assist the clients regain a sense of harmony in their lives with mind, body and spirit by understanding and exposing the client to the Navajo and other cultural healing practices.~~

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~~iii. Definitions~~

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~~**American Indian Rights**: The American Indian Religious Freedom Act of 1978 has explicitly protected the American Indian right to practice their way of life. The of eagle feathers, sweat lodges, natural herbs, and plants for a variety of medicinal and spiritual reasons aids in purification and prayer and is protected under this act.~~

~~**Mountain Tobacco:** Upon request from the client(s), approval from the Clinical Team, and consultation with medical doctor, the Mountain Blessing Way tobacco is utilized to further enhance mental, emotional, physical, and spiritual well being. Clients may request the Mountain Tobacco Blessing in preparation for challenges in everyday life. The client has the option of utilizing the specially prepared corn husk tobacco or the regular ceremonial pipe used in a Dine' traditional smoke ceremony to treat the client who is experiencing loss of balance, focus, memory, mental anguish, confusion, or to realign the Dine' frame of mind with the four and/or six directions of spiritual significance and which regulate desired mental attitude, behavior and personal development.~~

~~**Cedar Blessings:** The cedar, an evergreen withstands extreme cold, intense heat and strong winds. The characteristics and attributes of the cedar help transform the human mind in order to overcome life struggles and problems of substance abuse, related issues. Clients have the option of requesting a blessing to acknowledge and appreciate the gift of life. Clients express gratitude to grandfather and grandmother fire (ko') for the abundance of life blessings and learning opportunities through treatment.~~

~~**Sweat Lodge:** Sweat lodge participation is a traditional healing activity that involves exposure to higher than normal temperatures to teach clients about endurance, patience, and meditation, etc. Because sweat lodge may cause dehydration, clients must be medically cleared to participate.~~

~~**iv. Procedures**~~

~~1. The following is a list of traditional treatment services offered:~~

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- ~~a. Traditional counseling~~
- ~~b. Sweat Lodge session~~
- ~~c. Traditional education~~
- ~~d. Traditional diagnosis~~
- ~~e. Native American Church ceremonies~~
- ~~f. Minor Navajo Traditional ceremonies~~
- ~~g. Traditional Case Staffing~~

~~2. All traditional treatment services will be conducted through a Traditional Case Staffing with the primary counselor, client, and if applicable, family members, and Traditional Practitioner.~~

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~~3. All traditional services will be implemented through the treatment plan.~~
~~4. Anyone desiring to participate in a sweat lodge is required to have a medical clearance by his or her Medical Provider.~~
~~5. The client is requested to sign the Sweat Lodge Waiver before he/she can participate in the sweat lodge.~~

~~**d. Sweat Lodge**~~

~~**i. Policy**~~
~~All clients who choose to participate in sweat lodge sessions are required to consult their medical provider before they are allowed to participate.~~

~~**ii. Purpose**~~
~~To ensure the safety of participants in Navajo DBHS facilitated sweat lodge sessions.~~

~~**iii. Definition**~~

~~**Sweat Lodge:** Sweat lodge is a traditional healing activity that involves exposure to higher than normal temperatures to teach clients about endurance, patience and meditation, etc. Because sweat lodge can cause dehydration, clients must be medically cleared to participate.~~

~~**iv. General Information**~~
~~1. Sweat lodge participation, an age old traditional activity has been applied to assist with many ailments and is widely accepted as an effective intervention in many traditional communities.~~
~~There has also been increasing participation in similar ceremonies by non-native peoples. Its risks are similar to participation in saunas and are primarily those associated with the following:~~

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~~a. Exposure to high heat (dehydration, heart overload, hypothermia or heat stroke, kidney problems.~~
~~b. Exposure to superheated rocks (burns).~~
~~c. Inhalation of tobacco and other ceremonially used products that are burned or smoked during a sweat ceremony (asthma, emphysema, exacerbation of pneumonia or bronchitis).~~
~~d. Psychological issues related to the confined space and darkness.~~
~~e. Transmission of infectious agents if the lodge is not regularly cleaned and aired between sweat lodge sessions.~~

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~~2. Unfortunately, there is limited information on how sweat lodge can affect specific illnesses or disease states.~~
~~3. Common illnesses that may be exacerbated by sweat lodge include diabetes, kidney conditions, and heart disease. Dehydration has been identified as a contributor to deterioration of kidney functioning. Dehydration and extreme heat place significant stress on the heart. People with heart problems may be at risk for heart attack or heart failure. Pregnant clients may also be vulnerable to heart related problems~~
~~4. Some medications used to treat mental conditions may cause problems in how our bodies manage heat, and increase the chances for heat stroke and heat exhaustion. Below are listed some general categories of medications and how they affect body heat regulation.~~
~~a. Medications that Affect Heat Loss:~~
~~i. Any medication with anti psychotic effects including the common older anti psychotics such as chlorpromazine (Thorazine), haloperidol (Haldol), and others as well as agents such as metoclopramide and newer medications such as olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel) and others.~~
~~ii. Medications with prominent anti cholinergic effects (anti cholinergic medications reduce sweating and evaporate heat loss) such as benztropine (Cogentin), diphenhydramine (Benadryl) and others as well as many other agents such a stricyclic antidepressants (nortriptyline Pamelor, imipramine Tofranil, desipramine Desyrel) and cimetidine (Tagamet).~~
~~b. Medications that Increase Endogenous (internal) Heat Production:~~

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~~i. Oxidative phosphorylation uncouplers (impair ATP formation), includes phenolic compounds (often used as insect/herbicides) and salicylates (aspirin).~~
~~ii. Increased Muscular Tone (Neuroleptic Malignant Syndrome) Any anti psychotic but particularly implicated are high potency anti psychotics such as haloperidol (Haldol) and fluphenazine (Prolixin).~~
~~iii. The increased number of medications (particularly combinations of the above) being administered plus other physiologic (body function) conditions (i.e. excessive fluids loss due to diuretics/high blood sugars; poor heart function) may effect body temperature and fluid balance, thus increase the risk if heartstoke or heat exhaustion.~~
~~c. Medical recommendations for Clients Choosing to Participate in Sweat Lodge Ceremonies.~~
~~i. A client must consult his/her personal doctor prior to participation if:~~
~~ii. There is any history of problems with sweating, or heart, lungs or kidneys.~~
~~iii. Pregnant~~
~~iv. Taking regular medications including prescribed or over the counter.~~

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~~v. Client is fearful of dark or tight spaces.~~

~~d. General Recommendations for Clients Choosing to Participate in Sweat Lodge:~~

~~i. 4-8 hours before the sweat lodge ceremony, client should drink enough water that the urine (pee) is close to colorless. This will reduce the risk of post-sweat headache due to dehydration. Client is urged to drink regularly between rounds with some salt, if needed.~~

~~ii. Some experienced in facilitating sweats is recommended to accompany the client(s).~~

~~iii. Client(s) must NEVER, EVER sweat alone.~~

~~iv. Co-ed (mixing male and female participants) sweat lodge ceremonies are NOT permitted.~~

~~v. Extreme caution must be practiced around the sweat rocks. Even after their glow has disappeared, they can cause immediate severe burns when touched. Respect them!~~

~~vi. Sweat lodge carpets must be hung out to dry upon ending the session.~~

~~vii. Intoxicants or alcohol must not be used in conjunction with participation in a sweat.~~

~~viii. If the client is feeling sick, faint, or begins, to complain of a headache, have him/her get out safely. Sweats are intended to heal, not hurt. Even warrior sweats are generally not associated with the above symptoms for the properly prepared participant.~~

~~v. Procedure~~

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~~1. Anyone desiring to participate in a sweat lodge is required to have a physical assessment by his or her Medical Provider.~~

~~2. The client is requested to sign the *Sweat Lodge Waiver* before he/she can participate in the sweat lodge.~~

~~3. The Client is required to sign the *Sweat Lodge Sign-I* Sheet before he/she can participate in the sweat lodge.~~

~~vi. Reference:~~

~~*Navajo Department of Behavioral Health Services, Navajo Traditional Healing Handbook, (see Appendix).*~~

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~~**Navajo DBHS Outpatient Services**~~

~~**INFORMED CONSENT FOR TREATMENT AND SWEAT LODGE WAIVER**~~

~~I, undersigned, have read and understand the following:~~

- ~~I understand that sweat lodge ceremonies involve exposure to high heat, darkness, and extremely hot rocks. I understand that if I am suffering from any active medical conditions~~

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~~or am taking any medications, it is my responsibility to discuss my participation in the sweat lodge ceremony with my personal physician. Conditions that may be particularly affected by participation in such environments include but are not limited to pregnancy, heart conditions, lung conditions, anxiety disorders such as claustrophobia, and any other medical conditions that may affect sweating, or body heat and fluid regulation.~~

- ~~I understand that any such concerns or conditions should be discussed with the sweat lodge sponsor or leader prior to participation.~~
- ~~Participants are recommended to ensure that they have pre-hydrated themselves prior to the ceremony and that they maintain adequate intake of fluids throughout the ceremony.~~
- ~~Sweat lodge participants are expected to maintain the lodge in appropriate fashion to ensure a clean and safe environment.~~
- ~~Sweat lodge activities include the gathering of firewood, building of sweat lodge, preparing the fire as well as attending the sweat lodge ceremony.~~
- ~~I understand that I have the right to refuse to attend any part of the activities and it will not affect any other part of my treatment process.~~
- ~~The Navajo Department of Behavioral Health Services and India Health Service will not be held liable for any injury related to participation in the sweat lodge and connected with such conditions as described above, or from injuries resulting from improper use or preparation for the sweat lodge ceremony.~~

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~~I, the undersigned, have read the above and agree to the conditions and stipulations as stated.~~

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~~**Signature of Participant:** **Date:**~~

~~**Signature of Parent of Guardian** *(if client is a Minor)* **Date:**~~

~~**Witness Signature:** **Date:**~~

~~**e. Pastoral Services**~~

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~~**j. Policy**~~

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~~The Navajo DBHS Outpatient Services makes available pastoral (Christian Based) services to help stabilize the client while participating in therapeutic activities.~~

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~~**ii. Purpose**~~

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~~To assist the clients to regain a sense of balance in their lives by experiencing the spiritually focused approach of the Christian faith~~

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~~**iii. Procedure**~~

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~~1. The following is a list of pastoral services offered:~~

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~~a. Pastoral counseling~~
~~b. Bible study sessions~~
~~c. Prayer Meeting~~
~~d. Talking Circle~~

~~2. All pastoral services will be conducted through Case Staffing with the primary counselor, client, and applicable, family members, and identified primary counselor.~~

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~~3. All pastoral services will be implemented through the treatment plan.~~

~~**iv. Reference**~~

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~~Navajo Department of Behavioral Health Services, Christian Based Treatment Procedure Handbook, (see Appendix)~~

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~~**f. Prevention and Health Education**~~

~~**i. Policy**~~

~~The Navajo DBHS Prevention Specialists and Substance Abuse Health Educators will provide substance abuse prevention and health education to the clients, schools, and community members.~~

~~**ii. Purpose**~~

~~To increase positive cultural values while decreasing the negative effects of alcohol, tobacco and other drugs, and related issues~~

~~**iii. Procedure**~~

~~1. The prevention component will adapt for utilization, the 6 (six) prevention strategies of the Center for Substance Abuse Prevention (CSAP); they are:~~
   ~~a. Dissemination of information~~
   ~~b. Prevention education~~
   ~~c. Alternative activities~~
   ~~d. Community-based processes~~
   ~~e. Environmental approaches and problem identification~~
   ~~f. Referral~~
~~2. The emphasis of the prevention component is to provide education to students and communities to reduce the use and abuse of alcohol, tobacco and other drugs.~~
~~3. When appropriate, prevention and health education programs are presented in the Navajo language.~~
~~4. Prevention and health education activities are provided at no charge to the general public.~~
~~5. Information will be disseminated on Navajo DBHS Outpatient Treatment services and various topics to the communities using the media, billboards, etc.~~
~~6. Assessments will be conducted throughout communities to identify their needs and to plan according to findings; community readiness for change will also be assessed.~~
~~7. Prevention education will be provided through group sessions to registered clients.~~

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~~8. The four domains of prevention strategies integrating Maslow's Hierarchy of Needs and the Dine'ji Ke Hoozhoogo iina (Navajo Blessing way of Life) will be utilized. Each domain will include resources and referrals. The four domains for prevention are:~~
~~a. Schools~~
~~b. Community~~
~~c. Family~~
~~d. Individual/Peer~~
~~9. The four domains of Dine'ji Hoozhoogo iina include:~~
~~a. Nisahakees~~
~~b. Nahat'a~~
~~c. Iina~~
~~d. Siihasin~~
~~iv. Reference:~~
~~*Navajo Department of Behavioral Health Services, Prevention and Health Procedure Handbook, (See Appendix)*~~

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~~**Navajo DBHS Outpatient Services**~~

~~**PREVENTION AND HEALTH EDUCATION FORM**~~

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Date	Time	Classroom Promotional Event	Special Event	Advertisement Radio TV	Prevention and Health Educational Topic	Location of Event	# of Publications Handed Out	Approx. # of People Attending Activity

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~~**g. Home Based Services**~~

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~~**i. Policy**~~

~~Navajo DBHS Outpatient Treatment counselors will provide services in the client's home when clinically indicated and staffing patterns allow.~~

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~~**ii. Purpose**~~

~~To establish a procedure that addresses client and counselor safety and therapeutic efficacy during provision of home based services.~~

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~~**iii. General Information**~~

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~~1. Where client transportation or other clinical are present, The Navajo DBHS Outpatient treatment counselors will provide treatment services in the clients's home or other appropriate community setting.~~

~~2. Home Based Services are individual or family counseling sessions that are provided in locations that are not used for scheduled and structured counseling sessions. Usually the site is the client's home but may include other locations within the client's community.~~

~~3. The counselor will discuss confidentiality issues with the client.~~

~~**iv. Procedure**~~

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~~1. The primary counselor will case staff the request for home based services with the Clinical Specialist or designee.~~

~~2. Documentation of the approval will be placed in the clients's case file along with the progress note of each individual session.~~

~~3. The documentation will include:~~

~~a. Name staff member(s) conducting home visit.~~

~~b. Session start time and estimated duration.~~

~~c. Location of the counseling session (physical description).~~

~~d. Phone number at the location or staff cell phone (if available).~~

~~e. Signature of staff and Clinical Specialist prior to leaving the DBHS site.~~

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~~f. Time of departure from counselor's office, documented by Clinical Specialist or designee.~~

~~g. Time of return documented by Clinical Specialist or designee.~~

4. ~~Where client and counselor are of a different gender, the counselor will have a co-counselor participate in the session.~~

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~~**h. Services to the Incarcerated**~~

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~~**i. Policy**~~

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~~Navajo DBHS will provide services to clients who are incarcerated when clinically indicated and staffing patterns allow.~~

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~~**ii. Purpose**~~

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~~To establish a procedure to address client needs during the incarceration.~~

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~~**iii. General Information**~~

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~~1. Often individuals who are incarcerated are in need of referral of residential treatment.~~

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~~2. Establishing a clinical relationship with an incarcerated person is of critical importance for achieving success in treatment.~~

~~3. The individual must be registered as a client in order for Navajo DBHS to pay out of system services.~~

~~4. Arizona RBHA clients will be screened and referred in a manner consistent with RBHA processes and forms.~~

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~~**iv. Procedure**~~

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~~1. The Clinical Specialist received referral from the judicial system requesting substance abuse treatment assessment and referral.~~

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~~2. The Clinical Specialist will work with the referral source and determine the scheduling details of the assessment including location, date, and time.~~

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~~3. The assessment will include the use of:~~

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~~a. Screening form~~
~~b. Staging tool~~
~~c. ASAM Dimensions / DSM IV TR Multi-axial Diagnosis Form~~
~~d. Legal Forms~~
~~i. Consent for Treatment~~
~~ii. Limits of Confidentiality~~
~~iii. Client Rights~~
~~iv. Grievance Procedure Acknowledgement~~
~~v. Release of Information (as needed)~~

~~4. If client is appropriate for referral to residential services, the counselor will:~~

~~a. Provide a copy of the proper Health and Physical Examination form to be arranged by the client.~~
~~b. Obtain a photocopy of the client's:~~
~~i. Certificate of Indian Blood (CIB)~~
~~ii. Birth Certificate~~
~~iii. Social Security Card~~
~~iv. Drivers License or Valid Picture ID~~
~~c. Arrange for completion of the admission application as necessary.~~
~~d. Coordinate admission process with the residential treatment center~~
~~e. When the Residential Center has acknowledged the client is appropriate for services:~~
~~i. The counselor will case staff with the clinical Specialist~~
~~ii. The Clinical Specialist will submit request for payment to Clinical Specialist Coordinator at DBHS Central Office.~~

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~~**i. Services for Sensory Individuals**~~

~~**i. Policy**~~
~~Navajo DBHS provides speech, language, and/or hearing services for any client/family whose treatment would benefit from the provision of these services.~~

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~~**ii. Purpose**~~
~~To ensure each sensory disabled person may benefit optimally from treatment provided.~~

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~~**iii. General Information**~~

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~~a Navajo/English interpreter is available at all time(s) for Navajo DBHS clients who only speak Navajo.~~

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~~**iv. Procedure**~~

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~~1. During the intake process, the counselor screens all clients for speech and/or hearing service needs.~~

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~~2. If services are required, the counselor or designee arranges for the required services.~~

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~~**j. Admission Criteria**~~

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~~**i. Policy**~~
~~Any client admitted to the Navajo DBHS Outpatient Treatment services will meet the DSM-IV-TR Substance-Related Disorders diagnosis or may be family members or significant others suffering from the addictive process.~~

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~~**ii. Purpose**~~
~~To acknowledge addition as a "Family Disease" and encourage the accurate clinical diagnosis of all clients admitted to Navajo DBHS Outpatient Treatment services.~~

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~~**iii. Definition**~~
~~**Diagnostic and Statistical Manual Disorders (DSM-IV-TR):** A Clinical guide to assist the clinician in diagnosis of substance of related disorders or Relational Problems Related to individuals suffering from substance related disorders. The DSM-IV TR is based on extensive clinical empirical research and provides standardized mental disorder diagnostic categories.~~

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~~**iv. General Information**~~
~~The individual must be a member of a federally recognized tribe, the significant other or family member of a person who is the member of a federally recognized tribe.~~

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~~1. Criteria for Substance Abuse~~
~~a. A maladaptive pattern if substance abuse leading to a clinically significant impairment~~
~~distress, as manifested by one (or more) of the following, occurring within a 12-month period:~~
~~i. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., substance related absences or poor work performance related to substance use; substance related absences, suspensions, or expulsions from school; neglect of children of household),~~
~~ii. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use),~~
~~ii. Recurrent substance related legal problems (e.g. arrests for substance related disorderly conduct).~~
~~iv. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance~~

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(e.g., arguments with spouse about consequences of intoxication, physical fights, etc.).

2. Criteria for Substance Dependence

a. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

i. Tolerance, as defined by either of the following:

ii. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.

iii. Markedly diminished effect with continued use of the same amount of the substance.

b. Withdrawal, as manifested syndrome from the substance.

i. The characteristic withdrawal syndrome from the substance.

ii. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

c. The substance is often taken in larger amounts or over a longer period than was intended.

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d. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

e. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects.

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f. Important social, occupational, or recreational activities are given up or reduced because of substance abuse.

g. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

3. Criteria for Relational Problems Due to Substance Related Disorders

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a. V61.19 (Relational Problem Related to a Mental Disorder or General Medical Condition): This category should be used when the focus of clinical attention is a pattern of impaired interaction that is associated with a mental disorder (Substance Related Disorder).

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b. V61.20 (Parent-Child Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction between parent and child (e.g., substance related disorder) that is associated with clinically significant impairment in individual or family functioning or the development of clinically significant symptoms in parent or child.

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~~c. V61.10 (Partner Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction between spouses or partners characterized by negative communication (e.g., unrealistic expectations), or non-communication (e.g., withdrawal) that is associated with clinically significant symptoms in one or both of the partners.~~
~~d. V61.10 (Sibling Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction among siblings that is associated with clinically significant impairment in individual or family functioning or the development of symptoms in one or more of the siblings.~~
~~e. V61.10 (Relational Problem Not Otherwise Specified): This category should be used when the focus of clinical attention is on relational problems that are not classifiable by any of the specific problems listed above (e.g., difficulties with co-workers).~~

~~**v. Procedure**~~

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~~1. Individual requesting services will complete a screening process to determine their eligibility for receiving outpatient treatment services. The documentation gathered will include completing the Screening form, providing a copy of the Certificate of Blood, a copy of the social security card and a picture ID (if available).~~

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~~2. On completion of Screening, the client will be:~~
~~a. Accepted and begin treatment services immediately.~~
~~b/ Transferred for treatment at the appropriate level of care.~~
~~c. Placed on waiting list based on policies and procedures.~~
~~3. At intake, the client will provide:~~
~~a. Certificate of Indian Blood (CIB)~~
~~b. Birth Certificate~~
~~c. Social Security Card~~
~~d. Driver's License or valid Picture ID~~
~~e. Income Verification~~

~~**vi. Reference:**~~

~~American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text revision. Washington D.C., American Psychiatric Association~~

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~~**Global assessment of Functioning (GAF) will be used as the basis for Adult Substance Abuse Level of Eligibility (LOE) assessment**~~

~~**ADULT SUBSTANCE ABUSE CHECKLIST:**~~

~~**ASAM Level III**~~
~~A. 3 year history and DSM IV TR dependence diagnosis~~
~~B. More than3 episodes of restrictive treatment with relapses~~
~~C. GAF score of 30 or lower~~

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~~D. If A, B, and C are checked, then Level III~~

~~**ASAM Level II**~~
~~A. DRM IV-TR dependence diagnosis AND~~
~~B. GAF score if 50 or lower OR~~
~~a. GAF score between 51 and 70 and service dependency OR~~
~~b. DSM IV-TR substance abuse disorder and co-occurring disorder OR~~
~~c. GAF score over 50 ad co-occurring disorder~~
~~C. IF A and B are checked, THEN Level II OR~~
~~D. IF C checked, THEN Level II~~

~~**ASAM Level I**~~
~~A. DSM IV-TR abuse or dependency disorder AND~~
~~B. GAF score of 70 or lower~~

~~**ASAM Level .5**~~
~~A. At known risk of developing a substance abuse disorder~~

~~The Global Assessment of Functioning (GGAF) scale is commonly used as Axis V of the DS-IV-TR diagnosis. This section addresses the use of the GAF for LOE assessment. The GAF is used for LOE assessment for Adult Substance Abuse clients. GAF scores range from 100 (for a high functioning individual) to 1(for a very ow functioning individual). For the purpose of LOE assessment, the GAF score is based on the lowest functioning over the past week.~~

~~Please use the following steps as guidelines in establishing a GAF score:~~
~~Step1: Start at the highest level and ask, "Is either the patient's symptoms severity or the patient's level of functioning worse than what is indicated in the range?~~
~~Step 2: Move down until the range matches the symptom or the level of functioning, whichever is worse.~~
~~Step 3: Double check (range immediately below should be too severe on both symptoms and level of functioning; if not, keep it moving down).~~
~~Step 4: Determine the specific number within the 10 point range, based on the hypothetical comparison with all patients in the range.~~
~~GAF scale: Consider psychological, social and occupational functioning on a hypothetical comparison continuum of mental health illness. Do not include impairment of functioning due to physical (or environmental) limitations. (See DSM IV-TR Diagnostic Manual)~~

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~~For LOE Assessment, base rating on the lowest functioning during the last past week. Please keep in mind that other factors in addition to the GAF score (such as service dependency and dual diagnosis) are also factors in determining the client's Level of Eligibility.~~

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~~k. ASAM Levels of Care~~

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~~i. Policy~~

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~~All Substance Disorder clients are screened utilizing the ASAM Levels of Care assessment tool to determine the appropriate level of treatment.~~

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~~ii. Purpose~~

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~~The ASAM Levels of Care assessment tool is utilized to identify the least restrictive treatment environment that meets the needs of the client while ensuring client safety and security.~~

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~~iii. Definitions~~

~~ASAM: American Society of Addiction Medicine~~

~~Levels of care:~~ ~~the continuum of substance abuse care provided to people seeking substance abuse treatment; including early prevention, outpatient, day treatment, residential and hospitalization.~~

~~iv. General Information~~

~~ASAM Outpatient (Level 1) Criteria:~~

~~1. The client is ready for recovery, but needs motivating and monitoring strategies to strengthen readiness by utilizing the ASAM Dimensional Placement Criteria.~~
~~2. The client is able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support. The client therefore needs Level 1 motivational enhancement program.~~
~~3. The client's recovery environment is supportive and/or the client has the skills to cope.~~

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~~v. Procedure~~

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~~1. Clients requesting services will complete a screening to determine their eligibility for receiving outpatient treatment services.~~
~~2. On completion of Screening the client will be:~~
~~a) Accepted for treatment and begin at the earliest possible date/time.~~
~~b) Transferred for treatment at the appropriate level of care.~~
~~c) The clients recovery environment is supportive and/or the client has the skills to cope.~~

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~~vi.~~ Reference

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~~*Mee-Lee D, Shulman GD, Fishman M, Gastfriend DR, and Griffith JH, eds. (2001). ASAM Patient Placement Criteria for the Treatment of Substance-related Disorders, Second Edition-Revised (ASAM PPC-2R). Chevy Chase, MD: American Society of Addiction Medicine, Inc.*~~

~~ASAM Dimensional Placement Criteria for Level I (Outpatient Services)~~

~~**1) Dimension 1:** Acute Intoxication and/or withdrawal: The client has no signs or symptoms of withdrawal or his or her withdrawal needs can be safely managed in an outpatient setting.~~

~~**2) Dimension 2:** Biomedical Condition and Complications: Client's status is characterized by biomedical conditions and problems, if any, that is sufficiently stable or permits participation in outpatient treatment. (e.g. uncomplicated pregnancy or asymptomatic HIV disease.)~~

~~**3. Dimension 3:** Emotional, Behavioral or Cognitive Conditions and Complications: Client's status is characterized by (a) or (b) and (c) and (d)~~
~~a) The client has no symptoms of a co-occurring mental disorder, or any symptoms are mild, stable, fully related to substance use, and do not interfere with the patient's ability to focus on addiction treatment issues; *or*~~
~~b) The client's psychiatric symptoms (such as anxiety, guilt, or thought disorders) are mild, mostly stable, and primarily related to substance use or to a co-occurring cognitive, emotional or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition and behavior; for example, fluctuations in mood only recently stabilized~~

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~~with medication, substance-induced depression that is resolving but still significant, or a patient with schizophrenic disorder recently released from a hospital; *and*~~

~~c) The client's mental status does not prelude his or her ability to: (1) understand the information presented and (2) participate in treatment planning and the treatment process; *and*~~

~~d) The client is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.~~

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~~**4. Dimension 4: Readiness to Change**: The client's status in Dimension 4 is Characterized by (a) and (b) or (c) or (d):~~

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~~a) The client expresses willingness to participate in treatment planning and to attend all scheduled activities and mutually agreed upon in the treatment plan; *and*~~

~~b) The client acknowledges that he or she has a substance-related and/or mental health problem and want help to change; *or*~~

~~c) The client is ambivalent about a substance-related and/or mental health problem. He or she requires monitoring and motivating strategies, but not a structured milieu program. For example, the client has sufficient awareness and recognition of a substance use and/or mental health problems allow engagement and follow through with attendance at intermittent treatment sessions as scheduled; *or*~~

~~d) The client may not recognized that he or she has a substance-related and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such a client may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.~~

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~~**5. Dimension 5: Relapse, Continued Use or Continued Problem Potential**: In Dimension 5, the client is assessed as able to achieve or maintain abstinence and related recovery goals, or to achieve awareness of a substance problem and related motivational enhancement goals, only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol or other drug use, craving, peer pressure, and lifestyle and attitude changes.~~

~~*In addition to the foregoing criteria, the client in* **Dual Diagnosis Programs** *is assessed as able to achieve or maintain mental health functioning and related goals only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) impulses to harm self or others and difficulty in coping with his or hers affects, impulses or cognition.*~~

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~~**Dimension 6: Recovery Environment**: The client's status in Dimension 6 is characterized by (a) or (b) or (c)~~

~~(a) The client's psychosocial environment is sufficiently supportive that outpatient treatment is feasible (for example), significant others are in agreement with the recovery effort; there is a supportive work environment or legal coercion; adequate transportation to the program is available, and the support meeting locations and non-alcohol/drug-centered work are near the home environment and accessible); *or*~~

~~(b) The client does not have an adequate primary or social support system, but he or she has demonstrated motivation and willingness to obtain a support system; *or*~~

~~(c) The client's family, guardian, or significant others are supportive but require professional interventions to improve the client's chance of treatment success and recovery. Such interventions may involve assistance in limit setting, communication skills, a reduction in rescuing behaviors, and the like.~~

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~~**I. Exclusion Criteria**~~

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~~**i. Policy**~~

~~A client may be excluded from Navajo DBHS treatment services when he/she is assessed to be unable to benefit from the treatment services available or provided.~~

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~~**ii. Purpose**~~

~~To provide treatment appropriate to the client's needs.~~

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~~**iii. General Information**~~

~~1. When the client does not meet the admission criteria, he/she may be excluded from the program (see Assessment Process) If applicable, appropriate treatment services are identified.~~

~~2. Exclusion Criteria~~

~~a. Exhibiting symptoms of withdrawal, i.e. nausea and vomiting, tremors, sweats, anxiety, agitation, tactile, disturbances, auditory disturbances, visual disturbances, headache, fullness in head, and/or disorientation and clouding of sensorium.~~
~~b. Actively suicidal, requiring close supervision.~~
~~c. Assaultive requiring close supervision.~~
~~d. Severely disorganized so as to render danger to self.~~
~~e. Severely impulsive in self destructive but not life threatening ways i.e., self mutilating.~~
~~f. Severely impulsive in destructive ways, i.e., destroys property.~~
~~g. Uncontrollable alcohol and substance abuse.~~
~~h. Hyperactive manic psychotic phase that requires containment.~~
~~i. Physically unable to care for basic needs,~~
~~j. Unmotivated and unwilling to participate in the program.~~
~~k. Inability to function or benefit in the program.~~

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~~**iv. Procedure**~~

~~1. All clients will be screened to determine their eligibility.~~

~~2. Upon completion of screening, the client will be accepted for excluded from receiving services.~~

~~3. If excluded, the case will be referred to the appropriate Level of Care or placed on a waiting list based on the Navajo DBHS Client Waiting List policy and procedure;~~

~~a. Documentation will be completed in the progress note: it will include the date, reason for exclusion, referral placement, counselor's name and title.~~

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~~**m. Transfer Criteria**~~

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~~**i. Policy**~~

~~When a client's behavior requires a more restrictive level of care, the client is transferred to an organization that provides the appropriate level of care.~~

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~~**ii. Purpose**~~

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~~To ensure the safety of each client and to provide services that meet his/her needs.~~

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~~**iii. General Information**~~

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~~1. The Navajo DBHS transports ant client who meets the transfer criteria to the receiving service site.~~

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~~2. Two people are required to transport a client who meets the transfer criteria. One person is a staff person while the other person may be another staff person, family member etc.~~

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~~3. Transfer Criteria~~

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~~a. Exhibiting symptoms of withdrawal, i.e., nausea and vomiting, tremors, sweats, anxiety, agitation, tactile disturbances, auditory disturbances, visual disturbances, headache, fullness in head, and/or disorientation and clouding of sensorium.~~

~~b. Actively suicidal requiring supervision~~

~~c. Assaultive requiring close supervision~~

~~d. Severely disorganized so as to render her/him a danger to self.~~

~~e. Severely impulsive in self destructive but not life threatening ways i.e., self mutilating.~~

~~f. Severely impulsive in destructive ways i.e. destroys property.~~

~~g. Hyperactive manic psychotic phase, which requires containment.~~

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~~4. When a client needs a more restrictive program, the Clinical Specialist/designee collaborates with the attending psychiatrist to obtain a medical order to transfer the client to a more restrictive healthcare program.~~

~~**iv. Procedure**~~

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~~1. If applicable, the Case Management Specialist or Primary Counselor contacts the receiving healthcare organization and coordinates the transfer of the client. He/she provides a detailed report to the receiving healthcare organization prior to the client's admission. The report includes:~~

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~~a. Name~~
~~b. Age~~
~~c. Behavior meriting transfer~~
~~d. Response to treatment~~
~~e. Any special precautions~~
~~f. Any identified medical problems~~
~~g. Any precautions~~
~~h. Current medications (if known)~~
~~i. Identified allergies (if known)~~
~~j. Assessments/evaluations~~

~~2. Two Navajo DBHS employees or a family member transports client to the referred organization.~~

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~~3. The Clinical Specialist or designee explains the reason for the transfer to the client.~~
~~a. Transfer of the client is documented on the progress notes, and includes the following:~~
~~b. Information given in report to receiving healthcare organization.~~
~~c. Where client is transferred.~~
~~d. How the client was transferred.~~
~~e. Escorted by whom.~~

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I. POLICY

To provide the appropriate level of care DBMHS provides integrated co-occurring disorders treatment.

II. PURPOSE

The DSM-5 and ASAM Patient Placement Criteria will be utilized in conjunction with cultural and spiritual support in accordance with clients' values.

III. DEFINITIONS

A. **Co-Occurring Disorders (COD)**
Any combination of two or more substances uses disorders and mental disorders identified in the DSM-5. COD carries no implication of which disorder is primary, secondary or which occurred first, or whether caused the other.

IV. RULES

A. COD treatment program services accommodate clients who have both co-occurring mental and substance use disorders with coordination and collaboration with addiction and mental health services onsite or offsite providers (i.e., medication management and monitoring). ASAM Levels of care identify Co-Occurring Capable, formally dual diagnosis capable (DDC) and Co-Occurring Enhanced, formally dual diagnosis enhanced.

V. PROCEDURES

A. Outpatient Treatment Practice Standards
1. All clients presenting for treatment are engaged in treatment in such manners that are empathic, welcoming, and hopeful. Every contact with every client, throughout the process of treatment, shall reflect this type of interaction.
2. Integrated Assessment, Treatment and Recovery: Client treatment is inclusive of an integration of substance use and other mental health disorders. Psychiatric and Substance Use Disorders, regardless of severity, tend to be persistent and recurrent, and these disorders co-occur with sufficient frequency and complicate each other so that a continuous and integrated approach to assessment, treatment and recovery is required. Regardless of the location of the initial and subsequent clinical presentations, integrated services are available and provided to every client, as needed.
3. Access to Treatment: There are no "arbitrary" barriers to treatment (i.e., a client who is on methadone maintenance, a bi-polar disorder on lithium, the presence of a substance use disorder client does not preclude the provision of psychotropic medications.).
4. Individualized Treatment Strategies: Clients with co-occurring disorders will receive individualized treatment to manage co-occurring symptoms.
5. Balance Case Management and Care Expectation, Empowerment and Empathic Confrontation: Within a process of care, clients are helped with those things they cannot do for themselves by virtue of acute impairment or persistent disability, while being empowered to take responsibility for decisions and choices they are

ready to make for themselves and allowed to be empathetically confronted with the negative consequences of poor decisions.

6. Dual Primary Relationship: When a client has co-occurring, substance use and mental health disorders, integrated treatment for both disorders are provided by the same clinician/team of clinicians, working in one setting, providing both substance use and mental health interventions, in a coordinated fashion.
7. Coordination and Collaboration: Both ongoing and episodic interventions require consistent collaboration and coordination between all treatment providers, the client, family caregivers, and external systems. Collaboration with families is considered for all clients in all stages of change. Families may provide significant assistance in developing strategies for motivational enhancement and contingent learning, in identifying specific skills or techniques required for modification of behavior(s), and in actively supporting participation in recovery-based programming to promote relapse prevention.
8. Effectiveness: Services provided are "outcome-based" as defined by the client. Outcome/satisfaction surveys are included in the process of treatment and are one of the tools used for modifications/enhancements to the care being provided.
9. Cultural Competency: Clients receive culturally relevant care that addresses and respects language, customs, values, and mores, with the capacity to respond to the individual's unique family, culture, traditions, and strengths.
10. Gender/Sexual Orientation Competency: Clients receive care that is gender/sexual orientation relevant, with isolated gender/sexual orientation treatment modalities that are clinically appropriate.

REFERENCES

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). *The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occuring Conditions* (3rd ed.). Chevy Chase: The Change Companies.

Navajo Nation Division of Behavioral & Mental Health Services

POLICYIES AND PROCEDURES MANUAL

Section: 1 Management &and Support Functions

Subsection: 1.2 Governance and Management Structure

Title: 1.2.01 Leadership

I. a. PolicyPOLICY

I. As a tribal government program, governance and management authority are provided through the administrative structure of the Navajo Nation. The leadership of the organization consists of the leadership governance authority and management. The Navajo Nation Health, Education, and Social Human Services Committee (HHSCHEHSC) oversees the functions of the Navajo DBHSDBMHS, and the DBHS DBMHS assumes the governance authority while of the outpatient treatment facilities, and assume management of the organization. The responsibilities of each are outlined below.

II. b. PurposePURPOSE

II. To define the leadership and management structure of the Navajo Department of Health, including the DBMHS functions. To outline responsibilities for governance authority and management

III. DEFINITIONS

RESERVED

IV. c. General InformationRULES

A. The Health, Education, and Human Services Committee of the Navajo Nation Council Legislative Branch provides oversight function to the Navajo Department of Health (NDOH), and its Executive Director.

B. NDOH is administratively located within the Executive Branch of the Navajo Nation Government, and thus is supervised under the direct authority of the Navajo Nation President.

C. NDOH includes the Division of Behavioral & Mental Health Services (DBMHS).

D. Under these lines of authority, the DBMHS Health Services Administrator provides management authority for all DBMHS programming. The Treatment Center Behavioral Health Director, Clinical Director and/or Clinical Specialist (CD/CS) provides clinical oversite and management, with administrative support.

1. **Role of the Navajo Nation Standing Committee Health and Social Services – Health, Education, & Human Services Committee: To provide support and recommendations to the governance authority of Navajo DBHSDBMHS.**

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2. Role of Department Division of Behavioral & Mental Health Services: Functions as the governance authority by evaluating the refining the Outpatient Treatment Services Policies and Procedures Manual. Navajo DBHS DBMHS also provides guidance to local management teams regarding the interpretation, intent of this manual, and assist in addressing program and clinical issues.
3. Role of Management: Program Supervisors and Clinical Specialists Directors are responsible for utilizing and applying both this manual and the Navajo Nation Personnel Policies and Procedures Manual consistently. They are encouraged to seek advice from the DBHS DBMHS Core Management Team, Department of Personnel Management and Department of Justice in applying policies to local program operations. Supervisors are expected to provide leadership in implementing the policies and to set positive examples for DBHS DBMHS employees.

Role of DBHS DBMHS employees: DBHS DBMHS employees shall read, understand, and comply with DBHS DBMHS Outpatient Treatment Services Policies and Procedures and the Navajo Nation Personnel Policies and Procedures

V. LEADERSHIP CHARTPROCEDURES

The Health, Education, & Human Services Committee of the Navajo Nation Council is responsible for providing support to DBMHS by:	The DBMHS Central Office core management team will function as the *governance authority*:	The Treatment Center Program Supervisor and Clinical Director function as the *management authority*:
Working collaboratively with the DBMHS management and the Department of Health.	Creates and maintains: The core values. The mission of the organization Provides leadership and empowers managers Develops and implements strategic plans Assumes final authority over and responsibility for the accountability of the programs. Develops programmatic outcomes. Provides input and recommends approval of local program budgets.	Is responsible for integrating the following components into daily operations: The core values of the organization. The mission of the organization. Provides leadership and empowers staff. Provides input and implements strategic plan. Has a working knowledge of the programs provided. Is accessible and available to: The client

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	~~Monitors local program budgets.~~ ~~Ensures compliance with all applicable legal and regulatory requirements.~~ ~~Develops and implements DBMHS standards (Policies and Procedures).~~ ~~Works with Department of Personnel Management to:~~ ~~Recruit members that are representative of the specific cultures and populations; the organization complies with the Navajo Preference in Employment Act.~~ ~~Develops and implements job description and evaluations.~~ ~~Develops and implements quality management program.~~ ~~Is responsible for organization-wide input needed for clients.~~	~~Personnel~~ ~~Management of programmatic outcomes.~~ ~~Maintaining a focus on the client~~ ~~Proposes the local program budget.~~ ~~Monitors and complies with local program budget.~~ ~~Enforces compliance with all legal and regulatory requirements.~~ ~~Ensures compliance with all DBMHS standards (Policies and Procedures).~~ ~~Works in cooperation with Navajo Department of Personnel Management to recruit and select qualified DBMHS employees.~~ ~~Monitors and evaluates DBMHS employee job performance.~~ ~~Implements and monitors Quality Performance and Improvement.~~ ~~Works in cooperation with Quality Assurance and Improvement to monitor quality standards and performance.~~

A. Role of the Health, Education, Human Services Standing Committee of the Navajo Nation Council:
   1. To provide oversight, support, and recommendations to the governance authority of the Division of Behavioral & Mental Health Services.

B. Role of the Executive Branch of the Navajo Nation Government:

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1. To provide policy and technical support in all areas not related to specialized behavioral health services operation, including public health, procurement, travel, risk management, personnel, and fiscal management.

C. Role of Division of Behavioral & Mental Health Services:

1. Functions as the management authority by developing, evaluating, and refining the DBMHS Policies and Procedures Manual in accordance with applicable tribal, state, and federal regulations, and other accreditation standards.
2. Provide guidance to the local management team regarding the interpretation, intent, and application policies, regulations, and accreditation standards, as related to administrative and clinical issues.

D. Role of DBMHS employees:

1. The Behavioral Health Director, Clinical Director, Clinical Specialist, and other supervisory staff are responsible for utilizing and applying this manual and all applicable Navajo Nation policies and laws.
2. Treatment Center Management are responsible for orientating staff regarding DBMHS policies and procedures, providing leadership in implementing the policies, and setting a positive example for DBMHS employees by fully complying with all policies.
3. It is the responsibility of DBMHS employees to read, understand, acknowledge, and comply with DBMHS Policies and Procedures.

REFERENCES

CARF Standards Manual 1.G; 1.J
Navajo Nation Personnel Policies Manual Section I, Section II
NMAC 7.20.11.19

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~~**c. Policy and Procedure Approval Process**~~

I. ~~i. Policy~~POLICY

Navajo DBHSDBMHS ~~recognizes that the Behavioral Health Outpatient Services Policy and Procedure Manual (hereafter known as "DBHS DBMHS outpatient Outpatient Manual") serves as the foundation of the behavioral health programs and establishes the standards and the guidelines by which services are provided.~~ All DBMHS policies and procedures will be written, executed, distributed, and maintained in a uniform manner as described in this policy.

II. ~~ii. Purpose~~PURPOSE

~~To establish a process for approving a policy and procedure.~~ ensure uniformity in policy development and implementation.

III. DEFINITIONS

A. **Effective Date**
For each new policy, the effective date will be the date of the final approval and distribution, which should be the same date.

B. **Revised Date**
At the time a policy is revised, the effective date will remain for the initial policy date and a date for revision will be added in the designated location in the policy.

IV. ~~ii. General Information~~RULES

A. All policies will fall into one of three sections:
   1. Management & Support Functions
   2. Client-Focused Functions
   3. Outpatient Treatment

B. All policies will fall under a descriptive chapter heading corresponding to either:
   1. A specific aspect of management or support functions, for example:
      a. Governance and Management Structure.
      b. Personnel.
      c. Accessibility, Health, and Safety; or,
   2. A specific service level, for example:
      a. Prevention and Health Education.
      b. Outpatient.
      c. Traditional Treatment Services; or,
   3. A specific aspect of service delivery, for example:
      a. Notice of Privacy and Confidentiality.
      b. Treatment Plan.
      c. Informed Consent.

C. Every policy will have a title reflecting its subject, i.e., "what the policy is about."

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~~Maintenance, upkeep and enforcement of the DBMHS Outpatient Manual are the responsibility of the Health Services Administrator.~~

V. PROCEDURES

A. Policies or revisions are prepared in Microsoft Word.
B. Policies are prepared in the format of this policy.
C. Policies include the following sections:
   1. A statement of the policy that is clear, concise and ~~complete;~~complete.
   2. Definitions of any terms necessary to understand or implement the policy and ~~procedures;~~procedures.
   3. Specification of any general rules or principles to be applied in implementing the ~~policy;~~policy.
   4. A detailed explanation of procedures that provide steps to accomplish the policy and identify who is responsible for implementing the procedures.
   5. ~~References~~The references section cites laws, regulations, ~~codes~~codes, and standards, which require or recommend the condition or action addressed by the policy.
   6. Any section except the statement of policy may be omitted if not applicable.
D. The DBMHS Health Services Administrator (HSA) designates members of the Policy and Procedure Committee (hereafter known P&P Committee) which is responsible for the amendment or revision of the DBMHS Policy and Procedure Manual.
~~A. Maintenance, upkeep and enforcement of the Behavioral Health Outpatient Services Policy and Procedure Manual are the responsibility of the program Supervisor and Clinical Specialist.~~
E. The P&P Committee is responsible for keeping informed of changes in applicable laws, regulations, and requirements of certifying and accrediting bodies that may require changes in DBMHS policy.
F. The P&P Committee reviews a proposed new policy and procedure, checks for duplication with existing policy, and recommends approval or disapproval, or may send back to the initiating party with recommended changes.
G. When the P&P Committee approves the policy and procedure, it is forwarded to the HSA for formal approval.
H. Upon approval, the HSA's office will distribute the ~~new~~amended or revised policy to all treatment center sites.
   1. The date of distribution is the effective date for new policies and the revised date for revised policies.
   2. A record is kept of the distribution of all ~~new~~amended or revised policies.
   3. Distribution may be either hard copy, electronic copy, or both.
I. The manual will be made available on the departmental website, in a secure read-only format that allows employees to print the manual in part or in its entirety.
J. Annually, the HSA's Office submits an updated copy of the manual to the Health, Education, and Human Services Committee of the Navajo Nation Council and requests approval by resolution of the Committee.

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K. All DBMHS supervisors are responsible for ensuring their supervisees are oriented to the manual.
L. All employees and supervisors must sign an orientation form to indicate attendance and understanding of the policy and procedure.
M. Access to ~~print~~printed or electronic copies of the manual is available at each treatment center site to ensure that all staff have ready access to the manual.
N. New or revised policies are reviewed by employees with their supervisor, within 15 business days from the effective or revised date, and this review is documented by the supervisor.

~~New or revised policies are reviewed with employees by their supervisor, within 15 business days from the effective or revised date, and this review is documented by the supervisor.~~**Any new or revised policy and procedure is presented to the Navajo DBHS Outpatient Policy and procedure Committee (hereafter known as the P&P Committee)**

REFERENCES

NMAC 7.20.11.19

~~B. The P&P Committee is composed of one representative from each OTC site.~~
~~C. The P&P Committee reviews the policy and procedure and recommends approval or disapproval.~~
~~D. When the P&P Committee approves the policy and procedure, it is forwarded to the Clinical Specialist Coordinator and Department Manager for their approval.~~
~~E. Once the policy and procedure is approved, the Clinical Specialist Coordinator/designee coordinates with the MIS department to provide a page number, amend the Table of Contents, and distribute a revised manual CD.~~
~~F. All Navajo DBHS employees are to be familiarized with "the manual" during orientation. The employees/supervisors sign their initials on the orientation form to indicate knowledge of the policy and procedure.~~
~~G. Any new or revised policy and procedure are to be reviewed with employees within 15 days from the date of implementation.~~

~~**d. Maintenance of Required Documents**~~

~~**i. Policy**~~
~~Each Navajo DBHS Center maintains specific documents.~~

~~***ii. Purpose***~~
~~To establish policy to maintain required documents.~~

~~***ii. General Information***~~
~~1. The Program Supervisor/designee is responsible for maintaining specified documents.~~
~~2. The following documents are maintained:~~

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~~a. The Navajo Behavioral Health Outpatient Services Policy and Procedure Manual (hereafter known as "DBHS outpatient Manual")~~

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~~b. Reports and certificates of all inspections and reviews for the preceding five years together with corrective actions.~~

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~~c. Contracts and agreements related to licensure to which Navajo DBHS is bound.~~

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~~d. A current copy of statues and rules pertaining to Navajo DBHS.~~

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I. POLICY

DBMHS systematically evaluates the effectiveness of services provided through continuous quality improvement.

II. PURPOSE

To determine whether services meet pre-determined quality improvement expectations and outcomes, and correct any observed deficiencies identified through the quality improvement process.

III. DEFINITIONS

A. **Continuous quality improvement (CQI)**
A philosophy and a set of techniques for managing the quality of services in behavioral health care involves procedures for defining an organization's goals and work processes and applying measures of quality focused on client outcomes.

IV. RULES

A. DBMHS explicitly details the desired expectations and service outcomes for each of its programs and has a written plan to achieve them.
B. DBMHS follows established policies and procedures for the timely and regular evaluation of serious incidents, complaints, grievances, and related investigations, this may include identification of events, trends and patterns that may affect client health, safety, and/or treatment efficacy.

V. PROCEDURES

A. Findings and recommendations are documented and submitted to Quality Assurance/Quality Improvement section for corrective action. Actions and outcomes are documented, and trends are analyzed over time.
B. When problems (or potential problems) are identified, DBMHS acts as soon as possible to avoid any risks to clients by taking corrective steps that may include, but are not limited to:
    1. Changes in policies and/or procedures.
    2. Staffing and assignment changes.
    3. Additional education or training for staff.
    4. Addition or deletion of services.
C. DBMHS develops a system to utilize collected data and works collaboratively with Navajo Nation Epidemiology Center (NNEC) regarding the outcome of its activities for delivering continuously improving services.
D. Formal and informal feedback from consumers of services and other collateral sources is aggregated and used to improve management strategies and service delivery practices.
E. DBMHS and NNEC collect and maintain information necessary to plan, manage, and evaluate its programs effectively. The outcomes are evaluated on a quarterly basis, the results of which are used continuously to improve performance.
F. DBMHS implements and maintains ongoing utilization review processes.

G. The Program Supervisor, or designee, is responsible for maintaining the following documents:
   1. Reports and certificates of all inspections and reviews with corrective actions.
   2. Contracts and agreements related to licensure which DBMHS is bound.
   3. A current copy of statues and rules pertaining to DBMHS.

REFERENCES

NMAC 7.20.11.20

~~III. Business Practices and Ethics~~

~~a. Reporting of Fraud and Abuse~~

~~i.~~I. Policy~~POLICY~~

All identified fraud and abuse will be reported to the proper authorities pursuant to established Navajo Nation protocols.

~~ii.~~II. Purpose~~PURPOSE~~

The reporting of potential fraud and abuse is intended to avoid the misappropriation of tribal, federal, and state funds.

~~iii.~~III. Definitions~~DEFINITIONS~~

A. **Financial Abuse:**
Activities inconsistent with standard fiscal business or medical practices that result in unnecessary costs to the ~~Navajo DBHS~~ DBMHS programs that are committed by a ~~DBHS~~ DBMHS employee.

B. **Fraud:**
~~-~~An intentional act of deception committed by a ~~DBHS~~ DBMHS employee to gain unauthorized benefits.

~~iv.~~IV. General Information~~RULES~~

~~1.~~A. Fraud and abuse results in the misuse of tribal, ~~federal~~federal, and state funds; jeopardizes the care and treatment of clients receiving outpatient treatment services; and can result in monetary fines and/or criminal prosecution.

~~2.~~B. Any person who knowingly obtains any benefit by means of false or fraudulent pretenses, representations, ~~promises~~promises, or material omissions is in violation of federal, states, and/or tribal laws, which can result in the termination of providers and prohibition from participation on Medicare/Medicaid Programs pursuant to regulations.

~~3.~~C. Clients receiving care in the outpatient treatment services could also commit acts of fraud and abuse (e.g., by loaning or selling their provider identification card).

V. PROCEDURES

A. If a fraud, waste, or abuse allegations are suspected an incident report will be completed and reviewed by the Supervisor.

B. The incident report will be forwarded to the HSA and QI/QA Section for investigation.

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C. Employees suspected of fraud, waste or abuse will be suspended from access to DBMHS equipment or records during the investigation.
D. The Supervisor and HSA will notify the employee of alleged fraud allegations.
E. The employee will be relieved of regular duty until the conclusion of the investigation.
F. The investigation will include the QI/QA section, IT section, HSA, DBMHS HR section, and employee's supervisor.
G. Any actions taken against the employee will be in accordance with the Navajo Nation Personal Policies Manual.
H. Any documentation relating to the incident will be maintained by the QI/QA Section.
I. DBMHS is required to report any fraud, waste, or abuse, by either employer or employee to the appropriate State or Navajo Nation entity within 10 business days. The report should be submitted in writing to:

4. ~~Navajo DBHSDBMHS Central Office is required to report any fraud, waste, or abuse, by either employer or employee report received from the outpatient treatment centers to the appropriate State Department of Behavioral Health Services within 10 working days. The report should be submitted in writing to:~~

~~Division of Behavioral & Mental Health Services~~
~~Attention of Department Manager and Clinical Specialist Coordinator~~
~~Attn: Health Services Administrator~~
~~Department of Behavioral Health Support~~
~~PO Drawer 709~~
~~Window Rock, AZ 86515~~

~~Navajo DBHS DBMHS Central Office will submit report to:~~
~~ADHS/BHS office of Program Support~~AZ Dept. of Health Services
~~150 N. 18th Avenue, Suite 280~~
~~Phoenix, Az 85007~~
Navajo Nation:

Navajo Nation Department of Justice
PO Box 2010
Window Rock, Arizona 86515

Navajo Nation Office of the Controller
PO Box 3150
Window Rock, AZ 86515

Navajo Department of Health
Executive Director

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PO Box 1390
Window Rock, AZ 86515

~~Navajo DBHS DBMHS Central Office will also submit report(s) to agency:~~

Arizona:

AHCCCS Office of ~~Program Integrity~~Inspector General
~~801 E. Jefferson Street~~
~~Phoenix, Az 85034~~
~~If you want to~~To report suspected fraud ~~by a medical provider,~~ please call:
888-487-6686
For Arizona ~~you may~~ call: 602-417-4193

~~Navajo Division Department of Health~~
~~Executive Director~~
~~PO Drawer 1390~~
~~Window Rock, Az 86515~~

New Mexico:

To report suspected Medicaid fraud please use the methods below: ~~To report public assistance fraud, waste, or abuse, including Medicaid Provider fraud, please use of the methods below:~~

Phone: ~~1~~ (800) 228-4802
Fax: (505) 797-5127
Email: HSD-OIG.Fraud@state.nm.us
Mail: New Mexico Human Services Department
Office of Inspector General
8909 Adams St. NE, Suite A
Albuquerque, NM 87113

~~New Mexico Department of Health~~
~~Behavioral Health Services Division~~
~~1190 St. Francis Drive~~
~~Sant Fe, NM 87505~~

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~~b. Code of Ethics~~

I. ~~i. Policy~~POLICY

All Navajo ~~DBHS~~ DBMHS employees will ~~honor~~ abide by the Navajo ~~DBHS~~ DBMHS Code of Ethics, the Navajo Nation Ethics in Government Law, and their professional Code of Ethics.

II. ~~ii. Purpose~~PURPOSE

To ~~specify~~ ensure ethical behaviors of all Navajo ~~DBHS~~DBMHS employees ~~thus~~ and for the ~~protecting~~ protection of ~~the~~ clients, ~~DBHSDBMHS employee, and employer~~ employees, and the Navajo Nation.

III. ~~iii. Definitions~~DEFINITIONS

A. **Certification:**
Professional credentialing of a service provider by a recognized certification board.

B. **Ethics**
A set of moral principles, especially ones relating to or affirming a specified group, field, or form of conduct, which govern a person's behavior to avoid actions that may cause harm.

C. **Licensure:**
Professional licensing of a service provider by a state-regulated licensing board in a field regulated under state law.

D. **Reciprocity:**
Recognition of a license or certificate by another ~~jurisdiction~~authority or body than the one under which the credential was obtained.

IV. ~~iv. General Information~~RULES

The following rules of conduct are set forth as the minimum standards for all Navajo ~~DBHS~~DBMHS employees. A violation of these rules of ethical practice and professional conduct constitutes employee misconduct and is sufficient reason for disciplinary action up to and including termination in accordance with the Navajo Nation Personnel Policies Manual.

A. **Non-discrimination:** DBMHS employees will not discriminate against clients or professionals based on race, age, gender, religion, mental or physical disabilities, sexual orientation, or economic condition.

B. **Responsibility:** DBMHS employees will advocate objectivity, integrity, and maintain the highest ethical standards of service offered by the treatment center

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1. DBMHS recognizes that the primary obligation is to help others acquire knowledge and skills in dealing with substance abuse.
2. DBMHS accepts the professional challenge and responsibility deriving from the DBMHS employee's duties and responsibilities.

C. **Professional and Cultural Competence:** DBMHS recognizes that the profession is founded on standards of competency that promotes the best interest of the client, the counselor, and the profession as a whole. The counselor recognizes the need for continuing education as a component of professional competency.

1. DBMHS seeks to prevent the practice of substance use counseling by unqualified or unauthorized persons.
2. DBMHS employees who are aware of unethical conduct or unprofessional modes of practice will report such violations to their immediate supervisor, or Clinical Director. The Supervisor and/or Clinical Director will determine the need to further report to the Behavioral Health Director, and other appropriate agencies, licensing, or certifying boards.
3. DBMHS employees recognize the boundaries and limitations of their competencies and not offer services or use techniques outside of their professional competencies.
4. DBMHS employees recognize the effect of personal impairment on professional performance and are willing to seek appropriate treatment for self. DBMHS supports the respective assistance programs.

D. **Legal and Moral Standards:** DBMHS will uphold the legal and accepted moral standards that pertain to professional conduct.

1. DBMHS employees will not claim either directly or by implication, professional qualifications/affiliations that the DBMHS employee does not possess.
2. DBMHS will not affiliate with organizations that are not consistent with those of DBMHS.
3. DBMHS will not associate with or permit the DBMHS employee's name to be used in connection with any services or products in such a way as to be inaccurate or misleading.
4. DBMHS employees associated with the conception or promotion of books or other products offered for commercial sale will be responsible for ensuring that such books or products are presented in a professional and factual way and receive proper approval from the Navajo Nation.

E. **Public Statement:** Presentation provided by DBMHS employees will be limited to the presenter's knowledge, skills, and ability concerning behavioral health issues.

1. DBMHS will report accurate information to clients, other professionals, and the general public in the field of behavioral health.
2. The DBMHS employee will acknowledge, and document materials and techniques used.
3. The DBMHS employee who conducts training in substance use counseling skills or techniques will inform the audience of the requisite training/qualifications required to properly perform these skills and techniques.

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F. **Publication Credit:** DBMHS employees will bestow credit to all who have contributed to DBMHS published material and for the work upon which the publication is based.
   1. The DBMHS employee will recognize joint authorship when more than one individual makes major contributions of a professional nature to a DBMHS project. The author making the principal contribution to the DBMHS publication will be identified and listed first.
   2. The DBMHS employee will acknowledge the unpublished and published material used in the writing or research of a DBMHS project.
   3. The DBMHS employee who compiles and edits for publication any DBMHS project will list oneself as editor, along with the names of others who have contributed.

G. **Client Welfare:** DBMHS will respect the integrity; protect the welfare of the client or group with whom the counselor is working.
   1. The DBMHS will define for self and others the nature and direction of loyalties and responsibilities, and keep all concerned parties informed of these commitments.
   2. The DBMHS, when faced with a professional conflict, will concentrate on the welfare of the client as a priority.
   3. The DBMHS will terminate a counseling or consulting relationship when it is clear to the counselor that the client is not benefiting.
   4. The DBMHS will assume responsibility for the client's welfare either by termination of services with appropriate referral, mutual agreement, and/or by referring the client to another professional. In situations where a client refuses treatment, referral, or recommendations, the DBMHS employee will carefully consider the welfare of the client by weighing the benefits of continued treatment or termination, and act in the best interest of the client.
   5. The DBMHS, who asks a client to disclose personal information from other professionals or allows information to be divulged, will inform the client of the nature of such transactions. The information released or obtained with proper consent will be used for the specified purposes only.
   6. The DBMHS will not allow a client to participate in a demonstration role in a workshop setting where such participation would potentially harm the client.
   7. The DBMHS will ensure the presence of an appropriate setting for clinical work to protect the client from harm and the DBMHS employee and the profession from censure.
   8. The DBMHS will collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed medications.

H. **Confidentiality:** DBMHS employees will maintain confidentiality, as a primary obligation, the duty of protecting the privacy of clients and will not disclose confidential information acquired in teaching, practice, or investigation.
   1. The DBMHS will inform the client and obtain consent in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and observation of an interview by a third party.
   2. The DBMHS will make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.

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3. The DBMHS will disclose information on a need-to-know basis, received in confidence when there is a clear and imminent danger to the client or to other persons, and then only to appropriate professional workers of public authorities.
4. The DBMHS will analyze the information obtained in clinical or consulting relationships in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports will present only data germane to the purpose of the evaluation, and every effort will be made to avoid undue invasion of privacy.
5. The DBMHS employee will use clinical and other materials in teaching and writing only when the identity of the person remains anonymous.

I. **Client Relationships:** DBMHS employees will inform client of potential conflicts which may impact the important aspects of a counseling relationship.
1. The DBMHS employee will inform the client and obtain the client's consent in areas likely to affect the client's participation including the recording of an interview, use of interview materials for training purposes, and/or observation of an interview by a third-party.
2. The DBMHS will inform the designated guardian or responsible person of circumstances that may influence the counseling relationship.
3. The DBMHS employee will not enter into a counseling relationship with immediate family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
4. The DBMHS employee will not engage in any type of sexual activity with a current or former client.

J. **Professional Relationships:** DBMHS employees will treat colleagues with respect, courtesy, fairness, and will afford the same professional courtesy to other professionals.
1. The DBMHS will not offer professional services to a client in counseling with another professional except with:
   a. Knowledge of the other professional or;
   b. After the termination of the client's relationship with the other professional.
2. DBMHS employees will cooperate with duly constituted professional ethics committees and in consultation with the Clinical Supervisor, provide the necessary information, but with due regard for the constraints of confidentiality.

K. **Payment:** DBMHS employees will not receive any payment for services and will follow the terms and conditions of the Navajo Nation Personnel Policies Manual.
1. DBMHS employees will not send or receive any monetary payment or any other form of compensation for referral of clients for professional services. The counselor will not engage in fee splitting.
2. DBMHS employees will not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. Exceptions may be made on a case-by-case basis, and in accordance with DBMHS established policy regarding traditional healing services provided by DBMHS Traditional Practitioners.

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3. DBMHS treatment centers may make specific provisions for private work with its clients by members of its staff through proper referral protocols. The client must be fully apprised of all policies affecting them.

L. **Community Obligation:** DBMHS employees will advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The DBMHS employee will inform the public through active civic and professional participation in community affairs to the effects of alcoholism and drug addiction and will act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services.

M. DBMHS employees will adopt a personal and professional stance that promotes the best interest of all.

~~All DBMHS Staff will be oriented to and will adhere to all applicable Navajo Nation Rules on Ethics and DBMHS Code of Ethics.~~

~~Professional (licensed or certified) staff will also adhere to ethical code, guidelines, or standards established by their respective professional association and/or licensing body.~~

1. ~~A violation of these rules of ethical practice and professional conduct constitutes unprofessional conduct~~employee misconduct, and is sufficient reason for disciplinary ~~action up to and including termination in accordance to the~~with guidelines provided in the ~~Navajo Nation Policies and Procedures~~Personnel Policies ~~Manual.~~
2. ~~All professional staff will honor the Navajo DBHS Code of Ethics and their perspective discipline/Board.~~
3. ~~A documented violation of any Code of Ethics will be reported to the appropriate licensure and/or certification board by the Supervisor.~~
4. ~~The DBHS~~ DBMHS employees ~~will be held to standards for employee behavior will be held in accordance with guidelines found in the Navajo nation~~ Nation Personnel Policies ~~and Procedures Manual.~~
5. ~~All direct service providers' certification and/or licensure will be posted in their clinical office and in visual view of the client.~~

~~A copy of the licensure and/ or certification will be placed in the DBHS~~ DBMHS ~~Outpatient Treatment Center and DBHS~~ DBMHS personnel files.

6. ~~In cases where a significant question regarding ethical practice and professional conduct arises, the Supervisor will seek consultation from the Behavioral Health Director, as designated by the Health Services Administrator.~~
7. ~~The~~ DBMHS ~~Code of Ethics (below) and Navajo Nation Code of Ethics in Government Law – Declaration of Ethical Conduct (below) will be reviewed and signed by the DBHS~~ DBMHS employee ~~annually (1x a year).~~

~~I.~~V. ~~Code of Ethics~~PROCEDURES

A. All DBMHS staff will be oriented to and will adhere to all applicable Navajo Nation Rules on Ethics and DBMHS Code of Ethics.

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B. Professional (licensed or certified) staff will also adhere to ethical codes, guidelines, or standards established by their respective professional association and/or licensing body.
C. A documented violation of any Code of Ethics will be reported to the appropriate licensure and/or certification board by the supervisor.
D. DBMHS employees will be held to standards for employee behavior in accordance with the Navajo Nation Personnel Policies Manual.
E. All direct service providers' certification and/or licensure will be posted in their clinical office and in visual view of the client.
F. A copy of the licensure and/or certification will be placed in the DBMHS Treatment Center and DBMHS personnel files.
G. In cases where a significant question regarding ethical practice and professional conduct arises, the supervisor will seek consultation from the Behavioral Health Director as designated by the Health Services Administrator.
H. The DBMHS Code of Ethics and Navajo Nation Ethics in Government Law – Declaration of Ethical Conduct will be reviewed and signed by the DBMHS employee annually.

~~A. **Non-discrimination:** The DBHSDBMHS employees will not discriminate against clients or professionals based on race, age, gender, religion, mental or physical barriers, national ancestry, sexual orientation, or economic condition.~~

~~B. **Responsibility:** The DBHSDBMHS employees will advocate objectivity, integrity, and maintain the highest standards in the services offered by the outpatient treatment center.~~
~~1. The DBHS DBMHS employees shall will recognize that the primary obligation is to help others acquire knowledge and skills in dealing with substance abuse.~~
~~2. The DBHS DBMHS employees shall will accept the professional challenge and responsibility deriving from the DBHS DBMHS employee's work.~~

~~C. **Professional and Cultural Competence:** The DBHSDBMHS employees shall will recognize that the profession is founded on national standards of competency that promotes the best interest of society, the client, the counselor and the profession as a whole. The counselor shall will recognize the need for ongoing education as a component of professional competency.~~
~~1. The DBHSDBMHS employees shall will seek to prevent the practice of substance abuse counseling by unqualified and unauthorized persons.~~
~~2. The DBHSDBMHS employees who is are aware of unethical conduct or unprofessional modes of practice shall will report such violations to the Clinical SpecialistBehavioral Health Director or designeeClinical Director. The Behavioral Health Director and/or Clinical Director will determine the need to further report to appropriate agencies/licensing/certifying boards.~~
~~3. The Clinical Specialist will determine the need to further report to appropriate agencies/licensing/certifying boards.~~

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4. The DBHSDBMHS employees shall will recognize the boundaries and limitations of DBHStheir employee's competencies and not offer services or use techniques outside of their professional competencies.
5. The DBHSDBMHS employees shall will recognize the effect of personal impairment on professional performance and be willing to seek appropriate treatment of self. The DBHSDBMHS employees shall will support assistance programs in this respect.

D. **Legal and Moral Standards:** The DBHSDBMHS employees shall will uphold the legal and accepted moral codes that pertain to professional conduct.
1. The DBHSDBMHS employee shallwill not claim either directly or by implication, professional qualifications/affiliations that the DBHSDBMHS employee does not possess.
2. The DBHSDBMHS employee shallwill not use affiliation with professional organizations for purposes that are not consistent with the stated purposes of DBHSDBMHS.
3. The DBHSDBMHS employee shallwill not associate with or permit the DBHSDBMHS employee's name to be used in connection with any services or products in such a way as to be incorrect or misleading.
4. The DBHSDBMHS employee associated with the development or promotion of books or other products offered for commercial sale shallwill be responsible for ensuring that such books or products are presented in a professional and factual way, and receive proper approval from the Navajo Nation.

E. **Public Statement:** The DBHSDBMHS employees shallwill respect the limit of present knowledge in public statements concerning substance abuse.
1. The DBHSDBMHS employee, who represents the field of substance abuse counseling to clients, other professionals, or to the general public, shallwill report accurate information.
2. The DBHSDBMHS employee shallwill acknowledge and document materials and techniques used.
3. The DBHSDBMHS employee who conducts training in substance abuse counseling skills or techniques shallwill indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

F. **Publication credit:** The DBHSDBMHS employees shallwill assign credit to all who have contributed to DBHSDBMHS published materials and for the work upon which the publication is based.
1. The DBHSDBMHS employee shallwill recognize joint authorship when several persons make major contributions of a professional nature to a DBHSDBMHS project. The author making the principal contribution to the DBHSDBMHS publication shallwill be identified and listed first.

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2. ~~The DBHSDBMHS employee shallwill acknowledge by special citations, the unpublished and published material used in the writing or research of a DBHSDBMHS project.~~
3. ~~The DBHSDBMHS employee who compiles and edits for publication any DBHSDBMHS project shallwill list oneself as editor, along with the names of others who have contributed.~~

G. **~~Client Welfare:~~** ~~The DBHSDBMHS employee shallwill respect the integrity, protect the welfare of the client or group with whom the counselor is working.~~
1. ~~The DBHSDBMHS employee shallwill define for self and others the nature and direction of loyalties and responsibilities, and keep all parties concerned informed of these commitments.~~
2. ~~The DBHSDBMHS employee when faced with a professional conflict shallwill be concerned primarily with the welfare of the client.~~
3. ~~The DBHSDBMHS employee shallwill terminate a counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting.~~
4. ~~The DBHSDBMHS employee shallwill assume responsibility for the client's welfare either by termination, mutual agreement, and/or by the client becoming engaged with another professional. In situations where a client refuses treatment, referral or recommendations, the DBHSDBMHS employee shallwill carefully consider the welfare of the client by weighing the benefits of continued treatment or termination, and act in the best interest of the client.~~
5. ~~The DBHSDBMHS employee, who asks a client to reveal personal information from other professionals or allows information to be divulged, shallwill inform the client of the nature of such transactions. The information released or obtained with informed consent shallwill be used for the specified purposes only.~~
6. ~~The DBHSDBMHS employee shallwill not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.~~
7. ~~The DBHSDBMHS employee shallwill ensure the presence of an appropriate setting for clinical work to protect the client from harm and the DBHSDBMHS employee and the profession from censure.~~
8. ~~The DBHSDBMHS employee shallwill collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed medications.~~

H. **~~Confidentiality:~~** ~~The DBHSDBMHS employee shallwill maintain confidentiality, as a primary obligation, the duty of protecting the privacy of clients and shallwill not disclose confidential information acquired in teaching, practice or investigation.~~
1. ~~The DBHSDBMHS employee shallwill inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and observation of an interview by another person.~~

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2. The DBHSDBMHS employee shallwill make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
3. The DBHSDBMHS employee shallwill reveal information received in confidence only when there is a clear and imminent danger to the client or to other persons, and then only to appropriate professional workers of public authorities.
4. The DBHSDBMHS employee shallwill discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports shallwill present only data germane to the purpose of the evaluation, and every effort shallwill be made to avoid undue invasion of privacy.
The DBHSDBMHS employee shallwill use clinical and other materials in teaching and writing only when the identity of the person involved is adequately disguised.
5. All information and records obtained in the course of providing substance abuse and mental health treatment are confidential and will only be disclosed to authorized personnel or third Parties in accordance with the NNPPM, DBMHS policies and procedures, Navajo Nation Privacy and Access to Information (NNPAIA) Act, 2 N.N.C. §§ 81 et seq., and the Health Insurance Portability and Accountability Act of 1996.

I. **Client Relationships:** The DBHSDBMHS employee shallwill inform client of potential conflicts the important aspects of a counseling relationship.
1. The DBHSDBMHS employee shallwill inform the client and obtain the client's consent in areas likely to affect the client's participation including the recording of an interview, use of interview materials for training purposes, and/or observation of an interview by another person.
2. The DBHSDBMHS employee shallwill inform the designated guardian or responsible person of circumstances that may influence the counseling relationship.
3. The DBHSDBMHS employee shallwill not enter into a counseling relationship with immediate family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
4. The DBHSDBMHS employee shallwill not engage in any of sexual activity with a current or former client.

J. **Professional Relationship:** The DBHSDBMHS employee shallwill treat colleagues with respect, courtesy, fairness, and shallwill afford the same professional courtesy to other professionals.
1. The DBHSDBMHS employee shallwill not offer professional services to a client in counseling with another professional except with:
    1. Knowledge of the other professional or;
    2. After the termination of the client's relationship with the other professional.
2. The DBHSDBMHS employee shallwill cooperate with duly constituted professional ethics committees and in consultation with the Clinical Specialist, provide the necessary information, but with due regard for the constraints of confidentiality.

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~~K. **Payment:** The DBHSDBMHS employee will not received any payment for services during the tour of duty and will follow the terms and conditions of the Navajo Nation Personnel Policies and Procedures Manual.~~

~~1. The DBHSDBMHS employee shallwill not send or receive any monetary payment or any other form of wage for referral of clients for professional services. The counselor shallwill not engage in fee splitting~~

~~2. The DBHSDBMHS employee shallwill not accept a private fee or any other gifts or gratuity for professional work with a person who is entitled to such services through an institution or agency. Exceptions may be made in accordance with DBHSDBMHS established policy regarding traditional healing services provided by DBHSDBMHS Traditional Practitioners.~~

~~3. DBHSDBMHS outpatient treatment centers may make specific provisions for private work with its clients by members of its staff through proper referral protocols. The client must be fully apprised of all policies affecting him/herthem.~~

~~L. **Community Obligation:** The DBHSDBMHS employees shallwill advocate changes in public policy and legislation to afford opportunity and choice of all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The DBHSDBMHS employee shallwill inform the public through active civic and professional participation in community affairs to the effects of alcoholism and drug addiction and shallwill act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services.~~

~~The DBHSDBMHS employee shallwill adopt a personal and professional stance that promotes the best interest of all.~~

~~The DBHS employee shall adhere to the code of ethics of their respective license or certification. In lieu of that affiliation, the employee will follow the preceding code of ethics. This code of ethics was taken substantially from the Code of Ethics of the National Association of Alcohol and Drug Abuse Counselors (NAADAC).~~

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~~Navajo DBHS~~Division of Behavioral and Mental Health Services ~~Outpatient Services~~

CODE OF ETHICS

DBMHS professional employees adhere to the code of ethics of their respective license or certification. Because DBMHS is a behavioral health treatment organization which is focused on healing and recovery for its clients, all DBMHS employees adhere to the following code of ethics, which is adapted from the Code of Ethics of the National Association of Alcohol and Drug Abuse Counselors (NAADAC).

I DO AFFIRM:

1. ~~That my primary goal is recovery for the client, their family, and community; and the client's family.~~
2. ~~That I have a total~~ commitment to provide the highest quality of care ~~to those who seek my professional services.~~ and acknowledge the rights of clients;
3. That I ~~shall~~will ~~evidence~~ show a genuine interest in all my ~~clients, and~~clients and do hereby dedicate myself to the best interest of my clients and to helping them help themselves.
4. That I ~~shall~~will maintain at all times an objective, non-possessive, professional relationship with all my clients.
5. That I ~~shall~~will ~~be willing to~~ recognize when it is in the best interest of ~~my~~ clients to release and refer them to another program or another helping individual to receive appropriate services.

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6. ~~That I shall~~will adhere to Navajo Nation Privacy and Access to Information Act and HIPAA Regulations. ~~the Rule of Confidentiality with regard to all records, material, and knowledge concerning my clients.~~
6.
7. ~~That I shall~~will not in any way discriminate between clients or ~~fellow professionals~~co-workers on the basis of race, color, creed, age, religious preference, gender, or ~~sexual preference~~sexual orientation.
7.
8. ~~That I shall~~will respect the rights and views of my fellow substance abuse counselors and other professionals.
8.
9. ~~That I shall~~will maintain respect for institutional policies and management within agencies, ~~and~~agencies and will take initiative toward improvement of such policies and management when it will better serve the interest of my clients.
9.
10. ~~That I have a continuing~~ commitment to assess my own personal strengths, limitations, biases, and effectiveness in providing services under DBMHS.
10.
11. That I ~~shall~~will continuously strive for self-improvement and professional growth through further education and training by fully utilizing my DBMHS Individual Development Plan.
12. That I will adhere to my certification, licensure, and scope of practice while providing direct services to DBMHS clients and communities.
~~11.~~

~~12. That I have individual responsibility for my own conduct in all areas, including but not limited to, use of mood altering drugs.~~

~~13. These things I pledge to my professional peers and to my clients.~~

I have read the entire Division of Behavioral and Mental Health Services Code of Ethics and ~~Navajo Nation Code of Ethics and~~ do subscribe to it. These things I pledge to DBMHS clients, co-workers, and professional peers.

Print ~~your n~~Name:

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Division of Behavioral and Mental Health Services

Navajo Nation Ethics in Government Law - Declaration of Ethical Conduct

This is to acknowledge that I have attended the Navajo Nation Ethics in Government Law orientation provided for the Division of Behavioral and Mental Health Services (DBMHS). I agree to comply with the standards of conduct contained in the orientation and in the DBMHS policies and procedures as part of my continued employment with DBMHS.

I will disclose any potential conflict that may include any fiduciary relationship, activity, or financial interest that might impair or affect my judgment or influence my decision-making promptly to my supervisor, a DBMHS Human Resources Representative, and the DBMHS Health Services Administrator. I also understand that I will be in possession of sensitive ~~information~~information, and I will treat such information as confidential and will not disclose it to any unauthorized third parties or use it for my own personal benefit or gain, or for the benefit of any person other than the subject of the protected information. I will use the utmost care and discretion in the handling of such confidential information.

I understand that any violation of the Code of Conduct is grounds for disciplinary action, up to and including termination from employment, as consistent with the Table of Penalties in the Navajo Nation Personnel Policies Manual.

Employee Name (print) ~~SS~~ / AB #

Employee Signature Date

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I. POLICY

DBMHS employees are expected to comply with all applicable laws and policies of the Navajo Nation with respect to their conduct regarding the use of social media.

II. PURPOSE

To ensure the ethical behavior of all DBMHS employees, and to protect the rights of clients, employees, and the Navajo Nation.

III. DEFINITIONS

A. **Social Media**
Website and applications that enable users to create and share content or to participate in social networking.

IV. RULES

A. DBMHS recognizes that social media can be a way to share your life and opinions with family, friends, and co-workers around the world. However, use of social media also presents risks and carries with it certain responsibilities.
B. Social media include all means of communicating or posting information or content of any sort on the internet, whether through an app, web blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with DBMHS, as well as other shared forms of electronic communication online.
C. Employees are responsible for what they post online. Keep in mind that any conduct that adversely affects job performance, the performance of fellow employees, or otherwise affects community members interacting with DBMHS may result in disciplinary action up to and including termination.
D. DBMHS employees must be respectful, honest, and accurate. Always be fair and courteous to others. Examples of such conduct might include offensive posts meant to harm someone's reputation, or posts that could contribute to a hostile work environment.
E. Maintain confidentiality: do not post on any social medial sites internal reports, policies, procedures, or other internal business-related confidential information.
F. Express only your individual opinions. Never represent yourself as a spokesperson for DBMHS.
G. DBMHS employees will refrain from using social media during work hours or on equipment we provide unless it is work-related as authorized by the immediate supervisor or consistent with DBMHS MIS and NNPPM protocols.
H. Do not use DBMHS email addresses to register on social networks, blogs or other online sites or applications for personal use.
I. Any employee who retaliates against another employee for reporting a deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, which may include termination.

J. DBMHS employees should not speak to the media on DBMHS behalf without first contacting the DBMHS Health Services Administrator and getting authorization. All media inquiries should be directed to the DBMHS Central Administration.
K. Law: Navajo Nation Criminal Code At 17 N.N.C. §203, 209, 303.01, 318 and 319 for Purposes of Addressing Cyberbullying.
L. All employees will adhere to the Navajo Nation Personnel Policies Manual

V. PROCEDURES

A. All DBMHS staff will be orientated on the Navajo Nation Privacy Act and the DBMHS Employee Code of Ethics and adhere to them when using social media.
B. Social media shall not interfere with employee's responsibilities, job duties and/or timelines.
C. DBMHS computer systems are to be used for business purposes only. Personal cellular phone use of social media shall be limited to breaks and lunch hour.
D. Any online activity that violates the DMBHS Code of Ethics is subject to employee disciplinary action in accordance with Navajo Nation Personnel Policies Manual.
E. In cases where significant questions regarding employee's use of social media and ethical practice or professional conduct, the employee will discuss with their immediate supervisor, and if necessary, the Office of Ethics and Rules.

Navajo Nation Division of Behavioral & Mental Health Services

POLICIES¥ AND PROCEDURES MANUAL

Section: 1 Management &and Support Functions
Subsection: 1.2 Governance and Management Structure
Title: 1.2.07 Information Technology Use and Maintenance **Page 1 of 35**

~~**IV. Computer Use and Maintenance**~~

I. a. PolicyPOLICY

~~Navajo Department of Behavioral Health Services Management Information System (DBHSMIS) office~~DBMHS Managed Information Systems (MIS) is responsible for ~~assisting in replacing, upgrading, integrating, car~~the care and maintenance of the ~~servers, workstations, laptops, printers, networking, database operations, software licensing~~networking equipment~~,~~ and other information technology systems ~~in Navajo DBHS Central and agency site offices.~~for DBMHS.

II. b. PurposePURPOSE

~~NDBHSMIS~~ MIS is to provide the latest user-friendly technology to enhance and maintain effective and efficient management and delivery of behavioral health services on the Navajo Nation

III. c. DefinitionsDEFINITIONS

A. **Computer Virus**: ~~is~~
aA piece of code which is capable of copying ~~itself and~~itself, typically has a detrimental effect, such as corrupting the system or destroying data.

B. **Security System**: ~~is~~
Aa network security device that monitors incoming and outgoing monitor network traffic and permits or blocks data packets based on a set of security rules.

C. **MalwareMalware**
: ~~is a~~A code that is intended to damage or disable computers and computer systems.

D. **Server**: ~~is~~
~~a~~A computer or device on a network system that is usually high-end, ~~fasterfaster~~, and bigger and manages network resources and allows computers in a network to have a shared resource.

~~**Microsoft Word** is the standard for creating word processing documents.~~

~~**Microsoft Excel** is the spreadsheet standard for creating and managing templates, buttons, documents, graphics, calculation, reporting and presentation of data.~~

~~**Microsoft Publisher** is the standard for creating graphics, brochures, handouts and forms, including office designing flowcharts, and banners.~~

~~**Microsoft Access** is the standard for creating database. Data will allow transfer between SQL Server and Microsoft Access.~~

~~**Microsoft Power Point** is installed for document creation and presentation.~~

~~**Microsoft outlook** is installed for Internet standard based and Microsoft Exchange Server based e-mail with integrated calendar, contact, and task management features.~~

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~~**Firewall** is a system designed to protect computer data, documents, network, and files form unauthorized access, especially via the internet.~~ Formatted: No underline

~~**Server** is a computer or device on a network system that is usually high end, faster and bigger and manages network resources and allows computers in a network to have a shared resource.~~ Formatted: No underline

~~**Workstation** is a computer intended for individual use, and faster and more capable than a personal computer (PC). All user computers connected to a network are called workstations.~~ Formatted: No underline

~~**Dynamic Host Configuration Protocol (DHCP)** is a communications protocol that allows management of the network centrally and automates the assignment of Internet Protocol (IP) addresses in an organization's network.~~ Formatted: No underline

~~**File Transfer Protocol (FTP)** is a standard Internet protocol that is used to exchange files between computers on the Internet.~~ Formatted: No underline

~~**Domain Name System (DNS)** is the way that internet domain names are located and translated into internet Protocol addresses. A domain name is a meaningful and easy to remember "handle" for an Internet address.~~ Formatted: No underline

~~**Computer Virus** is a program that can enter a computer system without the user's knowledge and damage the information contained on the floppy and hard disk.~~ Formatted: No underline

~~**Application** is a use of information resources, technology, system, or product.~~ Formatted: No underline

~~**Internet** is a worldwide system of computer network that provides communication, information and resource from any other computer if it has permission.~~ Formatted: No underline

~~**Information System** is a direct set if Information Technology, data, and related resources, such as personnel, hardware, software, and associate IT services organized for the collection, processing, maintenances use, sharing, and disposition of information.~~ Formatted: No underline

~~**Information Technology** is a form of technology used to create, store, exchange, manipulate, move, control, display, switch, interchange, transmit or receive of data or information. Information technology includes computers, ancillary equipment, software, firmware and similar procedures, services, and related resources.~~ Formatted: No underline

~~**Authenticate** is to confirm the identity of an entity when that identity is presented.~~ Formatted: No underline

~~**Authentication** is a security measure designed to establish the validity of a transmission, message, or originator, or a means of verifying an individual's authorization to receive specific categories of information.~~ Formatted: No underline

~~**Incident** is an event that may happen when using or misusing computer and equipment.~~ Formatted: No underline

~~**Data** is information gathered in a binary or digital form.~~ Formatted: No underline

~~**Event** is any observable occurrence in a system and/or network.~~ Formatted: No underline

~~**Unauthorized Software** Any software that does not have a certificate of authority to operate.~~ Formatted: No underline

~~Website is a collection of web files on a particular subject that includes a beginning file called home page.~~

IV. d. ~~General information~~RULES

A. All DBMHS employees are required to abide by the DBMHS - MIS procedures while utilizing any assigned workstation and equipment~~.~~. Acknowledgement of receiving, ~~reading~~reading, and understanding the Navajo Department of Health (NDOH) and DBMHS Computer Use and Maintenance Policy and Procedure will be placed in the employee's personnel files.

~~NDBHSMIS utilizes the latest technologies and products and makes every effort to keep abreast of the advances in information technology that will assist in the accomplishment of Navajo DBHS goals.~~

B. ~~To~~ DBMHS will ensure compatibility with the ~~current computing system~~latest information technology and products that will assist in the accomplishment of DBMHS' goals. ~~, certain standards for software and hardware acquisitions are established to facilitate the flow of data and documents. The NDBHSMIS will adopt standards for software, hardware, networking, licensing, and peripherals and other necessary equipment purchased, installed and used within the NDBHS. The NDBHSMIS office will continually monitor computing platforms to ensure that the environment retains compatibility across the Navajo DBHS computing system.~~

C. MIS is responsible for providing computers, monitors, keyboards, mouse, and other computer equipment to DBMHS staff.

D. Navajo tribal Utility Authority (NTUA) is the primary internet service provider for DBMHS.

E. DBMHS uses a local area network environment that includes all sites.

~~.~~

~~NDBHS computing environment may include but is not limited to servers, workstations, laptops, printers and network devices such as routers, patch panels and switches. The DBHSMIS long range goals is to eventually standardize the computing environment throughout the DBHS. The Navajo DBHS has the following computing environments:~~

~~Hardware~~

~~1. Servers: NDBHS central and agency offices have a Windows 2003 Server (Operating System) and some agency sites have Windows NT 4 server. Servers can only be utilized for data entry, data storage, report generation, networking, printer, Internet connection and user ID and password protection, and authorized and approved work generation. All Server and file system will be regularly checked and reviewed by NDBHSMIS staff. All confidential files and client information need to be saved in the server.~~

~~2. Workstations: The Navajo DBHS central office and some agency sites have workstations with Intel processor with hard drives installed. The NDBHSMIS office will upgrade all~~

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~~workstations with the latest hardware, software and operating systems as they become available.~~

~~3. Printers: The NDBHSMIS office sill replace any old model printer with network printers.~~

~~A. Network: The DBHS network consists of Hub/Switch, Router, Patch Panel, and Firewall.~~

~~A. Software~~

~~1. Data Collection: The Navajo DBHS uses DBHS, Claim Trak and AccuCare software as services documentation and collecting client data for billing and reimbursement purpose. The Navajo DBHS database software is installed in all service sites. In addition, Shiprock ATC and OTC have Accucare database. The Claim Track database software in installed in the RBHA offices.~~

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~~2. Operating System: The workstations in central and service sites run Windows 2000, Windows NT 4 or Windows XP professional. The NDBHSMIS office will replace Windows NT 4 with the latest operating system at the earliest possible date.~~

~~B. Office Automation: the Navajo DBHS is using the Microsoft Office 2000, Microsoft Office XP, MS Office 2003 and Microsoft Word Perfect. The DBHSMIS will keep its minimum standard of Microsoft Office 2000, Microsoft Office XP or latest MS Office software.~~

~~B. Network: Local Area network (LAN) and Wide Area network are widely used throughout the Navajo DBMHS. The network provides primarily resource sharing, e-mail exchange, document transfers, and printer services.~~

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~~1. Network Address: The NDBHSMIS provides and manages the internet Protocol (IP) addresses to each device that is attached to NDBHS computers, the equipment. All addresses must be assigned or authorized by DBHSMIS. Any changes in network configuration will be done only by NDBHSMIS staff or with their approval. Static IP addresses are assigned to server and networking equipment.~~

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~~2. Domain Name: The DBHSMIS office is responsible for identifying and changing the domain name or host name. All server and workstation domains, and host names and network addresses must go through NDBHSMIS office to keep the domain and host naming conventions consistent and appropriate. If any particular domain names/host names or network address creates a problem on the networks NDBHSMIS will fix the problem.~~

~~3. Wireless Network: The NDBHSMIS office is responsible for the design, installation, operation and management of any wireless network where applicable.~~

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~~4. Firewalls: Firewalls will be installed to protect data, documents, network and files. NDBHSMIS will install and maintain its own firewall as an added protection of data and user files.~~

~~5. FTP Software: The NDBHSMIS office will install and connect FTP software according to the needs and requirements of the NDBHS.~~

~~C. Internet access and E-mail.~~

~~1. NDBHS Staff can utilize internet access to further the goals, activities, and performance of NDBHS. Downloading unnecessary files, documents and pictures is not authorized.~~

~~a. NDBHSMIS office reserves the right to inspect the NDBHS staff Internet use activity and files on a regular basis.~~

~~b. NDBHS Staff are not allowed to send harassing and/or other threatening e-mails to another staff member, other users or organizations.~~

~~c. NDBHSMIS office will provide Internet access through Modem and DSL connection to all agency sites.~~

~~d. NDBHS staff can utilize nndoh.org website for their interdepartmental electronic e-mail communication.~~

~~e. The internet is not to be used for communicating confidential information. NDBHS staff is prohibited from any use of the Internet to obtain, send, or download any gambling, offensive, abusive, harassing, or sexually explicit materials.~~

~~C. The internet is not to be used for personal and commercial use.~~

~~F. Website: DBHSMIS office is developing a DBHS website.~~Internet Usage

1. Downloading unnecessary files, documents and pictures is not authorized.
2. DBMHS reserves the right to inspect staff internet use activity and files on a regular basis. Users have no explicit or implicit expectation of privacy.
3. DBMHS retains the right to monitor the content of all activities on DBMHS systems and ~~networks, and~~networks and access any computer files without prior knowledge or consent of users, ~~senderssenders~~, or recipients.
4. DBMHS may retain copies of any network traffic, computer files or messages indefinitely without prior knowledge or consent.
5. DBMHS staff are not allowed to send harassing and/or other threatening e-mail or social media message to another staff member, ~~others~~other users or organizations.
6. DBMHS staff are assigned navajo-nsn.gov email addresses that are managed and maintained by Navajo Nation Department of Information Technology.
7. The internet is not to be used for communicating confidential information which would breach HIPAA guidelines.
8. DBMHS staff ~~is~~are prohibited from any use of the internet to obtain, send, or download any gambling, offensive, abusive, harassing, or sexually explicit material.

~~D.~~

~~E.~~G. Printer use and care.

~~a.~~1. ~~NDBHS~~ DBMHS employees will be ~~given~~ provided access to appropriate network printers. ~~In some cases, an employee may be given~~ assigned a local printer.

~~b.~~2. ~~NDBHS~~ DBMHS personnel will only access printers ~~associated with the Navajo DBHS progra~~installed~~m~~ on DBMHS network.

~~c.~~3. Prior approval by ~~NDBHSMIS~~ MIS is needed ~~to move or install existing or new printers~~before moving any printers.

~~d. NDBHSMIS~~ MIS will repair minor printer related issues, but any major repairs will be forwarded to a technical support team.~~will monitor and repair printers. If the NDBHSMIS office cannot fix a problem, it will make necessary arrangements with and outside service provider for repairs. The printer toner and cartridges need to be purchased by the agency offices.~~

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~~e.~~5. ~~NDBHS~~ DBMHS staff will not print any ~~unnecessary~~non-business-related documents, ~~pictures and files~~files, and pictures from ~~NDBHS~~ DBMHS ~~printer~~printers.

~~f.~~6. ~~Before printing any documents and sensitive information ensure that the print out is secure and pick up all copies of the printed documents from the printer.~~ All documents containing sensitive information will be HIPAA compliant.

~~g. Printers should be left on throughout the day and turned off at night by the last person to leave the office.~~

~~h.~~7. Printers must be utilized in a manner consistent with safe operation and must be properly cared for. ~~in the event of a printer jam or failure; only authorized staff should attempt to fix printer problems.~~

~~F. Data collection: the collection of client data is very important and is used for justifying funds, the projection of service delivery patterns, for evaluating programs, progress, determining health needs, billing and reimbursement and the status of the Navajo people. This is accomplished using demographics gathered at the time of client screening and recorded using a series of three digit numbers or codes that describe clinical and administrative activity. Direct service (Clinical activity) codes begin with 100, administrative activities codes 200 and direct service (Non-Client Specific) 300, and prevention codes 400. Each staff member is required to record his/her daily activities. And the time sheet. Reports are generated on a regular basis that summarizes the activities based on those codes. The monthly, quarterly and scope of work reports (hardcopy format) are collected in the central office and a report is generated. ClaimTrak (a third party application) is used by the RBHA office for collection of demographics, intake, and assessment information of the clients. That information is then sent to the appropriate organization for billing and reimbursement purposes. Behavioral Health System Database (a third party application) is used as a clinical treatment tool. The NDBHSMIS efforts are to eventually maintain consistency by using a single web based database system and transfer the data from treatment site to the NDBHS central office, ADHS and AHCCCS via DSL or modem connection.~~

~~G.~~H. Security

~~a.~~1. ~~NDBHSMIS~~ DBMHS has installed a firewall at NTUA Data Center to protect DBMHS Information Technology network against malware, exploits, and malicious websites in both encrypted and non-encrypted traffic. ~~will consider seriously the need to protect all client information from unauthorized access or disclosure. NDBHS will not lend, lease, or sell any personal information collected from its clients. Security measures will be applied to protect the client information including; password protection, secure Log on, latest operating and computer systems, virus protection and firewalls.~~

~~b.~~2. ~~All computes, equipment, document and data will also be protected from environmental threats, like fire and smoke, or flooding from rain, sprinkler systems or major storms.~~ Anti-Malware software is installed on all DBMHS workstations and laptops to further protect devices against malware and attacks.

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3. NDBHSMIS ~~will consider the security of data and documents according to the CARF and HIPAA standards.~~Anti-Theft Software is installed on all laptops to track the devices in case any theft was to occur.
4. DBMHS will protect all client information from unauthorized access or disclosure. Security measures will be applied to protect client information by establishing a secure login for each user.
5. DBMHS will not lend, lease, or sell any personal client information. ~~collected from its clients.~~
6. The security of data and documents will be protected according to the Commission on Accreditation of Rehabilitation Facilities (CARF) and Health Insurance Portability and Accountability Act (HIPAA) standards.

~~c.~~

~~H. Antivirus~~

~~a. The anti-virus software will be installed in all NDBHS server, workstations and laptop computers and all installed and imported software, data and documents will be scanned and updated.~~

~~b. If any workstation or laptop computer is affected by the virus and no cleaning software is available, it will be isolated and disconnected from the network and appropriate measure will be taken to remove the virus. If necessary, the workstation and laptop will be reformatted and reinstalled the operating system and all other software in to the workstations and laptop.~~

V. ~~e. Procedures~~PROCEDURES

~~All NDBHS employees are required to abide by the NDBHSMIS procedures while utilizing any assigned workstation and equipment. Acknowledgement of receiving, reading and understanding the Navajo Division of Health (NDOH) and NDBHS Computer Use and Maintenance Policy and Procedure will be placed in the employee's personnel files.~~

A. Procurement and Purchases
   1. MIS~~The NDBHSMIS office~~ is responsible ~~to recommend~~for recommending purchase requisitions for hardware, software, license, equipment, and devices required for ~~the NDBHS~~DBMHS.
   2. ~~All potential workstation, hardware, software, printer, networking devices and equipment purchase requisitions are processed trough the NDBHSMIS Central Office. All related purchase requests must be submitted on or before the last day of November.~~
   3. ~~The purchase order is filled out and processed through NDBHSMIS Supervisor and Department Manager for approval.~~
   1. All hardware and software ~~Software and hardware~~ purchases ~~should~~ will be ~~consistent with other hardware, software and equipment in use throughout the NDBHS~~standardized across DBMHS.~~.~~
   2.
   2. ~~All NDBHS Agency offices are required to obtain approval from Department Manager and NDBHSMIS office to purchase any hardware, software and licensing.~~

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~~—~~All computer equipment will be inventoried on a regular ~~basis, and~~basis and submitted to DBMHS Property Section. ~~The NDBHSMIS office will provide computers, equipment and other devices to Navajo DBHS staff.~~

3.

~~4. All purchased workstation, hardware, software and other devices will be inventoried regularly using the computer hardware, software and equipment form. A review of the inventory will be done on an annual basis before the end of each calendar year.~~

~~5. All computer hardware, software, network, and other devices will be logged in as Navajo Nation DBHS property.~~

B. Software Packages and ~~License~~Licensing

~~a.~~1. All computer hardware, software, network, and equipment (commercial and non- commercial) will be used in accordance with the licenses, notices, contracts, ~~agreements~~agreements, and copyright laws.

~~b.~~2. ~~NDBHSMIS~~ MIS will ~~follow~~, distribute and maintain all ~~computers, hardware,~~ software and ~~, network, and other devices as well as legal licenses~~licensing, ~~documentation, and any company license policies.~~

~~c. Site licenses for the agency offices may cover software packages in use by the NDBHSMIS office.~~

~~d.~~3. MIS ~~The NDBHSMIS~~ is responsible for maintaining license documentation and compliance. ~~Only authorized software will be installed in NDBHS computer and equipment.~~

~~e.~~4. ~~Downloading and/or installation of any software is to be done solely by the NDBHSMIS office. Users~~Staff are prohibited from downloading software from internal and external system and websites without prior approval from the appropriate ~~NDBHSMIS~~ MIS staff.

C. Data

~~a. DBMHS will utilize a cloud-based employee portal for all staff to share information and data. The data contained on the Navajo DBHS central and the agency office servers, workstations, computers, laptops, and disk is confidential and must be protected in accordance with all applicable Tribal, State and Federal laws and regulations.~~

~~b. Data placed on any system within the Navajo DBHS is to be used for planning, funding, billing, sharing, and reporting purposes of NDBHS.~~

1.

~~c.~~ A network-based file sharing system for all DBMHS staff to share information and data will be utilized. A primary virtual server will be configured as a file sharing system on the network. ~~The NDBHSMIS office may delete unnecessary information, documents and/or files in order to keep the system uncluttered.~~

2.

3. All data contained on the DBMHS central servers and agency computers and laptops are confidential and must be protected in accordance with all applicable Tribal, State and Federal laws and regulations.

4. The MIS office may delete unnecessary information, documents, and files.

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5. ~~Clients data is not to be abused, deleted, changed and distributed without the pre-approval of NDBHSMIS and concurrence of the Clinical Specialist.~~Client data is not to be abused, deleted, ~~changed~~changed, and distributed without the proper approval and concurrence of the Health Services Administrator and/or Clinical Supervisor.
6. Data backups will be performed on a daily basis. DBMHS staff have the ability to back up data using assigned external ~~hard drives~~hard drives.
7. DBMHS personnel will not obtain and use any sensitive information from DBMHS computers other than for official use nor will they access such information from a personal computer.
8. All confidential information will be stored on the network file system server. Confidential or sensitive information will not be stored on the computer's hard drive or on an external storage device.
9. ~~d.~~ All data and information collected and developed by the employee in the course of their work are considered property of the Navajo Nation. Unauthorized removal, reproduction, and/or disclosure are ~~strictly prohibited~~prohibited.

~~e. Data backups will be performed on a regular basis either over the network, floppy disk, or on tape device at Navajo DBHS Central and treatment sites by an authorized staff.~~
~~f. NDBHS employees will not obtain and use data and sensitive information from Navajo DBHS computers other than for official use.~~
~~g. The Program Supervisor and Clinical Specialist must review and sign the monthly, quarterly, and other requested data reports prior to submission to the central office.~~
~~h. Data submitted at central office will be monitored and compiled. A report will be generated on a regular basis from the data collected.~~
~~i. All administrative and clinical employees involved in client services must submit their activity reports in a timely manner to the Office Specialist assigned to data entry duties.~~
~~j. Data collected must be submitted to the Central Office no later then the 7th day of each month.~~
~~k. All requests for information form anywhere in the database will be handled by the MIS supervisor.~~
~~l. The NDBHSMIS office will provide a staff number for staff who use computer equipment. The agency office will initiate this request and NDBHSMIS will follow through and create the number based on the Personnel Information form.~~

D. User Account

~~a.~~ MIS will have a virtual server to manage all network devices, file systems, and user accounts. ~~NDBHSMIS authorized personnel have the ability to use administrative password and perform the task such as creating user accounts, enabling/disabling user account privileges, and enabling/disabling system security mechanism of an application.~~

1. ~~b.~~ MIS authorized personnel have administrative privileges to create and manage all staff user accounts, passwords, permission settings, groups, and file sharing systems. ~~When a NDBHS employee is terminated or transferred all access to the~~

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computer and other equipment will be promptly revoked; their user ID and password will be deleted or a new user ID and password will be created.

2.
3. When a DBMHS employee resigns, terminateterminates, or transfers, all access to the computer and other equipment will be promptly revoked.
4. Other agencies will authorize usage pursuant to their Information Data Management system guidelines.
5. The use of Electronic Health Records will be authorized by designated personnelDesignated personnel will authorize the use of Electronic Health Records.

E. Password

1. All DBMHS domain user account information will be managed by DBMHS MIS personnel. NDBHS server, workstation and laptop computers are uniquely password protected.
1.
2. All Electronic Health Records user account information will be managed by MIS personnelMIS personnel will manage all Electronic Health Records user account information. NDBHS server, workstation, laptop and other equipment and devices have administrative passwords, which are secure and maintained at the NDBHSMIS office.
2.
3. NDBHS Staff can access their work using their own user ID and password.
4. DBMHS staff are encouraged to keep their user ID and passwords confidential.NDBHS Staff will keep their user ID and password private.
5. NDBHS Staff passwords are to be kept confidential.
6. NDBHS user ID and password should not be shared or distributed.
3.
1. DBMHS staff passwords are to be a minimum of eight (8) characters, andcharacters and have at least one (1) capital letter and/or number. NDBHS user ID and password cannot be given to any other staff members.
4.
7. NDBHS Staff passwords are to be a minimum of eight (8) characters.
8. NDBHS Staff passwords must be letters and/or numerals.

F. Logging OffEquipment

a. DBMHS sites are responsible to protect all network and computer equipment from theft, loss, or damage. NDBHS Staff are to log off whenever they are not using the system for an extended period, or when they are to be away from the computer for any length of time.
1.
b. Immediate action will be taken if any network or computer equipment areis stolen, damaged or lost. The responsible employee will provide an incident and police report to MIS detailing the circumstances of the loss or damageThe NDBHS Program Supervisor of the Office Specialist may log off unattended computers.
2. .

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3. MIS has the authority to secure computer equipment using appropriate protection methods. Whenever possible, computers and related equipment are kept in a secured area.
4. DBMHS small equipment items are to be kept in a locked cabinet, storage, or in lockable rooms when not in use.
5. All DBMHS computers and equipment that are loaned out must be checked in and out with MIS personnel by filling out the Equipment Checkout Form.
6. No personal or external computers and other devices may be connected to DBMHS IT network without DBMHS MIS approval.
7. DBMHS Clinical and Sectional Leads will be responsible for all hardware, software, and other computer equipment assigned to the field offices.

~~c. User will not leave a computer open when they are away for a short period of time, or when critical or sensitive information or application is open.~~

G. ~~Equipment~~Computer Maintenance and Care

~~a.~~1. ~~NDBHS agency offices need to protect the server, workstation, printer, devices and all other equipment from theft, loss or damage.~~Do not place liquids, food, or magnetic devices in proximity ~~of~~to, workstations, laptops, keyboards, monitors, or printers.

~~b.~~The workstations, laptops, monitors, keyboards, printers, and other peripherals should be regularly wiped clean with a non-abrasive cleaning pad or soft cloth. ~~If NDBHS computers, printers and other equipment are stolen, damaged or lost, immediate action will be taken. Incident and police reports will be submitted to the NDBHSMIS office along with the Program Supervisor's written report containing the circumstances of the loss and justification for replacement of the stolen, damaged or lost computer or other NDBHS equipment.~~

2. ~~c.~~There should be no writing, marking, and placement of stickers or other defacement of monitors, laptops, keyboards, ~~screens~~screens, or printers other than tribal property stickers. ~~NDBHS will secure computer equipment using appropriate protection methods. Whenever possible computers and related equipment are kept in a secured area.~~

3. ~~d. NDBHS small equipment items are to be kept in a locked cabinet, storage, or in lockable rooms when not in use.~~

4. -DBMHS staff should exercise caution and care when using computer equipment and other portable devices. ~~NDBHS hardware, software, equipment and disks can only be issued upon written approval.~~

~~e.~~

~~1. All Navajo DBHS computers and equipment checked must be checked in and out by using the Equipment Checkout form.~~

~~f. No outside computers or other electronic devices may be connected with the Navajo DBHS office and network without NDBHSMIS approval.~~

~~g. NDBHS Program Supervisors will be responsible for all computers, hardware, software and other equipment assigned to the agency office.~~

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H. ~~Computer Maintenance and Use Rules~~MIS Roles

~~a.~~ The MIS program is responsible for recommending any hiring of outside consultants to assist with networking and Information Technology projects and support. ~~Do not place liquids, food or magnetic devices in proximity of keyboards, monitors, CPU, laptops, or printers.~~

1.

~~b.~~2. ~~The monitors, CPU, laptops, keyboards, printers, and other peripherals should be regularly wiped and cleaned with a cleaning pad, soft cloth or a napkin.~~MIS will provide ~~technology related~~technology-related training.

~~c. Computers and printers should be turned on in the morning and turned off after work by the last person to use them; they are not to be turned on and off throughout the day.~~

~~d. There should be no writing, marking, and placement of stickers or other defacement of monitors, laptops, CPU keyboards, screens or printers other than tribal property stickers.~~

~~e. The laptops should be used with care because the screen contains a liquid crystal. When too much pressure is applied, it may damage the screen.~~

~~f. NDBHS staff using laptop and other portable devices should exercise caution when traveling, and in their work environment.~~

~~g. Always properly open and shut down your computer, laptop and other equipment. Before you open the computer check all wires and cable connections properly and never open the laptop or peripheral devices.~~

~~h. All disks that will be inserted into the Navajo DBHS computer need to be scanned and formatted for viruses. Floppy disks are fragile: do not place the floppy on top of the monitor or near any electrical appliance, as the magnetic field can erase or damage the files. The disk can also be damaged by liquid or heat.~~

~~i. NDBHS Staff is not allowed to transfer or use any copy written materials and documents through the Navajo DBHS computer resources without the NDBHSMIS approval.~~

~~j. NDBHS Staff is not allowed to harass another staff via computer and/or network facilities.~~

~~k. NDBHS Staff is not allowed to physically abuse NDBHSMIS computers and equipment.~~

~~l. NDBHS Staff is not allowed to use NDBHSMIS computer for any illegal activity.~~

~~m. NDBHS employees are to inform immediately NDBMHSMIS office of any kind of event or out of the ordinary behavior that a computer, software, and application exhibits of any virus detected.~~

I. ~~NDBHSMIS Other Roles~~Violations

~~I.~~1. DBMHS employees violating these rules, regulations, and policies will be subject to disciplinary action in accordance with the Navajo Nation Personnel Policies Manual and the Navajo Department of Information Technology Policy.

~~a. NDBHSMIS office is the central point of contact for NDBHS central and Agency offices for information technology related materials, incidents, violence and assistance.~~

~~b. All requests for hardware, software, database, licensing and networking installation, repair and maintenance are performed by NDBHSMIS office. Agency offices are to request work orders using the work order forms for installation, repair, and maintenance. The MIS office will either fix the problem or refer it to outside resources.~~

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c. The NDBHSMIS office is responsible for installing and supporting all hardware, software, networking, and equipment on NDBHS computers so that the staff can best accomplish their tasks and provide efficient and effective service to the clients and the Navajo Nation.
d. NDBHSMIS office can assist with access, loan and supplies of computer and equipment.
e. NDBHSMIS office is responsible for recommendation of hiring consultant, and outside consultation with information technology related institutions and organizations.
f. NDBHSMIS office will provide technology related training to Office Specialists and other staff members.
g. The Office Specialist or person involved in data entry will be trained to backup the data in tape devices at agency sites.

J. Policy UpdateViolations

1. MIS has the responsibility of managing, maintaining, and updating the existing technology standards to meet the new standards as technology changes. NDBHS employees violating these rules, regulations and policies will be subject to Navajo DBHS disciplinary action according to the Navajo Nation Personnel Policies and Procedures Manual.

1.

2. DBMHS management and users will be notified in writing if there are any updates to this policy and will be required to adhere to the policy updates.

A. "Hackers" or any person attempting to "break" into the system or attempting to plant computer viruses in the system will be subject to Navajo Nation, Department of Health (NDOH), NDBHS disciplinary actions, as well as State and Federal Laws.

K. The attached Appendix shows the standard of software and hardware installed on NDBHS computers. DBHSMIS office will maintain this standard. Due to the changing nature of technology, standard may also fluctuate from time to time. However, the NDBHSMIS has the responsibility of upgrading and adjusting current technology standards to meet the established requirements. If NDBHS Central, Agency sites, and employees need software, hardware and licensing other than those listed in the Appendix then the request must be formally made from NDBHSMIS.

f. Standard Software and Hardware

The following are the standard software and hardware installed in DBHS server, computers and laptops. The software, hardware, and networking equipment and licensing will be upgraded as it changes in the Information Technology.

SOFTWARE:
STANDARD SOFTWARE

- Microsoft Windows 2003/2000/XP/NT 4
- Microsoft Outlook 2000
- Microsoft Office 2000 (Word, Excel, Power point, Access, Publisher)
- Microsoft Internet Explorer 5.5, 6.0
- Adobe Acrobat Reader 5.0, 6.0

OTHER SOFTWARE

- Microsoft SQL Server 7.0/2000
- Microsoft Visual Studio 6.0

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- Microsoft Visual Net
- DBMHS Database
- Accucare Behavioral Health System
- Claim Track Database
- File Transfer Protocol
- WINZIP
- Symantec Antivirus Corporate Edition
- McAfee Virus Scan
- Media Player
- Real player
- Nero Head CD Creator
- Microsoft Visio Professional
- Firewall
- CIS for ADHS
- TN3270 Plus PMMIS for AHCCCS

HARDWARE:

SERVER AND WORKSTATION

- Pentium Processor
- MB RAM
- Graphics/Video Card
- Hard Drive
- 3.5 Floppy Drive
- CD ROM Drive
- 10/100 PCI Ethernet Card
- USB Ports
- Sound Card
- Speakers
- Standard 102 English Keyboard
- PS/2 Mouse
- All Applicable Cable
- Power Supply
- Monitor
- Hub/Switch
- Router

LAPTOP COMPUTER

- Pentium II/III/IV Intel Processor
- 256 MB RAM
- Video Card
- 3.5 Floppy Drive
- CD ROM Drive
- Hard Drive
- 10/100 PCI Ethernet Card
- Wireless Network Card
- 56K Modem

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- ~~USB Port~~
- ~~Sound Card~~
- ~~Speakers~~
- ~~Standard 102 English Keyboard~~
- ~~PS/102 Mouse~~
- ~~Power Adapter~~
- ~~Carrying Case~~

~~Navajo DBHS Outpatient Services~~

~~ACKNOWLEDGEMENT OF SOFTWARE/HARDWARE AND LICENSING POLICY~~

~~Read and sign the following terms and return to NDBHSMIS~~

~~Terms:~~

- ~~I have received and read a copy of the NDBHSMIS Policy and Procedure and the NNDOH Compute Use Policy and I agree to abide by the terms and conditions.~~
- ~~I understand and agree that any software, hardware, licensing, computer and equipment provided to me by NDBHSMIS remain the property of the Navajo Nation NDBHS.~~
- ~~I understand and agree that I am not to modify, alter, move, or upgrade any software programs or hardware devices provided to me by the NDBHS without the permission of the MIS Office.~~

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- I understand and agree that I shall not copy, download, duplicate (Except for official purposes as part of my job) or allow anyone else to copy, download, duplicate any software, data client information, pictures, and licensing from my computer and equipment.
- Upon termination of employment, I will immediately return to the NDBHSMIS office the original and copies of any and all software, hardware, computer materials, networking materials, or computer equipment that I may have received from the NDBHS.
- I understand and agree that I will protect client data, documents, hardware, software, laptops, and devices from theft, physical damage, and loss.
- I understand and agree that the NDBHSMIS office has the right to monitor the computer and equipment for any illegal or authorized use and activity.

Equipment Name	Serial Number	NN Property Number	Operating System	MIS Office

Employee Full Name (Please Print) Employee Signature Date

Employee Title Department/Agency Location

Navajo DBHS Outpatient Services

INCIDENT REPORT
(COMPUTER AND/OR OTHER EQUIPMENT STOLEN, DAMAGED OR LOST)

Complete this form and return to the department of Behavioral Health Services, Management Information Office within 24 hours

The following computer and/or equipment was stolen/damaged or lost form _____.
The items were assigned to _____.

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	Equipment Name	Serial Number	NN Property Number	Operating System	Software Type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Date and Time of Incident: _____.
Address and Location of Incident: _____.
Report's Name/Title: _____.
Name of and Time Supervisor Notified: _____.
Name of person involved in the Incident: _____.
Steps Taken: _____.
Date Police Informed: _____.
Police Report Attached: _____.
Date of Report: _____ Police Report #: _____
Name of Officer taking the report: _____
Comments and Recommendations from Supervisor:

_____
_____
_____
_____

_____ _____ _____
Signature of Person Filing Report Name Printed Date

_____ _____ _____
User Signature Name Printed Date

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_____ _____ _____
User Signature Name Printed Date

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Navajo DBHS Outpatient Services

COMPUTER HARDWARE, SOFTWARE AND EQUIPMENT INVENTORY FORM

Agency Name:

Date:

Employee Name	Equipment Type	NN Property Number	Serial Number	Processor	RAM	Condition
Name: Position:	CPU =					
	Monitor=					
	Keyboard=					
	Mouse=					
	Backup Battery=					
	Speaker(1)=					
	Speaker(2)=					
	Printer=					
	Laptop Computer=					
	Laptop Printer=					
	Scanner=					
	Other=					
Name: Position:	CPU =					
	Monitor=					
	Keyboard=					
	Mouse=					
	Backup Battery=					
	Speaker(1)=					
	Speaker(2)=					
	Printer=					
	Laptop Computer=					
	Laptop Printer=					
	Scanner=					
	Other=					

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AZ USER ACCESS REQUEST FORM

ISD Security MD2800 Effective Date //

All Add requests must be accompanied by a completed User Affirmation Statement (Form 02-002F)

I. Security Access Requirements:

Security Action: _ Add _ Change _ Delete

System Access: _ Mainframe/PMMIS _ Network/NT _ Other/Type

7150 _____

II. Mainframe Access Requirements:

****** *Long Term Care* ******

OPID Group # Printer Workers ID Type Site **Group Owner's Signature:**

x _____

E/C Adj. Lvl: L=_____ AND/OR Health Plan ID(s):

_____

Claims Administrator Signature:

x _____

Mainframe/PMMIS Userid: Last 4 numbers of SSN: _____

(for all ADDs only)

III. Network Access Requirements:

If required, list below any protected directories or applications to be accessed:

Read Access Write Access Prod Access (ACE) Test Access (ACE)

Directory Path9s) or Application(s):

Application Group Name (ACE Only):

Group Owens Signature (ACE Only): x _____

Application Owners Signature: x _____

Protected Directory Owner Signature: x _____

Copy Network profile from this user: *Network Userid:*

IV. User Information Requirements:

Name:

(Last) (First) **(MI)**

Title: telephone:

Division: Dept: Location:

Authorized By: x _____ Date: //

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~~**Title: MD: Phone:**~~

~~**V. Security Administration:**~~
~~Received Completed: Notified By:~~
~~Comments:~~

~~http://infonet/pdf/forms/ISD/Secforms/02-001f.pdf Rev 2/02~~
~~Instructions for User Access Request Form~~
~~Date: Enter the effective date in format mm/dd/yy.~~
~~Section I, Security Access Requirements:~~
~~Security Action: Check box(s) for action required. All three may be checked if multiple actions are to be made to multiple systems.~~
~~System Access: Check box(s) for system to be accessed or changed. For Mainframe, complete sections III and IV. For Network, complete sections III and IV. For Other, indicate which regions(s) (PRODCICS/AFIS, CICPROD/HRMS, etc) or systems to modify/Add, and complete section IV and any other related sections.~~
~~Note: Do not use this form for Oracle requests. Oracle forms can be found on the Infonet.~~
~~Section II, Mainframe Access Requirements:~~
~~OPID: Leave Blank.~~
~~Group#: See the PMMIS naming standards for correct Group number values.~~
~~**Long Term Care**~~
~~Printer: Leave blank unless defining a default PMMIS printer.~~
~~Worker ID: If required, enter either the valid case number provided by the supervisor, or the users first and last Initial and the last four digits of the user SSN.~~
~~Type: If required, enter the correct two-digit Type code from the PMMIS Site Code Table.~~
~~Site: If required, enter the correct three-digit Site code from the PMMIS Code Table.~~
~~Authorized by Group Owner: Signature of new user's PMMIS group owner.~~
~~E/C Adjudication Level: If required, enter the valid two-digit code (01-99)~~
~~Health Plan ID: If required, enter the valid six digit Health Plan ID.~~
~~Claims Administrator Signature: The Claims Administrator must sign here if Adjudication Code and/or Health Plan ID is assigned.~~
~~Mainframe Userid: Will be entered by Security Administration if a new id is being created. If the logon is going to be Changed or Deleted, the requester should enter the user's logon id.~~
~~Section III, Network Access Requirements:~~
~~Path(s) or Applications: If yes, enter a valid path name that shows the location of the protected directory to be accessed, or enter the name of the application to be accessed. Indicate via the check boxes if the access should be read or write.~~
~~(I.e. HomerDir\Share\Orange\Red\Blue\ or DADITS, ECS, ERVS, HRTS, HEIS, PARIS, PATS, ETC.)~~
~~Protected Directory Owner Signature: Signature of the Directory or Application Owner authorized to grant access to the protected Directory of Application. Call Security for information on Directory and Application Owners.~~
~~Copy network logon profile Enter the name of ID of an existing user who has access to resources (directories, files, Or applications) that~~
~~From this user: this account should have access to.~~
~~Note: This information is used to aid in the general definition of the new user. Access to protected directories or application will no be granted based on the field. The appropriate authorization signature is always required for access to protected resources.~~
~~Network/NT Userid: Will be entered by Security Administration if a new id is being created. If the logon is going to be Changed or Deleted, the requestor should enter the user's logon id.~~
~~Section IV, User information Requirements:~~
~~User Information: Enter Name, Title, Division, Department and location of user. For Network sign on ids,~~

~~your Middle initial is required.~~
~~Authorized By: Signature, date, title, mail drop, and extension of Security Representative or Supervisor.~~
~~Section V, Security Administration:~~
~~Security Administration section to be completed by the Security Administrator~~

~~ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM~~

~~USER AFFIRMATION STATEMENT~~

~~I have been made aware and understand that all personnel who have access to AHCCCS data are bound by applicable laws, rules and AHCCCS directives. I agree to abide by all applicable laws, rules and AHCCCS directives, and I pledge to:~~

~~1. Reveal AHCCCS data only to those persons, whether outside or within AHCCCS, who have been specifically authorized to receive such data.~~

~~2. Only access AHCCCS data germane to my assigned job duties.~~

~~3. Never enter/alter/erase AHCCCS data for direct or indirect personal gain or advantage.~~

~~4. Never enter/alter/erase AHCCCS data maliciously or in retribution for real or imagined abuse, or for personal amusement.~~

~~5. Use AHCCCS computer programs, e-mail, terminals, printers, and/or other equipment only for work-related purposes.~~

~~6. Never use another employee's AHCCCS Logon ID and password or ask another employee to reveal his/her personal AHCCCS Logon ID and password.~~

~~7. Never reveal my AHCCCS Logon ID and password except to the Assistant Director of my division, the Agency Director or Deputy Director, upon request.~~
~~In addition, I recognize that:~~
~~1. AHCCCS licenses the use of computer software from a variety of outside companies. Neither AHCCCS nor its employees own this software or its related documentation and, unless authorized by the software developers, do not have the right to reproduce or alter the software or the documentation.~~

~~2. AHCCCS employees should not acquire or use unauthorized copies of computer software.~~

~~3. When used on a local area network or on multiple machines, AHCCCS employees shall use the software in accordance with the license agreement.~~

~~4. AHCCCS employees who know of any misuse of software or related documentation within the agency shall promptly notify their manager/supervisor or Assistant Director.~~

~~5. According to U.S. Copyright Law, 17 USC Sections 101 and 506, illegal reproduction of software can be subject to criminal damages up to $250,000 and/or up to five (5) years imprisonment.~~

~~6. The Arizona Attorney General's Office will not represent and the agency will not provide legal representation to an employee who is sued or prosecuted for the illegal reproduction of software.~~
~~Appropriate action will be taken to ensure that applicable federal and state laws, regulations, and directive governing confidentiality and security are enforced. A breach of procedure occurring pursuant to this policy or misuse of AHCCCS property including computer programs, e-mails, equipment and/or data may result in~~

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disciplinary action up to and including dismissal, and/or prosecution in accordance with any applicable provision of law, including Arizona Revised Statutes, Section 13-2316.

My signature below confirms that I have read this form and understand it. I accept responsibility for adhering to all applicable laws, rules, and AHCCCS directives. Failure to sign this statement will mean that I will be denied access to AHCCCS data, computer equipment, and software.

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Name of Employee (Last, First, M.I.)	Print or Type SIGNATURE	MAIL DROP	DATE

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ADHS COMPUTER USER REGISTRATION REQUEST FORM

MAIL TO : *Security Administration, ITS, 1740 W. Adams, Phoenix, 85007*
FAX #: *(602) 542 – 1235* E-MAIL : *SECURITY* PHONE # : *(602) 542 – 2810*

*** TO BE COMPLETED BY AUTHORIZED REQUSTOR ***

Please ☐ Add ☐ Remove Change ☐ *Request Date:* _____ *Effective Date:* _____

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Last Name First Name MI Working Title
(PRINT)

Office/Section Physical Location Phone

On the following system/applications:

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LANS = ☐ ACPTC ☐ HSPI ☐ HSP2 ☐ BHS1 ☐ DHS1 ☐ EDC1
☐ EMS1 ☐ FHS1 ☐ FLG1 ☐ ITS1 ☐ LABO ☐ LAB1
☐ PHS1 ☐ TUC1 ☐ VRS1

NT SERVERS = ☐ BHSNT

OTHER = ☐ Internet

ALS = ☐ AMS ☐ CTS
BEMS = ☐ AMB ☐ EMP ☐ EMT
BHS = ☐ CIS ☐ OGA ☐ OHR Adhoc = (☐ CIS ☐ OGA ☐ OHR ☐ IRS)
CFHS = ☐ CRS ☐ CATS ☐ CATS Claims ☐ Hlth Start ☐ Sensory
DIR = ☐ ODS
EDC = ☐ ASIIS ☐ BDR ☐ STD
FIN SVCS = ☐ AEDW ☐ EPR ☐ POTSY ☐ PPTS ☐ SUPPLY
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Other Instructions _____

Supervisor (PRINT): _____

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Supervisor Signature: _____ Phone: _____

Date Owner Signature: _____ Phone: _____

Office: _____

*** TO BE COMPLETED BY THE ADHS SECURITY ADMINISTRATOR ***

Completed Date: ___/___/___

The following has been ☐ Added ☐ Removed ☐ Changed

Login ID Internet ID LAN

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Comments: _____

Signed: _____

Security Administrator

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ADHS COMPUTER USER REGISTRATION REQUEST FORM INSTRUCTIONS

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1. Fill out the to part of the form per the following instructions:

Add/Remove/Change — Check one of the boxes to indicate which action is needed. ***{Required Field}***

Request Date — Enter the date this form is being filled out. (i.e. NOW ***{Required Field}***

Effective Date — If request is NOT to be done within 2 days, enter the date the requested action Is needed. If blank, the request will be done within 2 days.

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User Name — PRINT the completed name. (Last Name, First Name, and Middle Initial) User name.

Work, Title — Enter the working title of user, If the user is an outside consultant, write CONSULTANT in this space. ***{Required Field}***

Office/Section — Enter the name of the office AND section where the user works. ***{Required Field}***

Physical Location — User's work location. ***{Required Field}***

Phone # — Enter the phone number of the user. ***{Required Field}***

Appl/Systems — If this form is being filled out for a client user (i.e. non-ITS employee) check off only the particular application(s) (i.e. BDR, CLASS, USAS0) into which the user needs to be added or removed.

Other Instr. — Write any other specific instructions the Security Administrator will need to know.

Supvr, Name — **PRINTED** Supervisor Name. ***{Required Field}***

Supvr. Signature — Supervisor's signature **ONLY!** — Forms with any other signature will not be processed.

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Phone# — Enter the phone number where the Supervisor can be reached if there are any questions. ***{Required Field}***

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Date Owner Sign — Signature of the Person, or their designee, responsible for the data for which access is being requested.

~~Phone# Enter the phone number where the **Data Owner** can be reached if there are any questions.~~
~~Office Enter the name of the office where the **Date Owner** works.~~

~~II. Mail, hand deliver, E-mail, or FAX this request to the Security Administrator. (The mail address. E-MAIL name and FAX # are at the tip of the request form.) The request will be processed within 48 hours after being received.~~

~~***(EXCEPTION: If a user needs to be immediately remove from the system, Security Administrator to facilitate special processing requirements.)***~~

~~III. When the request has been processed, a copy of the completed from showing the login name and internet ID, (if applicable.), will be returned to the requestor by Inter-Office Mail. Each new user added will also receive in a sealed envelope, their own unique USERID and INITIAL password~~

~~**Navajo DBHS outpatient Services**~~
~~**ACTIVITY CODES**~~
~~**100 – Direct Service Codes**~~

~~**(Client Specific Service Codes)**~~

~~**100 Intake/Orientation:** The orientation to a particular DBHS program and obtaining consent, release, waiver, other necessary documents, and demographic information.~~

~~**101 Screening:** The process by which a client is determined appropriate and eligible for admission to a particular DBHS program. Evaluate psychological, social and psychosocial signs and symptoms of alcohol and other drug use and abuse.~~

~~**102 Assessment:** Identifying and evaluating an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Develop a diagnostic evaluation of client's substance abuse and any coexisting conditions. Includes writing the agreement report.~~

~~**103 Treatment Planning:** Engage in process with the client and or other resources present to prioritize, identify problems and goals that need resolutions, through treatment process and methods. The Treatment Plan is to include discharge planning and planning for continuing care.~~

~~**104 Individual Counseling/Therapy – In Office:** Individual behavioral health counseling to a client's family provided to one client by one or more clinicians. Provided at the DBHS program site(s).~~

~~**105 Individual Counseling/Therapy – Out Office:** Individual behavioral health counseling to a client's family provided to one client by one or more clinicians. Provided at the DBHS program site(s).~~

~~**106 Family Counseling, with client present – In Office:** Behavioral health counseling to a client's family provided by one or more clinicians.~~

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~~107 **Family Counseling, with client present – Out Office:** Behavioral health counseling to a client's family provided by one or more clinicians.~~

~~108 **Family Counseling, without client present – In Office:** Behavioral health counseling to a client's family provided by one or more clinicians.~~

~~109 **Family Counseling, without client present – Out Office:** Behavioral health counseling to a client's family provided by one or more clinicians.~~

~~110 **Family Counseling, Multi Family – In Office:** Behavioral health counseling or therapy provided to families of more than one registered client(s).~~

~~111 **Family Counseling, Multi Family – Out Office:** Behavioral health counseling or therapy provided to families of more than one registered client(s).~~

~~112 **Group Counseling:** Behavioral health counseling or therapy to a group of clients provided by one or more clinicians. This includes a process group.~~

~~113 **Art Therapy:** Providing arts/crats activities to clients, explaining and facilitating of projects e.g. cedar bags, dream catcher, etc. This will also involve painting, drawing, collages activities guided by a therapeutic theme.~~
~~114 **Client No-Show:** Client does not show up for scheduled individual counseling session; any scheduled appointments missed; in office, out of office; registered/non registered.~~

~~115 **Wellness/Motivational Activities:** Individual or group activity which promotes positive self-awareness physically, spiritually, mentally, and emotionally. (i.e. running, sport activities, client graduation, arts and crafts, etc.)~~

~~116 **Adventure – Based Counseling:** Therapeutic structured group activities involving experiential learning that challenge personal growth. (i.e. ropes course, repelling, hiking, equine therapy, camping, etc.)~~

~~117 **Vocational/Occupational Activities:** Services designed to assist client in developing work skills, habits, and attitudes, and/or to obtain employment. (i.e. resume writing, learning interviewing skills, work ethics, etc.)~~

~~118 **Academic Education:** A curriculum based instruction, which meets educational requirements for academic credit.~~

~~119 **Cultural Education:** Time spent by staff providing education to clients on traditional teachings/stories e.g. clanship, coyote stores, sacred mountain, etc.~~

~~120 **Client Education:** Information to individuals and groups concerning alcohol and other drug abuse (This could include life skills, nutrition etc.)~~

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~~121 **Academic off-Site Activity:** A curriculum based instruction, which meets educational requirements for academic credit conducted at a field location away from the DBHS program. (i.e. classroom education outing or field trip)~~

~~122 **Group Psycho-education:** Group session which increases client knowledge, skills or abilities to achieve a healthy and drug free lifestyle. Examples include – Anger Management, Substance Abuse, Relapse Prevention, nutrition, Health or Medication education, etc.~~

~~123 **Case Staffing/Consultation:** An interaction or discussion between two or more individuals who are professionally concerned about a case. The discussion can be about the case between two or more staff members of the reporting agency or a staff member of the reporting agency and someone from another agency involved with the case. Client/family may or may not be present.~~

~~124 **Case Review:** A clinical or peer review for **QUALITY ASSURANCE** purposes. (i.e. to ensure proper documentation, completion of treatment plan and services are in place and being specifically provided)~~

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~~125 **Clinical Direct Supervision:** Appropriately Licensed Clinician providing written and/or verbal feedback to clinician(s) regarding client specific services.~~

~~126 **Client Referral:** Referral of a client to another resource agency for assistance. The referral can happen at any time during treatment process. Identifying needs of clients that cannot be met by counselor or agency and assisting client to utilize the support systems as well as communicating with resources.~~

~~127 **Case Management / Collateral reviews:** Activities that bring service agencies or other resources available to clients together within a planned framework of action towards the achievement of established goals. Can involve certain activities and collateral contact with or without clients being present including communication with referral sources regarding treatment activities. This includes correspondence relating to the client an telephone communication with the client that is not to be listed as an individual counseling session. This may includes charting the results of the assessment, treatment plan, writing reports, progress notes, and other client related data.~~

~~128 **Traditional Case Staffing:** A discussion or interaction between primary Counselor and traditional practitioners about providing recommended ceremonies to include: How to, when, what, whether needed general planning of ceremony. Client may or may not be presented.~~

~~129 **Physician Care/Psychiatrist Care:** Provision of physician service or psychiatrist services to admitted clients.~~

~~130 **Nursing Care:** Provision of nursing care to admitted clients.~~

~~131 **Follow up:** Formal follow up to locate and interview former client for purpose of establishing the client's current status. (i.e. Office or home visit to accomplish 3, 6, and 12 month follow up, etc.)~~

~~132 **Exit Interview:** An individual session between Primary Counselor and client to look at treatment outcome and or benefits of treatment. Time spent in client filling out client satisfaction form and giving feedback to the program about treatment received.~~

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~~133 **Residential Care:** Supervision, monitoring and other supportive care provided to clients in a residential setting. (i.e. laundry, journal entering, etc.)~~

~~134 **Client Case Closure:** Documenting discharge of a client from a particular DBHS program. This code is to be used by the **Residential Treatment Program only** (i.e. completion, program transfer and/or noncompliance of treatment)~~

~~135 **Crisis Counseling/Intervention:** Services provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated or potentially harmful behavioral health condition, episode or behavior.~~

~~136 **Drug Testing:** Breathalyzer, Swab, Urinalysis, etc.~~

~~137 **Staff Travel (Client Specific):** Time spent in travel for the purpose of providing direct services to client. Transporting client to residential treatment center.~~

~~138 **Traditional Ceremonies:** All major and minor ceremonies (including diagnostic, sweat lodge, peyote and peacemaking ceremony).~~

~~139 **Ceremonial Preparation:** Preparation for traditional ceremonies. (i.e. Sweat lodge, NAC, Ceremonies, Diagnosis Ceremony) can also be the cleaning up/ setting up of ceremony site and general upkeep of healing grounds.~~

~~140 **Cultural/Traditional Activities:** Group or individual client activity, which promotes cultural awareness and identity. (i.e. Herb gathering, sheep camp, wood/rock gathering, traditional meals, planting, singing songs, story telling)~~

~~141 **Traditional Individual Counseling:** Individual traditional counseling provided to a single client by one or more traditional practitioner(s). An individual session conducted by traditional practitioner with a client four days after a ceremony to assess the benefits of that ceremony.~~

~~142 **Traditional Group Counseling:** Group traditional counseling provided to multiple clients by one or more traditional practitioner(s). This will include Talking Circle.~~

~~143 **Traditional Family Counseling:** Family traditional counseling provided to the family of a client by one or more traditional practitioner(s).~~

~~144 **Practitioner Assistance:** Provide assistance accompanying a traditional practitioner(s) who is providing any type of traditional healing and/or activities. (i.e. counselor or traditional practitioner is assisting). Being a gopher for practitioner in the ceremonial process.~~

~~145 **Travel specific to ceremony:** (Without Client Present) Time spent traveling to/from ceremonial site. This can be utilized also for gathering of herbs/ceremonial items that are needed specifically for a particular ceremony. Sometime when there is a mineral offering, you have to travel to a certain location for the offering to take place.~~

~~146 **Travel specific to ceremony:** With Client~~

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~~147 **Pastoral Counseling (Individual):** individual session provided by pastoral minister to individual client.~~

~~148 **Pastoral Counseling (Group):** Group session provided to multiple clients by pastoral minister.~~

~~149 **Pastoral Counseling (Family):** Family counseling session provided to client family by pastoral minister.~~

~~150 **Pastoral Support:** Pastoral Counselor being present at a traditional or pastoral activity and giving support to clients by their presence.~~

~~151 **Intercession:** Provider assistance to the minister in counseling or healing activities, and provider educational materials to the clients. (Example – reading materials, 12 steps model, and mediator relaxation, clustering base counseling)~~

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~~RBHA~~

~~152 **HEALTH Promotion:** RHBA only~~
~~153 **HEALTH Promotion/Medication:** RHBA only~~
~~154 **Family Support:** RHBA only~~
~~155 **Peer Support:** RHBA only~~
~~156 **Peer Support Group:** RHBA only~~

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~~157 Interpreter Services: RHBA only~~
~~158 Crisis Intervention Urgent: Up to 5 hours RHBA only~~
~~159 Crisis Intervention: 1 person out of the office RHBA only~~

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(Support Service Codes)

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200 — Quality Assurance Review: Time spent in the analysis of data and other information, or in evaluation activities to determine efficiency, effectiveness and appropriateness of the agency program. (i.e. preparing evaluation report, analyzing data, reviewing agency operations, etc.)

201 — Administrative planning: Time spent on planning organizing and establishing a new programmatic element at the program office.

202 — Public Relations: Developing public awareness and supports for the program. (i.e. attending a chapter or community meeting/function).

203 — Grant/Proposal Writing: Time spent obtaining funds for the agency, including preparing and presenting non-funding proposals, developing grants applications.

204 — Personnel Management: Interviews, selection, hiring, processing official personnel actions, completing employee performance appraisal and attending to daily personnel matters.

205 — Maintenance & Custodial: Activities related to cleaning, office cleaning, repairing and maintaining, etc...at the DBHS facilities.

206 — Grant Administration: Time spent in performing administrative, duties directly related to funded grants. (i.e. special projects, Corrections, DCSAT, RBHA, NM contract, etc.)

207 — General Supervision and Management: Providing oversight and decision-making regarding work assignment and daily program operations. (Includes functioning of delegated or acting status.

208 — Administrative Support: time spent in carrying out administrative support. (i.e.; typing, monitoring the telephone, filing, general office and receptionist duties)

209 — Financial Management: Time spent in budget accounting, maintenance of accounts and other bookkeeping activities. (i.e. Third party billing, purchasing accountability, etc.)

210 — Committee/Board Meeting: Preparation for and attendance at committee/board meeting. (i.e. New Mexico Health Board, Totah Behavioral Health Board, etc.)

211 — Report Preparation: Staff time spent in preparing narrative written report of an administrative nature. (i.e. presidential, monthly, quarterly, annual, financial, and funding resources, etc.)

212 — Routine Data Entry: Time spent in acquiring, compiling staff activity record or other administrative data.

213 — Claims Billing: Reviewing service documentation and submitting billing claims to third party payer.

214 — Administrative Training: Staff development to accomplish program administration. (i.e. in-service training, personnel management, Public Relations, etc.)

~~**215 Administrative Technical Assistance:** Providing administrative duties (i.e. personnel management property purchasing, vehicles, accountability, etc.)~~

~~**216 Administrative Travel:** time spent for administrative travel for program. (i.e. Program Supervisor Meeting, Clinical Specialist meetings, Prevention, Mail and supply pick up/delivery, etc.)~~

~~**217 Staff Wellness:** Activities involving DBHS employees designed to promote team building, stress reduction, and healthy like styles.~~

~~**218 General Staff Meeting:** Time spent involving the entire DBHS staff at specific treatment site to addresses program operations.~~

~~**219 Supervisor Meeting:** Gathering of supervisors from single treatment site of DBHS wide. This would include Core Management or Senior Staff at a treatment center or Clinical Specialists or Program Supervisor meeting.~~

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300 Direct Service Code (Non-Client Specific Codes)

300 Client N0 Show: Client does not show up for scheduled individual counseling session; any scheduled appointment missed; in office, out of office; registered/non registered.

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301 Case Staffing/Consultation: An interaction or discussion between two or more individuals who are professionally concerned about a case. The discussion can be about the case between two or more staff members of the reporting agency or a staff member of the reporting agency and someone from another agency involved with the case. Client/family may or may not be present.

302 Clinical Direct Supervision: Appropriately Licensed Clinician providing written and/or verbal feedback to clinician(s) regarding client specific services.

303 Case Management/ Collateral reviews: Activities that bring service agencies or other resources available to clients together within a planned framework of action towards the achievement of established goals. Can involve certain activities and collateral contact with or without clients being present including communication with referral sources regarding treatment activities. This includes correspondence relating to the client and telephone communication with the client that is not to be listed as an individual counseling session. This may includes charting the results of the assessment, treatment plan, writing reports, progress notes, and other client related data.

304 Traditional Case Staffing: A discussion or interaction between Primary Counselor and traditional practitioners about providing recommended ceremonies to include: How to, when, what, whether needed general planning of ceremony. Client may or may not be presented.

305 Travel specific to ceremony: (Without Client Present) Time spent traveling to/from ceremonial site. This can be utilized also for gathering of herbs/ceremonial items that are needed specifically for a particular ceremony. Sometimes when there is a mineral offering, you have to travel to a certain location for the offering to take place.

306 Non-Client Contact: Assisting an individual who contacts the program for treatment information, for crisis intervention or informal assistance/contact with former clients.

307 Community Support Group: Staff time spent in community support meeting. (i.e. AA, Alanon, Alateen, NA, etc....)

308 Clinical Training: Time spent in a training/in-service session on specific clinical related topics.

309 Clinical Technical Assistance: Time spent delivery of assistance to a program or grantee in any aspect of the clinical program.

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~~**310 Other Travel:** Time spent in travel for the purpose of providing non-client specific services. (i.e. clinical staff traveling to training, wood and rock hauling, etc.)~~

~~**311 Non-Client Specific Screening/Assessment:** Time spent in an assessment/evaluation of a potential client. (i.e. assessments or evaluations conducted at the request of other agencies/resources)~~

~~**312 Security/Safety Check:** Procedures to ensure the overall safety and security of the client(s) and facilities. (i.e. K-9 search, security patrol, residential unit search, etc.)~~

~~**313 Coordination with other Group/Agency:** Coordination with community resources for the purpose of improving and enhance client services. (i.e. Resource meeting with Social Services, TANF, Law Enforcement, etc.)~~

~~**314 Clinical Preparation:** Researching planning or developing specific treatment methods or interventions to be used with a client or group of clients.~~

~~**315 Clinical Management:** Oversight, direction and guidance of clinical staff and clinical programming.~~

~~**316 Program Promotion:** Activities designed to increase utilization of specific program services by specific population groups. Targeting specific population(s) (i.e. teen mothers, single parents, students, etc.)~~

~~**317 Clinical Program Planning:** Time spent planning, organizing or measuring programmatic elements and/or data to meet client or community needs. (i.e. staff meetings, briefings, etc.)~~

~~**318 Food Service:** Time spent in providing food including planning, purchasing, preparing, serving, and cleaning up.~~

~~**319 Follow up:** Formal follow up to locate and interview former client for purpose of establishing the client's current status. (i.e. Office or home visit to accomplish 3, 6, and 12 month follow up etc.)~~

~~**320 Ceremonial preparation:** Preparation for traditional ceremonies. (i.e. Sweat lodge, NAC, Ceremonies, Diagnosis Ceremony) can also be the cleaning up/ setting up for ceremony site and general upkeep of healing grounds.~~

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400 Prevention Codes

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400 Public Information Presentation: Time spent in preparing and/or delivering prevention or education information to the general public. (i.e. coordinating related discussions as well as developing radio spots, newspaper ads, pamphlet and other information distribution).

401 Educational/Skills Building: Staff time spent in preparation and delivery of prevention and educational events or activities designed to increases skills or knowledge of prevention of social behavioral problems, targeted to a specific population. (i.e. school presentation, parenting classes, health education topics, resource in service, etc.)

402 Community Development: Staff time spent in identifying a community's need for services and organizing and alerting the community to available services and options for action. (i.e. actions are aimed at developing community solutions to problems by effectively planning or implementing activities and/or alternative to substance abuse).

403 Alternative Activities: Strategies that provide support and growth including experience through which individuals develop increased levels of confidence and self reliance. The primary intent of these activities is the prevention of social behavioral problems. (i.e. Client Graduation, Sports/Recreation, Cultural/Social, Arts and Craft, and Special Events delivered in an organized and structured manner).

404 Traditional Prevention Services: Services provided by traditional practitioner or counselor for community sweat lodge ceremony as an example. (i.e. targeted population: inmates)

405 Environmental Approach: Time spent working towards changes in Navajo Nation Laws or policies by participating in task force meetings (i.e. reducing bootlegging, DUI/DWI, MADD, Meth, Domestic Violence, Child Abuse, Elder Abuse).

~~**406 Community Assessment and Referral:** Identify appropriate resources to address community needs, making referrals as needed. Includes data collection to identify problems in specific geographical area. (i.e. needs assessment)~~

~~**407 Prevention Training:**~~

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management & Support Functions
Subsection: 1.2 Governance and Management Structure
Title: 1.2.08 AHCCCS User Access **Page 1 of 77**

I. POLICY

Navajo Regional Behavioral Health Authority (NRBHA) will identify staff that will have access to the online portal Arizona Healthcare Cost Containment Center System (AHCCCS) for program purposes.

II. PURPOSE

To maintain AHCCCS user accounts to determine eligibility verification, enrollment status in provider health plan, and third-party reimbursement.

III. DEFINITIONS

A. **AHCCCS Online Portal**
An AHCCCS website designed for registered providers. It offers the convenience and efficiency of online services where you can check member eligibility and enrollment, claims submissions and status, prior authorization inquiries and more.

B. **Eligibility**
Eligibility verification is the process of checking a client's active coverage with the insurance company and verifying the authenticity of his or her claims.

C. **Enrollment Status**
The enrollment status of a member who is otherwise financially and medically eligible for AHCCCS.

D. **Master User**
The administrators for AHCCCS online accounts.

IV. RULES

A. NRBHA staff will be assigned an AHCCCS online user account to verify member enrollment.

B. The Case Management Specialist or Case Coordinator at the NRBHA site will be responsible for all AHCCCS online portal duties.

V. PROCEDURES

A. New users will send a request for access to AHCCCS through the NRBHA Clinical Director for approval. The approved request will be sent to the Master User.

B. The Master User will review and assist staff to register for an AHCCCS online account.

C. If access is disabled (i.e., locked out) NRBHA staff will request the Master User to reset login information.

D. Verify AHCCCS eligibility with AHCCCS Online portal and check for:
1. Behavioral Health Sites – must be listed under the Navajo Nation (Site 14).
2. Must have American Indian Health Plan.
3. Third-party insurance
4. When members will need to re-apply for benefits.

~~AZ USER ACCESS REQUEST FORM~~
~~ISO Security MD2800 Effective Date -/-/~~
~~All Add requests must be accompanied by a completed User Affirmation~~

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~~Statement (Form 02-002F)~~
~~I. Security Access Requirements:~~
~~Security Action: _Add _Change _Delete~~
~~System Access: _Mainframe/PMMIS _Network/NT _Other/Type 7150~~

~~II. Mainframe Access Requirements:~~
~~****** *Long Term Care* ******~~
~~OPID Group# Printer *Worker ID Type Site* Group Owner's Signature:~~
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AND/OR

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~~*Mainframe/PMMIS Userid:* Last 4 numbers of SSN:~~
~~(for *all* ADDs only)~~
~~III. Network Access Requirements:~~
~~If required, list below any protected directories or applications to be accessed:~~
~~Read Access Write Access Prod Access (ACE) Test Access (ACE)~~
~~Directory Path(s) or Application(s):~~
~~Application Group Name (ACE Only):~~
~~Group Owners Signature (ACE Only): x~~
~~Application Owners Signature: x~~
~~Protected Directory Owner Signature: x~~
~~*Copy Network profile from this user: Network Userid:*~~

~~IV. User Information Requirements:~~
~~Name:~~
~~(Last) (First) (MI)~~
~~Title: Telephone:~~
~~Division: Dept: Location:~~
~~Authorized By: x Date: / /~~
~~Title: MD: Phone:~~

~~V. Security Administration: Received: Completed: Notified: By: Comments:~~

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~~http://infonet/pdf/forms/ISD/Secforms/02-001f.pdf Rev 2/02 Instructions for User Access Request Form~~
~~Date: Enter the effective date in format mm/dd/yy.~~ ~~Section I. Security Access Requirements:~~
~~Security Action: Check box(s) for action required. All three may be checked if multiple actions are to be made to multiple systems.~~
~~System Access: Check box(s) for system to be accessed or changed. For Mainframe, complete sections II and IV. For Network, complete sections III and IV. For Other, indicate which region(s) (PRODCICS/AFIS, CICSPROD/HRMS, etc) or systems to modify/Add, and complete section IV and any other related sections.~~
~~Note: Do not use this form for Oracle requests. Oracle forms can be found on the Infonet.~~ ~~Section II. Mainframe Access Requirements:~~
~~OPID: Leave blank.~~
~~Group#: See the PMMIS naming standards for correct Group Number values.~~
~~**Long Term Care**~~
~~Printer: Leave blank unless defining a default PMMIS printer.~~
~~Worker ID: If required, enter either the valid case number provided by the supervisor, or the users first and last initial and the last four digits of the user SSN.~~
~~Type: If required, enter the correct two digit Type code from the PMMIS Type Code Table.~~
~~Site: If required, enter the correct three digit Site code from the PMMIS Site Code Table. Authorized by Group Owner: Signature of new user's PMMIS group owner.~~
~~E/C Adjudication Level: If required, enter the valid two digit code (01-99) Health Plan ID: If required, enter the valid six digit Health Plan ID.~~
~~Claims Administrator Signature: The Claims Administrator must sign here if Adjudication Code and/or Health Plan ID is assigned.~~
~~Mainframe Userid: Will be entered by Security Administration if a new id is being created. If the logon is going to be Changed or Deleted, the requester should enter the user's logon id.~~
~~Section III. Network Access Requirements:~~
~~Path(s) or Applications: If yes, enter a valid path name that shows the location of the protected directory to be accessed, or enter the name of the application to be accessed. Indicate via the check boxes if the access should be read or write.~~
~~(I.e. HomerDir\Share\Orange\Red\Blue\ or DADITS, ECS, ERVS, HRTS, HEIS, PARIS, PATS, etc.)~~
~~Protected Directory Owner Signature: Signature of the Directory or Application Owner authorized to grant access to the protected Directory or Application. Call Security for information on Directory and Application Owners.~~
~~Copy network logon profile Enter the name or ID of an existing user who has access to resources (directories, files, or applications) that from this user: this account should have access to.~~

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~~Note: This information is used to aid in the general definition of the new user. Access to protected directories or application will not be granted based on the field. The appropriate authorization signature is always required for access to protected resources.~~

~~Network/NT Userid: Will be entered by Security Administration if a new id is being created. If the logon is going to be Changed or Deleted, the requester should enter the user's logon id.~~

~~Section IV. User Information Requirements :~~

~~User Information: Enter Name, Title, Division, Department and location of user. For Network sign on ids your middle initial is required.~~

~~Authorized By: Signature, date, title, mail drop, and extension of Security Representative or Supervisor. Section V. Security Administration:~~

~~Security Administration section to be completed by the Security Administrator~~

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~~ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM~~
~~USER AFFIRMATION STATEMENT~~

~~I have been made aware and understand that all personnel who have access to AHCCCS data are bound by applicable laws, rules and AHCCCS directives. I agree to abide by all applicable laws, rules and AHCCCS directives, and I pledge to:~~

1. ~~Reveal AHCCCS data only to those persons, whether outside or within AHCCCS, who have been specifically authorized to receive such data.~~
2. ~~Only access AHCCCS data germane to my assigned job duties.~~
3. ~~Never enter/alter/erase AHCCCS data for direct or indirect personal gain or advantage.~~
4. ~~Never enter/alter/erase AHCCCS data maliciously or in retribution for real or imagined abuse, or for personal amusement.~~
5. ~~Use AHCCCS computer programs, e-mail, terminals, printers, and/or other equipment only for work-related purposes.~~
6. ~~Never use another employee's AHCCCS Logan ID and password or ask another employee to reveal his/her personal AHCCCS Logan ID and password.~~
7. ~~Never reveal my AHCCCS Logan ID and password except to the Assistant Director of my division, the Agency Director or Deputy Director, upon request.~~

~~In addition, I recognize that:~~

1. ~~AHCCCS licenses the use of computer software from a variety of outside companies. Neither AHCCCS nor its employees own this software or its related documentation and, unless authorized by the software developer, do not have the right to reproduce or alter the software or the documentation.~~
2. ~~AHCCCS employees should not acquire or use unauthorized copies of computer software.~~
3. ~~When used on a local area network or on multiple machines, AHCCCS employees shall use the software in accordance with the license agreement.~~
4. ~~AHCCCS employees who know of any misuse of software or related documentation within the agency shall promptly notify their manager/supervisor or Assistant Director.~~
5. ~~According to U.S. Copyright Law, 17 USC Sections 101 and 506, illegal reproduction of software can be subject to criminal damages up to $250,000 and/or up to five (5) years imprisonment.~~
6. ~~The Arizona Attorney General's Office will not represent and the agency will not provide legal representation to an employee who is sued or prosecuted for the illegal reproduction of software.~~

~~Appropriate action will be taken to ensure that applicable federal and state laws,~~

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~~regulations, and directives governing confidentiality and security are enforced. A breach of procedure occurring pursuant to this policy or misuse of AHCCCS property including computer programs, e-mail, equipment and/or data may result in disciplinary action up to and including dismissal, and/or prosecution in accordance with any applicable provision of law, including Arizona Revised Statutes, Section 13-2316.~~

~~My signature below confirms that I have read this form and understand it. I accept responsibility for adhering to all applicable laws, rules, and AHCCCS directives. Failure to sign this statement will mean that I will be denied access to AHCCCS data, computer equipment, and software.~~

~~Name of Employee (Last, First, M.I.) Print or Type SIGNATURE MAIL DROP DATE~~

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~~ADHS COMPUTER~~
~~USER REGISTRATION REQUEST FORM~~

~~**MAIL TO:** *Security Administration, ITS, 1740 W Adams, Phoenix, 85007*~~
~~**FAX #:** *(602) 542-1235* **E-MAIL:** *SECURITY* **PHONE#:** *(602) 542-2810*~~

~~*** TO BE COMPLETED BY AUTHORIZED REQUESTOR ***~~

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~~***Supervisor Signature:***~~
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~~TO BE COMPLETED BY THE ADHS SECURITY ADMINISTRATOR~~

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~~ADHS COMPUTER~~
~~**USER REGISTRATION REQUEST FORM INSTRUCTIONS**~~

~~1. Fill out the to part of the form per the following instructions:~~

~~Add/Remove/Change — Check one of the boxes to indicate which action is needed. *{Required Field}*~~

~~Request Date — Enter the date this form is being filled out. (i.e. NOW) *{Required Field}*~~
~~Effective Date — If request is **NOT** to be done within 2 days, enter the date the requested action is needed. If blank, the request will be done within 2 days~~
~~User Name – PRINT the completed name. (Last Name, First Name, and Middle Initial) User name.~~

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~~If this form is being filled~~

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~~S, USAS0) into which the user needs to be added or removed. Write any other specific instructions the~~

~~Security Administrator will need to know:~~

~~PRINTED Supervisor Name. {Required Field}~~

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~~Forms with any other signature will not be processed.~~
~~—Enter the phone number where~~

~~the Supervisor can be reached if there are any questions. *{Required Field}*~~

~~Signature of the Person or~~

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~~I. Mail, hand deliver, E-Mail, or FAX this request to the Security Administrator. (The mail address, E-MAIL name and FAX# are at the tip of the request form.) The request will be processed within 48 hours after being received.~~

~~***(EXCEPTION: If a user needs to be immediately remove from the system, Security Administrator to facilitate special processing requirements.)***~~

~~III. When the request has been processed, a copy of the completed from showing the login name and internet ID, (if applicable.), will be returned to the requestor by Inter-Office Mail. Each new user added will also receive in a sealed envelope, their own unique USERID and INITIAL password.~~

~~**Navajo DBHS Outpatient Services**~~
~~**ACTIVITY CODES**~~
~~**100 Direct Service Codes (Client Specific Service Codes)**~~
~~**100 Intake/Orientation:** The orientation to a particular DBHS program and obtaining consent, release, waiver, other necessary documents, and demographic information.~~

~~**101 Screening:** The process by which a client is determined appropriate and eligible for admission to a particular DBHS program. Evaluate psychological, social and psychosocial signs and symptoms of alcohol and other drug use and abuse.~~

~~**102 Assessment:** Identifying and evaluating an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Develop a diagnostic evaluation of client's substance abuse and any coexisting conditions. Includes writing the agreement report.~~

~~**103 Treatment Planning:** Engage in process with the client and or other resources present to prioritize, identify problems and goals that need resolutions, through treatment process and methods. The Treatment Plan is to include discharge planning and planning for continuing care.~~

~~**104 Individual Counseling/Therapy In Office:** Individual behavioral health counseling or therapy provided to one client by one or more clinicians. Provided at the DBHS program site(s).~~

~~**105 Individual Counseling/Therapy Out Office:** Individual behavioral health counseling or therapy provided to one client by one or more clinicians. Provided away from DBHS program site(s).~~

~~**106 Family Counseling, with client present In Office:** Behavioral health~~

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~~counseling to a client's family provided by one or more clinicians~~

~~107 Family Counseling, with client present Out Office: Behavioral health counseling to a client's family provided by one or more clinicians.~~

~~108 Family Counseling, without client present In Office: Behavioral health counseling to a client's family provided by one or more clinicians.~~

~~109 Family Counseling, without client present Out Office: Behavioral health counseling to a client's family provided by one or more clinicians.~~

~~110 Family Counseling, Multi Family In Office: Behavioral health counseling or therapy provided to families of more than one registered client(s).~~

~~111 Family Counseling, Multi Family Out Office: Behavioral health counseling or therapy provided to families of more than one registered client(s).~~

~~112 Group Counseling: Behavioral health counseling or therapy to a group of clients provided by one or more clinicians. This includes a process group.~~

~~113 Art Therapy: Providing arts/crafts activities to clients, explaining and facilitating of projects~~
~~e.g. cedar bags, dream catcher, etc. This will also involve painting, drawing, collages activities guided by a therapeutic theme.~~

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~~114 Client No-Show: Client does not show up for scheduled individual counseling session; any scheduled appointments missed; in office, out of office; registered/non-registered.~~

~~115 Wellness/Motivational Activities: Individual or group activity which promotes positive self awareness physically, spiritually, mentally, and emotionally. (i.e. running, sport activities, client graduation, arts and crafts, etc.)~~

~~116 Adventure Based Counseling: Therapeutic structured group activities involving experiential learning that challenge personal growth. (i.e. ropes course, repelling, hiking, equine therapy, camping, etc.)~~

~~117 Vocational/Occupational Activities: Services designed to assist client in developing work skills, habits, and attitudes, and/or to obtain employment. (i.e. resume writing, learning interviewing skills, work ethics, etc.)~~

~~118 Academic Education: A curriculum based instruction, which meets educational requirements for academic credit.~~

~~119 Cultural Education: Time spent by staff providing education to clients on traditional teachings/stories e.g. clanship, coyote stories, sacred mountains, etc.~~

~~120 Client Education: Information to individuals and groups concerning alcohol and other drug abuse (This could include life skills, nutrition etc.)~~

~~121 Academic off-Site Activity: A curriculum based instruction, which meets educational requirements for academic credit conducted at a field location away from the DBHS program. (i.e. classroom education outing or field trip)~~

~~122 Group Psycho-education: Group session which increases client knowledge, skills or abilities to achieve a healthy and drug-free lifestyle. Examples include Anger Management, Substance Abuse, Relapse Prevention, Nutrition, Health or Medication education, etc.~~

~~123 Case Staffing/Consultation: An interaction or discussion between two or more individuals who are professionally concerned about a case. The discussion can be about the case between two or more staff members of the reporting agency or a staff member of the reporting agency and someone from another agency involved with the case. Client/family may or may not be present.~~

~~124 Case Review: A clinical or peer review for QUALITY ASSURANCE purposes. (i.e. to ensure proper documentation, completion of treatment~~

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~~plan and services are in place and being specifically provided)~~

~~125 **Clinical Direct Supervision:** Appropriately Licensed Clinician providing written and/or verbal feedback to clinician(s) regarding client specific services.~~

~~126 **Client Referral:** Referral of a client to another resource agency for assistance. The referral can happen at any time during the treatment process. Identifying needs of clients that cannot be met by counselor or agency and assisting client to utilize the support systems as well as communicating with resources.~~

~~127 **Case Management / Collateral reviews:** Activities that bring service agencies or other resources available to clients together within a planned framework of action towards the~~

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~~achievement of established goals. Can involve certain activities and collateral cont act with or without clients being present including communication with referral sources regarding treatment activities. This includes correspondence relating to the client and telephone communication with the client that is not to be listed as an individual counseling session. This may includes charting the results of the assessment, treatment plan, writing reports, progress notes, and other client related data.~~

~~128 **Traditional Case Staffing:** A discussion or interaction between Primary Counselor and traditional practitioners about providing recommended ceremonies to include: How to, when, what, whether needed general planning of ceremony. Client may or may not be presented.~~

~~129 **Physician Care/Psychiatrist Care:** Provision of physician service or psychiatrist services to admitted clients.~~

~~130 **Nursing Care:** Provision of nursing care to admitted clients.~~

~~131 **Follow up:** Formal follow up to locate and interview former client for purpose of establishing the client's current status. (i.e. Office or home visit to accomplish 3, 6, and 12 month follow up, etc.)~~

~~132 **Exit Interview:** An individual session between Primary Counselor and client to look at treatment outcome and or benefits of treatment. Time spent in client filling out client satisfaction form and giving feedback to the program about treatment received.~~

~~133 **Residential Care:** Supervision, monitoring and other supportive care provided to clients in a residential setting. (i.e. laundry, journal entering, etc.)~~

~~134 **Client Case Closure:** Documenting discharge of a client from a particular DBHS program. This code is to be used by the **Residential Treatment Programs only** (i.e. completion, program transfer and/or noncompliance of treatment)~~

~~135 **Crisis Counseling/Intervention:** Services provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated or potentially harmful behavioral health condition, episode or behavior.~~

~~136 **Drug Testing:** Breathalyzer, Swab, Urinalysis, etc.~~

~~137 **Staff Travel (Client Specific):** Time spent in travel for the purpose of providing direct services to client. Transporting client to residential treatment center.~~

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~~138 **Traditional Ceremonies:** All major and minor ceremonies (including diagnostic, sweat lodge, peyote and peacemaking ceremony).~~

~~139 **Ceremonial Preparation:** Preparation for traditional ceremonies. (i.e. Sweat lodge, NAC, Ceremonies, Diagnosis Ceremony) can also be the cleaning up/ setting up of ceremony site and general upkeep of healing grounds.~~

~~140 **Cultural/Traditional Activities:** Group or individual client activity, which promotes cultural awareness and identity. (i.e. Herb gathering, sheep camp, wood/rock gathering, traditional meals, planting, singing songs, storytelling)~~

~~141 **Traditional Individual Counseling:** Individual traditional counseling provided to a single client by one or more traditional practitioner(s). An individual session conducted by~~

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~~traditional practitioner with a client four days after a ceremony to assess the benefits of that ceremony.~~

~~142 **Traditional Group Counseling:** Group traditional counseling provided to multiple clients by one or more traditional practitioner(s). This will include Talking Circle~~

~~143 **Traditional Family Counseling:** Family traditional counseling provided to the family of a client by one or more traditional practitioner(s).~~

~~144 **Practitioner Assistance:** Provide assistance accompanying a traditional practitioner(s) who is providing any type of traditional healing and/or activities. (i.e. counselor or traditional practitioner is assisting). Being a gopher for practitioner in the ceremonial process.~~

~~145 **Travel specific to ceremony:** (Without Client Present) Time spent traveling to/from ceremonial site: This can be utilized also for gathering of herbs/ceremonial items that are needed specifically for a particular ceremony. Sometime when there is a mineral offering, you have to travel to a certain location for the offering to take place.~~

~~146 **Travel specific to ceremony:** With Client~~

~~147 **Pastoral Counseling (Individual):** Individual session provided by pastoral minister to individual client.~~

~~148 **Pastoral Counseling (Group):** Group session provided to multiple clients by pastoral minister.~~

~~149 **Pastoral Counseling (Family):** Family counseling session provided to client family by pastoral minister.~~

~~150 **Pastoral Support:** Pastoral Counselor being present at a traditional or pastoral activity and giving support to clients by their presence.~~

~~151 **Intercession:** Provider assistance to the minister in counseling or healing activities, and provider educational materials to the clients. (Example reading materials, 12 step model, and mediator relaxation, clustering base counseling)~~

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~~152 Health Promotion: RHBA only~~
~~153 Health Promotion/Medication: RHBA only~~
~~154 Family Support: RHBA only~~
~~155 Peer Support: RHBA only~~
~~156 Peer Support Group: RHBA only~~
~~157 Interpreter Services: RHBA only~~
~~158 Crisis Intervention Urgent: Up to 5 hours RHBA only~~
~~159 Crisis Intervention: 1 person out of the office RHBA only~~

~~200 Administrative Code~~
~~(Support Service Codes)~~

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200 ~~**Quality Assurance Review:** Time spent in the analysis of data and other information, or in evaluation activities to determine efficiency, effectiveness and appropriateness of the agency program. (i.e. Preparing evaluation report, analyzing data, reviewing agency operations, etc.)~~

201 ~~**Administrative Planning:** Time spent on planning organizing and establishing a new programmatic element at the program office.~~

202 ~~**Public Relations:** Developing public awareness and supports for the program. (i.e. Attending a chapter or community meeting/function).~~

203 ~~**Grant/Proposal Writing:** Time spent obtaining funds for the agency, including preparing and presenting non-funding proposals, developing grants applications.~~

204 ~~**Personnel Management:** Interviews, selection, hiring, processing official personnel actions, completing employee performance appraisal and attending to daily personnel matters.~~

205 ~~**Maintenance & Custodial:** Activities related to cleaning, office cleaning, repairing and maintaining, etc... at the DBHS facilities.~~

206 ~~**Grant Administration:** Time spent in performing administrative duties directly related to funded grants. (i.e. special projects, Corrections, DCSAT, RBHA, NM contract, etc.)~~

207 ~~**General Supervision and Management:** Providing oversight and decision-making regarding work assignment and daily program operations. (Includes functioning of delegated or acting status).~~

208 ~~**Administrative Support:** Time spent in carrying out administrative support. (i.e.; typing, monitoring the telephone, filing, general office and receptionist duties)~~

209 ~~**Financial Management:** Time spent in budget accounting, maintenance of accounts and other bookkeeping activities. (i.e. Third party billing, purchasing accountability, etc.)~~

210 ~~**Committee/Board Meeting:** Preparation for and attendance at committee/board meeting. (i.e. New Mexico Health Board, Totah Behavioral Health Board, etc.)~~

~~211~~ ~~**Report Preparation:** Staff time spent in preparing narrative written report of an administrative nature. (i.e. Presidential, monthly, quarterly, annual, financial, and funding resources, etc.)~~

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~~212 **Routine Data Entry:** Time spent in acquiring, compiling staff activity record or other administrative data.~~

~~213 **Claims Billing:** Reviewing service documentation and submitting billing claims to third party payer.~~

~~214 **Administrative Training:** Staff development to accomplish program administration. (i.e. in service training, personnel management, Public Relations, etc.)~~

~~215 **Administrative Technical Assistance:** Providing administrative duties (i.e. personnel management, property purchasing, vehicles, accountability, etc.)~~

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~~216 **Administrative Travel:** Time spent for administrative travel for program. (i.e. Program Supervisor Meeting, Clinical Specialist Meetings, Prevention, Mail and supply pickup/delivery, etc.)~~

~~217 **Staff Wellness:** Activities involving DBHS employees designed to promote team building, stress reduction, and healthy life styles.~~

~~218 **General Staff Meeting:** Time spent involving the entire DBHS staff at specific treatment site to addresses program operations.~~

~~219 **Supervisors Meeting:** Gathering of supervisors from single treatment site or DBHS wide. This would include Core Management or Senior Staff at a treatment center or Clinical Specialists or Program Supervisor meeting.~~

~~**300 Direct Service Codes**~~
~~(Non-Client Specific Codes)~~

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300 ~~**Client No-Show:** Client does not show up for scheduled individual counseling session; any scheduled appointments missed; in-office, out of office; registered/non-registered.~~

301 ~~**Case Staffing/Consultation:** An interaction or discussion between two or more individuals who are professionally concerned about a case. The discussion can be about the case between two or more staff members of the reporting agency or a staff member of the reporting agency and someone from another agency involved with the case. Client/family may or may not be present.~~

302 ~~**Clinical Direct Supervision:** Appropriately Licensed Clinician providing written and/or verbal feedback to clinician(s) regarding client specific services.~~

303 ~~**Case Management / Collateral reviews:** Activities that bring service agencies or other resources available to clients together within a planned framework of action towards the achievement of established goals. Can involve certain activities and collateral contact with or without clients being present including communication with referral sources regarding treatment activities. This includes correspondence relating to the client and telephone communication with the client that is not to be listed as an individual counseling session. This may include charting the results of the assessment, treatment plan, writing reports, progress notes, and other client related data.~~

304 ~~**Traditional Case Staffing:** A discussion or interaction between Primary Counselor and traditional practitioners about providing recommended ceremonies to include: How to, when, what, whether needed general planning of ceremony. Client may or may not be presented.~~

305 ~~**Travel specific to ceremony:** (Without Client Present) Time spent traveling to/from ceremonial site. This can be utilized also for gathering of herbs/ceremonial items that are needed specifically for a particular ceremony. Sometime when there is a mineral offering, you have to travel to a certain location for the offering to take place.~~

306 ~~**Non-Client Contact:** Assisting an individual who contacts the program for treatment information, for crisis intervention or informal assistance/contact with former clients.~~

307 ~~**Community Support Group:** Staff time spent in community support meeting. (i.e. AA, Alanon, Alateen, NA, etc...)~~

308 ~~**Clinical Training:** Time spent in a training/in-service session on specific~~

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~~clinical related topics.~~

309 ~~**Clinical Technical Assistance:** Time spent delivery of assistance to a program or grantee in any aspect of the clinical program.~~

310 ~~**Other Travel:** Time spent in travel for the purpose of providing non-client specific services. (i.e. clinical staff traveling to training, wood and rock hauling, etc.)~~

311 ~~**Non-Client Specific Screening/Assessment:** Time spent in an assessment/evaluation of a potential client. (i.e. assessments or evaluations conducted at the request of other agencies/resources)~~

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312 **Security/Safety Check:** Procedures to ensure the overall safety and security of the client(s) and facilities. (i.e. K-9 search, security patrol, residential unit search, etc.)

313 **Coordination with other Group/Agency:** Coordination with community resources for the purpose of improving and enhance client services. (i.e. Resource meeting with Social Services, TANF, Law Enforcement, etc.)

314 **Clinical Preparation:** Researching planning or developing specific treatment methods or interventions to be used with a client or group of clients.

315 **Clinical Management:** Oversight, direction and guidance of clinical staff and clinical programming.

316 **Program Promotion:** Activities designed to increase utilization of specific program services by specific population groups. Targeting specific population(s) (i.e. teen mothers, single parents, students, etc.)

317 **Clinical Program Planning:** Time spent planning, organizing or measuring programmatic elements and/or data to meet client or community needs. (i.e. staff meetings, briefings, etc.)

318 **Food Service:** Time spent in providing food including planning, purchasing, preparing, serving, and cleaning up.

319 **Follow up:** Formal follow up to locate and interview former client for purpose of establishing the client's current status. (i.e. Office or home visit to accomplish 3, 6, and 12 month follow up, etc.)

320 **Ceremonial Preparation:** Preparation for traditional ceremonies.(i.e. Sweat lodge, NAC, Ceremonies, Diagnosis Ceremony) can also be the cleaning up/ setting up of ceremony site and general upkeep of healing grounds.

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~~400 Prevention Codes~~

~~400 **Public Information Presentation:** Time spent in preparing and/or delivering prevention or education information to the general public. (i.e. coordinating related discussions as well as developing radio spots, newspaper ads, pamphlet and other information distribution).~~

~~401 **Educational/Skills Building:** Staff time spent in preparation and delivery of prevention and educational events or activities designed to increases skills or knowledge or prevention of social behavioral problems, targeted to a specific population. (i.e. school presentation, parenting classes, health education topics, resource in-service, etc.)~~

~~402 **Community Development:** Staff time spent in identifying a community's need for services and organizing and alerting the community to available services and options for action. (i.e. actions are aimed at developing community solutions to problems by effectively planning or implementing activities and/or alternative to substance abuse).~~

~~403 **Alternative Activities:** Strategies that provide support and growth including experience through which individuals develop increased levels of confidence and self reliance. The primary intent of these activities is the prevention of social behavioral problems. (i.e. Client Graduation, Sports/Recreation, Cultural/Social, Arts and Craft, and Special Events delivered in an organized and structured manner).~~

~~404 **Traditional Prevention Services:** Services provided by traditional practitioner or counselor for community sweat lodge ceremony as an example. (i.e. targeted population: inmates)~~

~~405 **Environmental Approach:** Time spent working towards changes in Navajo Nation laws or policies by participating in task force meetings (i.e. reducing bootlegging, DUI/DWI, MADD, Meth, Domestic Violence, Child Abuse, Elder Abuse).~~

~~406 **Community Assessment and Referral:** Identify appropriate resources to address community needs, making referrals as needed. Includes data collection to identify problems in specific geographical area. (i.e. needs assessment)~~

~~407 Prevention Training:~~

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I. POLICY

To ensure DBMHS applies Industry Standard Claims whereby promoting correct coding methodologies and controlling improper coding and inappropriate payments.

II. PURPOSE

To provide clear and consistent guidelines for conducting billing functions in a manner that promotes compliance, patient satisfaction, and efficiency.

III. DEFINITIONS

A. **638 Contract or Compact Health Centers**
Outpatient health care programs and facilities, operated by tribes or Tribal organizations that specialize in caring for American Indians and Alaska natives. They are operated under the Indian Self-Determination Act.

B. **Arizona Health Care Cost Containment System (AHCCCS)**
The Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. AHCCCS also contracts with the Division of Behavioral Health Services for behavioral health service coverage.

C. **Center for Medicare and Medicaid Services (CMS)**
The agency within the U.S. Department of Health and Human Services (HHS) that administers the nations' major healthcare programs. CMS oversees programs including Medicare, Medicaid, the Children's health Insurance Program (CHIP), and the state/federal health insurance marketplaces. CMS collects and analyzes data, produces research reports, and works to eliminate instances of fraud and abuse within the healthcare system.

D. **Claim Reference Number (CRN)**
A five-digit number assigned to all claims when they are initially submitted to AHCCCS.

E. **Corrected Claim**
A corrected claim is a replacement of a previously submitted claim where changes or corrections to charges on the claim are needed, clinical or procedure codes, date of service, member information. A corrected claim is not an inquiry or appeal. Do not submit an appeal form.

F. **Denied**
Medical claims that have been received and processed by the payer but have been marked unpayable.

G. **Indian Health Services and Tribal 638 Clinics Billing**
For IHS and Tribal 638 clinics, specialized services are paid at the Office of Management and Budget (OMB) rate or also referenced as the All-Inclusive Rate (AIR), using the UB claim form and a revenue code for behavioral health of 0919.

H. **Errors**
An undercharge or overcharge caused by the use of an incorrect coding (ICD10 and CPT codes), incorrect plan types, duplicate charge, incorrect calculation of the applicable rate,

filing claims in an untimely manner, or other similar act or omission by the program in determining the proper amount of a client's bill. Submitting improper facility or provider number.

I. **Medicaid**
Provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by the states and the federal government.

J. **Medicare**
Medicare is a U.S. federal government health insurance program that subsidizes healthcare services. The plan covers people aged 65 or older, younger people who meet specific eligibility criteria, and individuals with certain diseases. Medicare is divided into different plans that cover a variety of healthcare situations. While this allows the program to offer consumers more choice in terms of costs and coverage, it also introduces complexity for those seeking to sign up.

K. **Managed Care Organization (MCO)**
A health care company or a health plan that is focused on managed care as a model to limit costs, while keeping quality of care high

L. **Private Health Insurance**
Refers to any health insurance coverage that is offered by a private entity instead of a state or federal government. Insurance brokers and companies both fall into this category.

M. **Rejection**
A rejected claim usually contains one or more errors that were found before the claim was ever processed or accepted by the payer.

N. **Transaction Control Number (TCN)**
A five-digit number assigned to all claims when they are initially submitted to NM Medicaid.

O. **Void**
Void a canceled paid clam. Voiding a claim can result in an over-payment. A provider can modify and resubmit a voided claim.

IV. RULES

A. DBMHS will follow Indian Health Service Programs, Services, Functions, and Activities (PSFA) manual and Tribal 638 Medicaid rules and regulations.
B. DBMHS will bill according to Centers for Medicare and Medicaid Services (CMS) rules and regulations.
C. The Reimbursement Specialist will monitor all claims with the following status:
    1. Errors
    2. Denied - Reasons a medical claim may be denied:
        a. Pre-Certification or Authorization was required but not obtained.
        b. Claim for Errors: Patient Data or Diagnosis/Procedure Codes
        c. Claim was filed after Insurer's Deadline (timely filing limit)
        d. Insufficient Medical Necessity

e. Use of Out-of-Network Provider

3. Void
4. Rejection
5. Corrected Claim

D. For all insured patients, DBMHS will bill applicable third-party payors (as based on information provided by or verified by the patient) in a timely manner per payor timeline.

E. If a claim is denied, or is not processed, by a payor due to factors outside of our organization's control, staff will follow up with the payor and the patient as appropriate to facilitate resolution of the claim. Denied claims are to be corrected and rebilled under the same Claim Reference Number (CRN) or Transaction Control Number (TCN) or as instructed by the payor.

F. If a claim is denied, or is not processed, by a payor due to an error on our behalf, DBMHS will not bill the patient for any amount.

G. If resolution does not occur after prudent follow-up efforts, DBMHS will write off the claim.

H. The Reimbursement Specialist or the Benefits Coordinator will ensure all treatment service providers are enrolled within the State Medicaid Provider Enrollment Portal.

I. All uninsured Native American patients will be a write-off directly to Indian Health Service/Tribal 638.

J. For commercial/private insured patients, any remaining amounts after claims have been processed by third-party payers, DBMHS will complete a contractual adjustment in a timely manner for their respective liability amounts as determined by their insurance benefits.

V. PROCEDURES

A. Billing for Services Process

1. The Reimbursement Specialist will verify client insurance eligibility in the payer portal, and document/update the insurance information in the Electronic Health Record under the Benefits Assignment tab. This will be completed before every claim submission.
2. In regard to Arizona Behavioral Health Residential Facility (BHRF), a prior authorization from Arizona Health Care Cost Containment System (AHCCCS) – American Indian Health Program will need to be in place. This will need to be a collaborative effort between the BHRF case management specialist and reimbursement specialist. This will also include the continued stay prior authorization requests.
3. The Reimbursement Specialist will submit and coordinate claim reimbursement to applicable third-party payers.
    a. State of New Mexico or Managed Care Organizations
        i. Claim Form Billing: UB-04 Claim Form
        ii. Claim Form Billing: CMS-1500 Claim Form
    b. State of Arizona (AHCCCS)
        i. Claim Form Billing: UB-04 Institutional Claim Form
        ii. Claim Form Billing: CMS-1500 Professional Claim Form

B. Receipt of payment for reimbursement claim.

1. All reimbursement checks are to be mailed to NDBMHS Central Office; PO Box 709; Window Rock AZ, 86515.
2. The accountant will document a record of the incoming checks.
3. The Reimbursement Specialist – Central will process the deposit of payment.

C. Deposit of Payment
1. A memo detailing deposit information is required by Navajo Nation Office of the Controller. The following documents are required information on the memo:
   a. Payer information.
   b. Site business unit and Company number (i.e., NM 4559.0602, AZ 4558.0602)
   c. Check amount, check number and check date.
   d. Original check attached.
   e. Deposit summary, in Excel, emailed to FCC@nnooc.org.
2. The Office of the Controller – Cashiers Section will email a receipt of checks that have been deposited to the Central Reimbursement Specialist.
3. The Central Reimbursement Specialist will email a copy of the deposit receipt and General Ledger to the Reimbursement Specialist and Administration at each site.

D. Fund Distribution
1. Each Treatment Center billing site is responsible for completing the Office of Management and Budget (OMB) Budget Form 4 to identify obligation of funds.
2. The Central Reimbursement Specialist will complete the Summary of Change form, based on Budget Form 4, and a memo to the Office of Management and Budget. The memo will include:
   a. Business Unit
   b. Overview of fund distribution
   c. Justification of change
   d. Spreadsheet containing budget, and summary of change.
3. The Central Reimbursement Specialist will attach Budget Form 4, receipt deposit, copies of the checks, and the FMIS report to the memo.
4. The Summary of Change packet will be reviewed by the Senior Accountant, approved by the HSA, and forwarded to NDOH Executive Director for review and approval.
5. The approved Summary of Change packet will be sent to Contracts and Grants Section/Office of Management and Budget for their review and approval. If approved, a transmittal will be sent to DBMHS HSA.
6. Once the transmittal is received, the Central Reimbursement Specialist will check the business unit in FMIS to verify transmittal.
7. Each Treatment Center billing section will complete reconciliation with receipt and invoice.

E. Compliance with Laws and Regulations
1. Reimbursement Specialist will not bill for services or items that have not been documented or supported by client's medical record or encounter form as forwarded by the Behavioral Health Director or Clinical Director
2. A reimbursement Specialist, in coordination with the Behavioral Health Director or

Clinical Director, will review the medical necessity for each visit.

F. The Revenue Cycle Review Committee will:
   1. Identify risk areas.
   2. Write and implement policies and procedures.
   3. Monitor internal and external audits and investigations.
   4. Analyze and develop new strategies as needed; and
   5. Periodically review compliance policies and procedures for adequacy.

I. POLICY

To ensure competitive practices in recruitment, selection, and hiring of qualified candidates, DBMHS will adhere to the Navajo Nation Personnel Policies Manual.

II. PURPOSE

To hire qualified individuals in accordance with the recruitment and selections process of the Navajo Nation Personnel Policies Manual.

III. DEFINITIONS

A. **Minimum Qualifications**
A specification of the experience, training, education and/or licensure or certification and the minimum knowledge, skills and abilities that provides appropriate job-related qualifications necessary to perform the duties.

B. **Navajo Nation Personnel Policies Manual**
A manual design to assist supervisors in dealing with human resources issues regarding personnel, management and supervisory responsibilities, employment practices, recruitment and selection, employment status, classification of position, salary and wage administration, overtime, employee benefits, leave administration, employee performance appraisal, changes in assignment, discipline of employees, employee grievance, termination of employment, conduct of employees, office and work station regulations, personnel records, veteran's preference and military leave.

IV. RULES

A. The DBMHS in collaboration with the Navajo Nation Department of Personnel Management (DPM) will create positions using a Position Classification Questionnaire (PCQ) resulting in a Class Specification that defines the general duties, responsibilities, and qualification requirements.
B. Upon classification, the program will proceed with the job vacancy announcement of filling the position, through advertisement, assessment, referral, interview, and selection.
C. In situations of reclassification, if occupied, current employees will remain in the position if minimum requirement and background check and adjudication is met.
D. Through the assessment of applications received, DPM ensures that qualified candidates referred meet the minimum qualification and possess the necessary State Registration, Licensing and/or Certification Requirements applicable to the position.

V. PROCEDURES

A. DBMHS will advertise vacant positions using the Job Vacancy Announcement for a minimum of 10 working days. The DPM will be responsible for assessing all applications received and referring qualified applicants.
B. When the referral of qualified applicants is received, DBMHS will schedule the interview within 7 days of receiving the referral; contact the candidate; conduct the interview; and recommend a candidate.
C. For the recommended candidate, the HR section will conduct a minimum of three previous employment reference checks prior to the offer of employment.

D. The employment reference check forms will be maintained by DBMHS HR Section.
E. When the DBMHS reference check is completed, the selected candidate will be notified to complete the Navajo Nation background check and adjudication process. An offer is made contingent on the background check and adjudication. Candidates not selected will be notified of non-selection in writing.

REFERENCES

NMAC 7.20.11.16
NNPPM Section IV; Section VI
Navajo Preference in Employment Act
Navajo Nation Privacy Act
Public Law 101.630

~~k. Staffing Guidelines~~

I. ~~j. Policy~~POLICY

~~Navajo DBHS Programs~~DBMHS ensures an adequate number of qualified employees to provide treatment services to ~~its~~ clients.

II. ~~ii. Purpose~~ PURPOSE

To establish guidelines for providing an adequate number of qualified ~~staff~~employees to serve ~~Navajo DBHS~~ DBMHS clients.

III. ~~iii. Definitions~~ DEFINITIONS

A. **Direct Service Time:**
~~C~~Counseling session, face-to-face screening, assessment, traditional services, pastoral services, home visits and travel time when related to services to a specific client or clinical service.

B. **Equivalent Assigned Activity:**
~~Clinical Staff assigned by the Clinical Specialist~~ Supervisor to duties beyond direct client contact may count other activities toward their ~~20 hour~~20-hour clinical services expectation. These activities may include but are not limited to: Direct Supervision of clinical staff as assigned, meetings with individuals in the community when the meeting is directly related to planning of clinical services to the community, outreach and prevention activities when assigned, providing technical assistance or training as assigned, ~~etc. For Senior Substance Abuse Counselor (SSAC) and Substance Abuse Counselor (SAC), time spent in training and receiving direct supervision will be counted as client contact hours.~~

C. **Off Site Activity:**
Any activity that occurs away from designated treatment center sites.

IV. ~~iv. General Information~~ RULES

A. ~~1.~~ Staff ~~is~~are expected to maintain 20 hours a week of face-to-face client contact or equivalent assigned activity.

B. ~~2.~~ All off-site activities are required to have at least:
   1. ~~a.~~ Two (2) ~~2 Navajo DBHS~~ DBMHS staff present.
   ~~b. One CPR certified staff member who is with the clients.~~
   2. ~~c. One First Aid certified staff member who is with clients.~~ One (1) certified or licensed staff member who will be with clients.
   3. ~~d.~~ One staff member to have a current Food Handler's permit if food is to be prepared.

C. ~~3.~~ All clinical staff ~~is~~ are expected to ~~participate~~ complete~~in~~ screening and client intake ~~although the Substance Abuse Counselor is primarily responsible for this function.~~

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D. ~~4.~~ Assessments and treatment plans are conducted ~~by either a Senior or Principal Substance Abuse Counselor~~by a licensed clinician, or by a non-independent licensed clinician supervised by a licensed clinician.

E. ~~5.~~ Staffing needs vary per therapeutic activity and are determined by the Clinical ~~Specialist~~ Director in collaboration with the ~~Program~~ Administrative Supervisor.

V. PROCEDURES

A. Clinical Services will be provided and scheduled according to the treatment center site's staffing pattern.

B. Clinical referrals for staff at another treatment center site will be documented in the EHR and approved by the Clinical Supervisor.

C. Clients requiring a higher level of care or referral for mental health will be referred to the nearest mental health provider or emergency department.

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I. POLICY

The practicum and/or internship training will focus on the provision of counseling services within a professional setting under the direction of an on-site supervisor.

II. PURPOSE

To ensure students meet the educational requirements in order to obtain the necessary degree, licensure, or certification.

III. DEFINITIONS

A. **Volunteer Staff**
A non-paid staff member who provides services within the agency who is either a professional, behavioral health technician, paraprofessional, or support staff. Volunteer staff have certain rights and responsibilities of paid staff.

B. **Interns**
An advanced student or graduate usually in a professional field gaining supervised professional experience.

IV. RULES

A. Due to the confidential nature of providing services to a client experiencing behavioral and mental health disturbance(s) DBMHS allows only students who are placed through an accredited college or university internship program to apply for the program.

B. Supervisors are responsible for arranging appropriate coverage under workers' compensation for volunteers.

V. PROCEDURES

A. The preferred coursework for university or college programs will be limited to nursing, psychology, sociology, social work, counseling, behavioral health, health care administration, or a closely related field.

B. Volunteers or internship requests must be submitted to the respective Behavioral Health Director (BHD), Clinical Director (CD), or designee. The BHD, CD, or designee will evaluate and approve the request based on appropriateness, supervisory resources available, and other pertinent factors.

C. Upon approval, the assigned Supervisor will forward all relevant documents to DBMHS HR Section, once reviewed, all documents will be forwarded to the Department of Personnel Management for review and appropriate action. The following documents will be submitted to DPM:
   1. Navajo Nation Application
   2. Resumé
   3. Certificate of Indian Blood
   4. Practicum Agreement
   5. Liability Insurance from College/University

D. In compliance with the NNPPM, any volunteer or intern will be required to complete the background check and adjudication process to determine suitability for accessing the facility and providing clinical services.

E. DBMHS HR Section will submit the Personnel Action Form (PAF) and relevant documents to DPM; a copy of the PAF will be sent to Worker's Compensation for appropriate coverage.
F. The assigned Supervisor will determine the type of orientation process needed and the conditions of the volunteer relationship.
G. A practicum agreement must be signed, outlining the responsibilities, establishing the start and end date of the assignment, and number of hours of clinical experience between the college and/or university and DBMHS.
H. Each student is to be provided with a written description of job requirements and expectations necessary to gain his/her clinical experience by DBMHS.
I. Each student shall comply with all applicable Navajo Nation policies, code of ethics, rules, and regulations.
J. Each student shall read and affirm that they understand the DBMHS policies and procedures.
K. Students will have appropriate access to the client's file or electronic health record in the presence of an authorized representative of DBMHS.
L. The Behavioral Health Director, Clinical Director, or designated licensed personnel shall be responsible for providing guidance and supervision of the placed student. This shall include any required training or orientation.
M. Upon the conclusion of the volunteer agreement, the assigned supervisor shall contact the appropriate college/university to provide a status update or written report regarding the performance of the student.
N. The DBMHS HR Section will submit a PAF to end the volunteer status.

REFERENCES

NMAC 16.27.2.8
NMAC 27.1.7.24
4 A.A.C.6.E

~~I. Employee Work Schedule~~

I. ~~i. Policy~~ POLICY

Work schedules for clinical staff will be based on a 40-hour work week as determined by the clinical needs of the clients and program pursuant to the best judgment of the Clinical Specialist in collaboration with the Program Supervisor.

II. ~~ii. Purpose~~PURPOSE

~~In the Outpatient Treatment setting it is necessary to react on a daily basis to a population that is free and reacting to a constantly changing environment.~~ To meet the behavioral health needs of the clients through ~~requires a~~ flexible clinical ~~schedules~~scheduling. ~~The process expressed in this policy is intended to meet that need for flexibility. In order to accomplish that goal, submitting the work schedule through the chain of command to the Program Supervisor by the Clinical Specialist provides effective communication although it is not subject to the approval of the Program Supervisor.~~

III. ~~iii. Definitions~~DEFINITIONS

~~Work~~

A. ~~A week: Week~~
In accordance with the NNPPM, the work week starts on Saturday and ends on Friday. The Master timesheet also reflects the work week as such. ~~a 7-day period running Sunday through Saturday.~~

B. **Compensatory (Comp) Time:**

~~I.~~ Per the NNPPM, a non-exempt employee who works overtime with supervisory approval may accrue compensatory time or cash payment. If employee works the full 40 hours in a work week, then the employee earns CT at 1 ½ hours beyond 40. ~~Time off granted to a non-exempt employee when they are assigned to work in excess of 40 hours in one week. With prior approval, they will be granted time off on an hour for hour basis to be taken at a later time as per established leave policy.~~

IV. ~~iv. General Information~~RULES

A. 1. As much as possible, all work will be done within the work week and accurately recorded on the Navajo DBBHSStaff Sign-In Sheet Staff Activity Record.
B. It will be the responsibility of the clinician to balance their schedules to accomplish all the work assigned within a 40-hour work week.
2. When work cannot be accomplished within the 40 hours for non-exempt employees then requests for compensatory or other leaveover-time will be handled according to the Navajo Nation Personnel Policies and Procedures Manual and with the pre-approval of the Program
C. Supervisor.

V. v. Procedure PROCEDURES

A. 1. ThBy 5 p.m. Friday, the clinicians will submit their schedule of activity for the following week to the Clinical Specialistin the EHR calendar for The Clinical SpecialistClinical Supervisor and the Program Supervisor will revieww and approve the schedule.
B. 2. Request for Annual Leave:
   1. Except in emergency circumstances, application for leave of any kind must be initiated by the employee in writing and presented to the authorized supervisor for approval prior to taking leave. a. Must be submitted and approved 16 hours advance notice.
   2. Clinical staff must arrange for coverage prior to taking leave or rescheduled appointments.
   3. b. On payday week all leave requests must be submitted and approved prior to submission of official timesheet to the DBMHS Master Time KeeperTimekeeper by agency the timekeeper at each site.
C. 3. Weekly schedules are to be posted on the clinician's office door with a copy kept in an administrative file.
D. 4. Administrative staff will work with the Program Supervisor in setting their work schedules.
E. 5. The Program Supervisor will designate the appropriate administrative person to maintain a file with schedules as required by standards of the Council on Accreditation for Rehabilitation Facilities (CARF).
F. DBMHS staff are responsible for maintaining their work schedule at the highest level to meet client needs and accreditation purposes.

vi. ReferenceREFERENCES

Navajo Nation Personnel Policies and Procedures Manual (NNPPM)

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~~m. Alternative Work Schedule~~

I. ~~i. Policy~~ POLICY

~~I.~~ The normal tour of duty is 40 hours, 8am to 5pm, Saturday through Friday. All employees are expected to be at work during these hours unless approval is granted for an alternative work schedule. ~~Although clinical work schedules are based on a 40 hour week as determined by the clinical needs of the client and program in the judgment of the Clinical Specialist in partnership with the Program Supervisor, there are times that an alternative work schedule may suit the needs of the client or DBHS.~~

II. ~~ii. Purpose~~PURPOSE

~~II.~~ In situations that require clinical services other than 8am to 5pm tour of duty, the Clinical Director and Supervisor will approve the alternative work schedule on a case-by-case basis to meet the needs of the clients. ~~Clients react to a constantly changing environment, and to meet their needs requires a flexible employee schedule, one that allows employees to complete their work in a different schedule than the standard Monday through Friday, 8:00 AM to 5:00 PM.~~

III. ~~iii. Definition~~DEFINITIONS

A. **~~A "flexible work week"~~Alternative Work Week**
~~is defined as one in which o~~Employees that ~~ne or a group of non exempt employees~~ work ~~forty hours, but the hours fall~~ outside the ~~standard~~ basic tour of duty 8:00 AM to 5:00 PM~~8 to5~~, Monday through Friday work week.

B. **Flex Time**
An in-house pre-approved agreement between the employee and their authorized supervisor to work an adjusted work schedule.

IV. ~~iv. General Information~~RULES

A. An alternative work schedule may be determined by the employee, their supervisor, and the Health Services Administrator, with review by DBMHS HR.
B. A written notification of an alternative work schedule will be sent to DPM, Payroll, and Risk Management per NNPPM.
C. ~~1.~~ Situations that may result in a flexible work schedule~~week~~ include:

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1. ~~2.~~ A need to provide client services at hours outside the normal work schedule. This includes provision of services during hours convenient for clients who work for adolescents who attend school. In such cases, services are provided earlier in the day or evening, and sometimes on the weekend.~~.~~
2. ~~3.~~ Provisions of traditional services may require an employee to "flex" a workweek so that clients receive services earlier in the day or evening, and on the weekends for the amount of time required for treatment.

D. ~~4.~~ "Flex time" focuses on the work schedule and does not change the location or work or the total number of hours worked, except for traditional treatment/services.

E. ~~5.~~ "Flex time" allows an employee to start the workday early and end early or start late and end late. ~~Some e~~Employees may also work extra hours on one day to make up for shorter hours on another.

F. ~~6.~~ "Flex scheduling" is determined by the need to provide adequate client services and not to meet individual employee needs.

G. ~~Note: by~~ By law, professional and administrative staff are paid by the job rather than by the hour. ~~.~~ Thus, they are expected to work the hours required to complete the job, and without additional compensation if it takes more than 40 hours in a week. They must also work hours that fit the norms and/or needs of the Department.

V. ~~v. Procedures~~ PROCEDURES

A. ~~1.~~ The basic procedures outlined in ~~8.1~~ Employee Work Schedule of the DBHMHS PPM are to be applied when an employee or program is arranging for an alternative work ~~"flex~~ schedule to meet client needs outside the basic tour of duty~~,"~~ therefore:

1. ~~a.~~ The ~~clinicians~~ employee will submit their ~~schedule of activity for the following month~~ request for an alternative work schedule to the ~~Clinical Specialist~~Supervisor. The ~~Clinical Specialist~~ Supervisor~~and Program Supervisor~~, HSA, and HR will review and approve the ~~"flex schedule."~~alternative work schedule.
2. The Supervisor may also submit their request for an alternative work schedule.

B. DPM will be responsible for developing and issuing procedures on the types of alternative work schedules. The HSA will work with DPM to develop procedures for a flex schedule.

C. ~~b.~~ Request for "flex time":

1. ~~i.~~ Must be submitted and approved with two ~~weeks~~weeks' prior notice.
2. ~~ii.~~ All flex schedule requests must be submitted and approved prior to submittal to the ~~agency~~ timekeeper.

D. ~~2.~~ Clinicians will post their monthly schedules including "flex hours" on their office door with a copy kept in an administrative file.

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E. ~~3.~~ Administrative staff will work with their ~~Program~~ Supervisor, ~~Supervisor~~ in setting their "flex schedules" to identify proper coverage. ~~."~~

F. ~~4.~~ The ~~Program~~ Supervisor will designate the appropriate administrative ~~person~~ personnel to maintain a file with the "flex schedules" as required by standards of the Council of Accreditation for Rehabilitation Facilities (CARF)

G. ~~5.~~ The "flex work schedule" will be planned and approved in advance for sufficient office coverage and arrangement of schedules.

H. ~~6.~~ At least one clinician will be on duty from 8:00 AM to 5:00 PM, Monday through ~~Friday~~Friday, for emergency walk-ins.

I. ~~7.~~ Outpatient treatment sites that are considering "flex schedulinge" must take ~~into~~ accountconsider the effect on the other dDepartments and programs that may be dependent on DBMHS.

J. ~~8.~~ Supervisors are not required or expected to accommodate habitual tardiness by "flexing" an employee's schedule.

K. ~~9.~~ "Flex hours" will not include employee lunch hours and employees may not skip their lunch hours nor should supervisors ask employees to.

L. ~~10.~~ The "flex schedule" is determined by Clinical ~~Specialist~~ Director, and ~~Program~~ Supervisor in each outpatient/~~adolescent/adult~~ treatment center.

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The normal tour of duty for the Division of Behavioral and Mental Health Services is 40-hour, 8am to 5pm, Saturday thru Friday. All employees are expected to be at work during these hours unless approval is granted for an alternative work schedule.

DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES

Employee Onboarding

Employee Name: _____

Hire Date: _____ Name of Immediate Supervisor: _____

Position Title: _____

Navajo Nation Personnel Policies Manual:

- V. Employment – Introductory Period — Date completed: _____
  90 Days Introductory ends on: _____
- X. Leave Administration — Date completed: _____
- XI. Employee Performance Appraisal — Date completed: _____
- XVI. Conduct of Employee — Date Completed: _____
- XVII. Drugs and Alcohol — Date Completed: _____
- XVIII. Sexual Harassment — Date Completed: _____
- XVIV. Workplace Violence Prevention — Date Completed: _____

Administrative Policies: Review general administration policies — Date / Initial

- DBMHS Policies & Procedures: ____OTC and ____RTC _____ /_____
- Diversity Videos (USB-10 Topics) _____ /_____
- Tour of Duty Memorandum _____ /_____
- DBMHS Statement of Confidentiality _____ /_____
- DBMHS Policy on Certification, Licensure and Permits _____ /_____
- Emergency Contact Sheet _____ /_____
- DBMHS Code of Ethics _____ /_____
- Disclosure Form Potential Conflict of Interest _____ /_____
- Navajo Nation Policy on Drugs and Alcohol in the Workplace (July 5, 1991) _____ /_____
- DBMHS Work Safety Plan (March 24, 2022) _____ /_____
- Navajo Nation Personnel Policies Manual _____ /_____
- Navajo Nation Defensive Driving Course _____ /_____
- Employee Infection Control Training _____ /_____

Navajo Nation & DBMHS Training

- NN Employee Multiservice Orientation (NNEMSO) Date Scheduled _____ Date Completed _____
- Financial Management Information System (FMIS) Date Scheduled _____ Date Completed _____
- NN Sexual Harassment Orientation Date Scheduled _____ Date Completed _____
- Fraud Waste and Abuse Training Date Scheduled _____ Date Completed _____
- Question, Persuade & Refer (QPR) Training Date Scheduled _____ Date Completed _____
- Mental Health First Aid Training (one-time) Date Scheduled _____ Date Completed _____
- Suicide Postvention Training (one-time) Date Scheduled _____ Date Completed _____
- Health Insurance Portability Accountability (HIPAA) & Confidentiality Training
  Date Scheduled _____ Date Completed _____
- Non-Violent Crisis Prevention Training (one-time) Date Scheduled _____ Date Completed _____

- Basic First Aid/CPR Date Scheduled _____ Date Completed _____
- Bloodborne Pathogen Training Date Scheduled _____ Date Completed _____
- NN Ethics in Government Law Orientation Date Scheduled _____ Date Completed _____

Specific Training Dependent on Position (Supervisor's Discretion)

- OMB Super Circular Training Date Scheduled _____ Date Completed _____
- Food Handler's Training Date Scheduled _____ Date Completed _____
- Medication Self Administration Training Date Scheduled _____ Date Completed _____
- Urinalysis/Drug Testing Training Date Scheduled _____ Date Completed _____
- NetSmart NX Reference Guide Date Scheduled _____ Date Completed _____

ACKNOWLEDGEMENT: To be signed upon completion of all orientation items

_____ _____

Employee (Print Name and Signature) Date

_____ _____

Supervisor (Print Name and Signature) Date

Navajo Nation Division of Behavioral & Mental Health Services

POLICIES AND PROCEDURES MANUAL

Section: 1 Management and Support Functions
Subsection: 1.3 Personnel

~~**Title:** 1.3.06 Staff Orientation and Training **Page 1 of 35**~~

~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

~~**Section:** 1 Management & Support Functions~~
~~**Subsection:** 1.3 Personnel~~
~~**Title:** 1.3.02 Staff Orientation, Training, and Development **Page 1 of 35**~~

~~**k. Orientation and Training**~~

I. ~~j. Policy~~POLICY

In accordance with applicable Navajo Nation policies and regulations, ~~All~~ DBMHS encourages ~~employees are required to attend orientation and ongoing training sessions to maintain their job status.~~
training and development to ensure staff are appropriately trained to provide services.

II. ~~ji. Purpose~~PURPOSE

~~To ensure DBMHS employee competency, Navajo DBMHS has established guidelines for DBMHS employee orientation and ongoing training.~~To allow personnel to improve their knowledge, skills, and abilities; and to promote awareness and appreciation of the cultural background and service needs of persons served.

III. DEFINITIONS

A. RESERVED

IV. ~~jii. General Information~~RULES

A. The purpose and expectations of the training is defined by the state or organization issuing licensure, certification, or otherwise regulating the services provided.
B. DBMHS provides orientation to all new hires in the following areas:
   1. Treatment program goals, services, policies and ~~procedures;~~procedures.
   2. Responsibilities of the staff member's ~~position;~~position.
   3. Establishing and maintaining appropriate and responsive relationships and boundaries with ~~clients;~~clients.
   4. Crisis management/intervention; behavior management; emergency personal restraint and ~~seclusion;~~seclusion.
   5. Emergency procedures, including CPR and first aid.
C. Direct service staff may provide documentation of a current certificate of completion in a required training and are not required to repeat that training.
D. Training requirements may be adjusted through use of the Individual Development Plan that is documented by the employee and Clinical Director and/or Behavioral Health

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Director.

E. Initial and ongoing orientation is documented in the DBMHS HR personnel record.
F. DBMHS provides staff development opportunities for personnel, including in-service training.
G. Staff who require training to qualify for a position in which they have direct contact with children will not have direct contact until after the successful completion of the training.
H. Staff designated as direct service staff under specific program certification requirements (e.g.e.g., adolescent residential treatment) receive ongoing training related to the age and/or emotional development of the child(ren) for whom they are responsible.

~~1. Orientation is provided to all new DBMHS employees within 30 days from their starting date.~~
~~2. Orientation (See Orientation Schedule for topics) consists of at least 48 hours.~~
~~3. Each DBMHS employee is provided at least 6 hours of orientation and education during his/her first year of employment.~~
~~4. Each DBMHS employee is provided at least 24 hours of ongoing education, after year one.~~
~~5. Annually each DBMHS employee is required to attend the Fire & Safety, and Crisis Intervention Technique (CIT) classes.~~
~~6. Biannually each DBMHS employee is required to attend CPR, First Aid, Food Handling, Seizure Management, and Occupational Exposure sessions.~~
~~7. DBMHS employee competencies are established through pre-test, discussion, demonstration, and/or post testing.~~
~~8. The clinical Specialist and Program Supervisor together are responsible to coordinate all DBMHS employee orientation and ongoing education.~~
~~9. Al DBMHS employee are required to keep track of their own continuing education including Continuing Education Units (CEU)~~

V. ~~iv. Procedure~~PROCEDURES

A. Staff may initiate a training request by submitting a written request for approval to their immediate supervisor.
B. If the supervisor approves the request, it is forwarded to designated DBMHS Central personnel for processing in accordance with departmental protocols and Navajo Nation Training, Purchasing, and Travel Policies.

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Navajo Nation Division of Behavioral & Mental Health Services

POLICIES AND PROCEDURES MANUAL

Section: 1 Management and Support Functions
Subsection: 1.3 Personnel

~~**Title:** 1.3.06 Staff Orientation and Training **Page 3 of 35**~~

~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

~~**Section:** 1 Management & Support Functions~~
~~**Subsection:** 1.3 Personnel~~
~~**Title:** 1.3.02 Staff Orientation, Training, and Development **Page 3 of 35**~~

C. Supervisors and staff are jointly responsible for planning and obtaining necessary training.
D. Supervisors are responsible for planning in-service training to comply with this policy and other programmatic needs.
E. Each employee is allowed two (2) ~~training~~training courses, annually, per Navajo Department of Health policies to support licensure/certifications.
F. Each employee completes or updates their Individual Development Plan with their supervisor annually, at the time of the Employee Performance Appraisal.
G. All new employees are required to ~~Prior to working with clients, orientation of~~complete the appropriate trainings required on the Employee Onboardin~~each residential employee will include, at a minimum~~g Form. Regular status employees must maintain certifications and licensures throughout their employment with DBMHS. :

~~Navajo Nation Personnel Policies Manual~~
~~DBMHS Policy & Procedure Manual~~
~~Navajo Nation Payroll Procedures~~
~~Employee Job/Duties Description~~
~~Employee Benefits~~
~~Client Legal & Human Rights~~
~~Client Confidentiality~~
~~Client Grievance Policy and Procedure~~
~~Client Residential House Rules~~
~~Staff House Rules~~
~~Professional Code of Ethics~~
~~Report of Alleged Abuse~~
~~Client Records~~
~~CPI Non-violent Crisis Management~~
~~CPR & First Aid~~

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- Psychiatric emergencies
- Medical emergencies
- Incident Reporting
- OSHA Blood-borne Pathogens Standards & Exposure Control Plan
- Infection Control Plan
- Client Drug Screening
- Progress Notes/Documentation of Client Record
- Treatment Plan
- Case Management
- Universal Precautions
- Self-Administration of Medication
- Safety Management
- Fire Evacuation Emergencies
- Severe Weather & other emergencies
- Question, Persuade, Refer
- Fraud, Waste, and Abuse
- Ethics & Rules
- Navajo Privacy Act

H. The program will provide no less than 48 hours of in-service tTraining in an employee's first year of employment (exclusive of outside training) and at least 30 hours every two (2) years. -Training topics will take into consideration clinical needs, and may include:

- Managed Care approaches to addiction treatment
- Psychopharmacology
- Brief Therapy techniques for chronic clients
- Traditional Healing therapies for Recovery
- Treatment Planning

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
Subsection: 1.3 Personnel

~~**Title:** 1.3.06 Staff Orientation and Training **Page 2 of 35**~~

~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

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~~**Title:** 1.3.02 Staff Orientation, Training, and Development **Page 2 of 35**~~

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~~DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES~~

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~~Employee Onboarding~~

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~~Employee Name:~~

~~Hire Date: Name of Immediate Supervisor:~~

~~Position Title:~~

~~Navajo Nation Personnel Policies Manual:~~

~~V. Employment – Introductory Period Date completed:~~
~~90 Days Introductory ends on:~~
~~X. Leave Administration Date completed:~~
~~XI. Employee Performance Appraisal Date completed:~~
~~XVI. Conduct of Employee Date Completed:~~
~~XVII. Drugs and Alcohol Date Completed:~~
~~XVIII. Sexual Harassment Date Completed:~~
~~XVIV. Workplace Violence Prevention Date Completed:~~

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~~Administrative Policies: Review general administration policies Date / Initial~~

~~DBMHS Policies & Procedures: OTC and RTC /~~
~~Diversity Videos (USB-10 Topics) /~~
~~Tour of Duty Memorandum /~~
~~DBMHS Statement of Confidentiality /~~
~~DBMHS Policy on Certification, Licensure and Permits /~~
~~Emergency Contact Sheet /~~
~~DBMHS Code of Ethics /~~
~~Disclosure Form Potential Conflict of Interest /~~
~~Navajo Nation Policy on Drugs and Alcohol in the Workplace /~~
~~DBMHS Work Safety Plan (March 24, 2022) /~~
~~Navajo Nation Personnel Policies Manual /~~

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
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~~**Title:** 1.3.06 Staff Orientation and Training Page 3 of 35~~

~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

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~~**Subsection:** 1.3 Personnel~~

~~**Title:** 1.3.02 Staff Orientation, Training, and Development Page 3 of 35~~

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~~Navajo Nation Defensive Driving Course~~
~~Employee Infection Control Training~~

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~~Navajo Nation & DBMHS Training~~

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~~NN Employee Multiservice Orientation Date Scheduled Date Completed~~

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~~NN Sexual Harassment Orientation Date Scheduled Date Completed~~
~~Fraud Waste and Abuse Training Date Scheduled Date Completed~~

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~~Question, Persuade & Refer (QPR) Training Date Scheduled Date Completed~~

~~Mental Health First Aid Training (one-time) Date Scheduled Date Completed~~
~~Suicide Postvention Training (one-time) Date Scheduled Date Completed~~

~~Health Insurance Portability Accountability & Confidentiality Training~~
~~Date Scheduled Date Completed~~

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~~Non-Violent Crisis Prevention Training (one-time) Date Scheduled Date Completed~~
~~Basic First Aid/CPR Date Scheduled Date Completed~~
~~Bloodborne Pathogen Training Date Scheduled Date Completed~~

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~~NN Ethics in Government Law Orientation Date Scheduled Date Completed~~
~~Urinalysis/Drug Testing Training Date Scheduled Date Completed~~

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~~Specific Training Dependent on Position (Supervisor's Discretion)~~
~~Financial Management Information System Date Scheduled Date Completed~~
~~OMB Super Circular Training Date Scheduled Date Completed~~
~~Food Handler's Training Date Scheduled Date Completed~~
~~Medication Self Administration Training Date Scheduled Date Completed~~
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~~Employee (Print Name and Signature) Date~~

Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
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~~**Title:** 1.3.06 Staff Orientation and Training **Page 4 of 35**~~

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~~**POLICY AND PROCEDURE MANUAL**~~

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~~**Title:** 1.3.02 Staff Orientation, Training, and Development **Page 4 of 35**~~

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~~Supervisor (Print Name and Signature) Date~~

1. ~~All DBMHS employees are required to sign her/her name or initials on the attendance form to indicate his/her participation in the orientation, education, and/or in-service training sessions.~~
2. ~~All training facilitators are required t sign their name or initials on the attendance form to indicate delivery of the orientation and training sessions.~~
3. ~~The Program Supervisor will ensure that the attendance forms are kept on file in a central location.~~
4. ~~Any training request initiated by a DBMHS employee will be requested in writing through the immediate supervisor. The request will include name, topic, location of training, expenses, relevance to job performance and DBMHS employee Individual Development Plan (IDP).~~

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~~Navajo DBMHS Outpatient Service~~ ~~OUTPATIENT PROGRAM CLINICAL EMPLOYEES ORIENTATION~~			
~~Date~~	~~Topic~~	~~Educator initials~~	~~Employee Initials~~
	~~Orientation for Behavioral Health Outpatient Services Program Employees~~		
	~~Introduction to Behavioral Health Outpatient Program~~		
	~~Personnel Issues~~ ~~Job description review and evaluation~~ ~~Annual Leave~~ ~~Sick Leave~~ ~~Timecards~~		

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	Work Schedule Background Checks Fingerprinting Drugs and alcohol in the workplace		
	Employee Code of Ethics		
	Confidentiality 42 CFR 160.103 and 164.501		
	Philosophy of Treatment		
	Alcohol and Chemical Dependency Alcohol/Chemical Dependency, Addictions Diagnosis Symptoms Disease Progression Family Dynamics Health Effects of Chemical Dependency Relapse Prevention Community Reintegration		
	Mental Status Exam/Client Observation		
	Overview of the Program		
	Developing a Therapeutic Milieu Therapeutic Relationships Use of Self as a Therapeutic Tool Transference Counter Transference Therapeutic Communications Interviewing Skills Therapeutic Milieu		
	Cultural Sensitivity		
	Identifying and Reporting Domestic Violence, Child Abuse and/or Elderly Abuse		
	Recognizing and Dealing with Behavioral Manipulation Depression Mania		

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
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~~Title: 1.3.06 Staff Orientation and Training Page 6 of 35~~

~~Navajo Nation Division of Behavioral & Mental Health Services~~

~~POLICY AND PROCEDURE MANUAL~~

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~~Title: 1.3.02 Staff Orientation, Training, and Development Page 6 of 35~~

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	~~Delusion Paranoia, and Psychosis~~ ~~Aggression (Danger to Self or Others)~~ ~~Verbal Abuse~~ ~~Sexual Abuse~~		

Date	~~Topic~~	~~Educator initials~~	~~Employee Initials~~
	~~Law: Duty to Warn~~		
	~~Rights of Persons Served~~		
	~~Grievance Procedure~~		
	~~Emergencies~~ ~~Psychiatric Emergencies~~ ~~Medical Emergencies~~ ~~Crisis Prevention Intervention (CPI~~ ~~Seizure Emergency~~		
	~~Health Care~~ ~~Infection Control~~ ~~Occupational Exposure and Standard Precaution~~ ~~Employee Health~~ ~~CPR~~ ~~First Aid~~ ~~Food Handlers~~		
	~~Safety Procedures~~ ~~Fire and Safety Policy and Procedure~~ ~~Internal Disasters~~ ~~External Disaster~~ ~~Bomb Threat~~ ~~Defensive Driving (every 5 years)~~		
	~~Outing and Transportation Guidelines~~		
	~~Person and Family Centered Services~~		
	~~Treatment Team Meetings and Treatment Plans~~		

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
Subsection: 1.3 Personnel

~~Title: 1.3.06 Staff Orientation and Training Page 7 of 35~~
~~Navajo Nation Division of Behavioral & Mental Health Services~~

~~POLICY AND PROCEDURE MANUAL~~

~~Section: 1 Management & Support Functions~~

~~Subsection: 1.3 Personnel~~

~~Title: 1.3.02 Staff Orientation, Training, and Development Page 7 of 36~~

	~~Discharge Planning~~		
	~~Documentation~~ ~~DAP Charting~~ ~~Records~~ ~~Forms~~ ~~Maintenance of records~~		
	~~Reimbursement~~ ~~Billing procedure~~		
	~~Community Resources~~		
	~~Prevention~~ ~~FASD~~		
	~~Risk Management~~ ~~Incident Reports~~		
	~~Navajo Nation Behavioral Health Operations Manual~~		
	~~Clinical Supervision~~		

~~Navajo DBMHS Outpatient Service REQUIRED EDUCATION~~			
~~Date~~	~~Annual Education Topic~~	~~Educator initials~~	~~Employee Initials~~
	~~Safety Procedures~~ ~~Fire and Safety~~ ~~Crisis Intervention technique~~ ~~Vehicle Safety~~		
	~~Identifying and Reporting Neglect, Physical and Sexual Abuse~~		
	~~Biannual Education Topic~~		

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

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~~**Title:** 1.3.06 Staff Orientation and Training **Page 8 of 35**~~

~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

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~~**Section:** 1 Management & Support Functions~~

~~**Subsection:** 1.3 Personnel~~

~~**Title:** 1.3.02 Staff Orientation, Training, and Development **Page 8 of 35**~~

	~~**Health Care**~~ ~~Emergency Procedures~~ ~~CPR~~ ~~First Aid~~ ~~Food Handlers (3Years)~~ ~~Diabetes~~ ~~Seizures Management~~ ~~Occupational Exposure~~		

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~~Navajo DBHS Outpatient Service~~

~~EMPLOYEE ONGOING EDUCATION RECORD~~

~~Employee Name:~~

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~~Date~~	~~Continuing Education Topic~~	~~Number of CEU's~~

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~~Navajo Nation Division of Behavioral & Mental Health Services~~
~~POLICY AND PROCEDURE MANUAL~~
~~Section: 1 Management & Support Functions~~
~~Subsection: 1.3 Personnel~~
~~Title: 1.3.02 Staff Orientation, Training, and Development Page 10 of 35~~

~~Navajo DBHS Outpatient Service~~
~~ONGOING EDUCATION RECORD~~

~~Topic:~~	~~Date:~~
~~Educator:~~	~~Title:~~
~~Summary of Education Presentation:~~	
~~Participant's Name and Title~~	~~Participant's Name and Title~~

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DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES

Employee Onboarding

Employee Name: _____

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
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~~**Title:** 1.3.06 Staff Orientation and Training **Page 12 of 35**~~

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~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

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~~**Subsection:** 1.3 Personnel~~

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Hire Date: Name of Immediate Supervisor:

Position Title:

Navajo Nation Personnel Policies Manual:

- V. Employment – Introductory Period Date completed:
  90 Days Introductory ends on:
- X. Leave Administration Date Completed:
- XI. Employee Performance Appraisal Date Completed:
- XVI. Conduct of Employee Date Completed:
- XVII. Drugs and Alcohol Date Completed:
- XVIII. Sexual Harassment Date Completed:
- XVIV. Workplace Violence Prevention Date Completed:

Administrative Policies: Review general administration policies Date / Initial

- DBMHS Policies & Procedures: OTC and RTC /
- Diversity Videos (USB-10 Topics) /
- Tour of Duty Memorandum /
- DBMHS Statement of Confidentiality /
- DBMHS Policy on Certification, Licensure and Permits /
- Emergency Contact Sheet /
- DBMHS Code of Ethics /
- Disclosure Form Potential Conflict of Interest /
- Navajo Nation Policy on Drugs and Alcohol in the Workplace /
- DBMHS Work Safety Plan (March 24, 2022) /
- Navajo Nation Personnel Policies Manual /
- Navajo Nation Defensive Driving Course /
- Employee Infection Control Training /

Navajo Nation & DBMHS Training

- NN Employee Multiservice Orientation (NNEMSO)
  Date Scheduled Date Completed

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- Financial Management Information System (FMIS)

Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
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~~**Title:** 1.3.06 Staff Orientation and Training **Page 13 of 35**~~

~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

~~**Section:** 1 Management & Support Functions~~

~~**Subsection:** 1.3 Personnel~~

~~**Title:** 1.3.02 Staff Orientation, Training, and Development **Page 13 of 35**~~

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	Date Scheduled	Date Completed
• NN Sexual Harassment Orientation	Date Scheduled	Date Completed
• Fraud Waste and Abuse Training	Date Scheduled	Date Completed
• Question, Persuade & Refer (QPR) Training	Date Scheduled	Date Completed
• Mental Health First Aid Training (one-time)	Date Scheduled	Date Completed
• Suicide Postvention Training (one-time)	Date Scheduled	Date Completed
• Health Insurance Portability Accountability (HIPAA) & Confidentiality Training	Date Scheduled	Date Completed
• Non-Violent Crisis Prevention Training (one-time)	Date Scheduled	Date Completed
• Basic First Aid/CPR	Date Scheduled	Date Completed
• Bloodborne Pathogen Training	Date Scheduled	Date Completed
• NN Ethics in Government Law Orientation	Date Scheduled	Date Completed

Specific Training Dependent on Position (Supervisor's Discretion)

• OMB Super Circular Training	Date Scheduled	Date Completed
• Food Handler's Training	Date Scheduled	Date Completed
• Medication Self Administration Training	Date Scheduled	Date Completed
• Urinalysis/Drug Testing Training	Date Scheduled	Date Completed
• NetSmart NX Reference Guide	Date Scheduled	Date Completed

ACKNOWLEDGEMENT: To be signed upon completion of all orientation items

Employee (Print Name and Signature) Date

Supervisor (Print Name and Signature) Date

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

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~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

~~**Section:** 1 Management & Support Functions~~

~~**Subsection:** 1.3 Personnel~~

~~**Title:** 1.3.02 Staff Orientation, Training, and DevelopmentPage 14 of 35~~

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DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES

~~Navajo DBHS Outpatient Service~~

~~SUPERVISION FORM~~Supervision Form

Counselor's Name/Title:	Month and Year:
Supervisor's Name	Month and Year:

Supervision Received

Indicate the supervisor's initial, the date, and the number of hours (quarter-hours), "I" if it was an individual supervision or "G" if it was Group supervision and "L" if it was Live supervision or "C" if it was Case consultation. If audio or video tapes were viewed, record the around of supervision time spent on each (e.g. ~~5 hour~~5-hour, V.1.25 hours A, etc.)

~~Initials of supervisor~~Supervisor (initials)	~~Date (no./day/yr.)~~	Hours	~~Individual/~~ Group	~~Live/~~ Case	~~Audio/Video~~ Time

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Navajo Nation Division of Behavioral & Mental Health Services

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Navajo DBHS Outpatient Service

SUPERVISORY RECORD FORM

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Date: _____

Supervises Name/Title: _____

Counselor Name/Title: _____

Session #: _____

Case:	Supervise Concern:

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Supervisory Goals:

_____

_____

_____

_____

Supervisory Activity	Supervisory Recommendations
1. Supporting Documents a. Case Record: _____ b. Audiovisual Record: _____ c. Other: _____ 2. Theoretical Issues: _____	1. Treatment: _____ 2. Training: _____

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Navajo Nation Division of Behavioral & Mental Health Services
POLICY AND PROCEDURE MANUAL
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Title: 1.3.02 Staff Orientation, Training, and Development Page 18 of 35

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3. Process Observations:	
4. Therapist Self-Awareness:	3. Other Comments:
5. Treatment Evaluation:	

Navajo DBHS Outpatient Service

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SUPERVISION OBSERVATION FORM

Counselor Name /Title:	Date:
This is Session # _____ with This family	Supervisor Name/Title:
Family Situation:	Therapeutic Plan for this Session:

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Joining	0 1 2 3 4 5	
Tracking Skills	0 1 2 3 4 5	
Through Assessment (Problem / Goal / Attempted Solutions / Alcohol / World View / Development Stages)	0 1 2 3 4 5	
Probing, Flexible questions (Circular / Neutrality / Hypothesizing / Strategizing)	0 1 2 3 4 5	
Clarification, Confrontation	0 1 2 3 4 5	
Directing Transaction	0 1 2 3 4 5	
Examining Transitional Pattern	0 1 2 3 4 5	
Direct the Interventions		
Indirect Interventions		
Comments:		

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Navajo Nation Division of Behavioral & Mental Health Services
POLICY AND PROCEDURE MANUAL
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Code:
0 = Skill not Required 1 = Skill required but not used 2 = Introductory skill level 3 = competent skill level 4 = Very Good skill level 5 = Creative Flexible uses of skills

Navajo DBMHS Outpatient Service
LIVE SUPERVISION FORM

Date:	Time:	Room:	Session:	Contract:
Counselor Name/Title			Supervisor Name/Title:	
Session Objectives: 1. Follow-up on assignment 2. 3. 4.			Prearranged Live Intervention Format 0 Phone In 0 Knock 0 Walk In Mid-session Conference at +30 Other Intervention Specific Style:	
Therapist's Theoretical Orientation		Skill Development Goals:	Session Themes and Hypotheses:	
Observation and Comments:				
Messages and/or Assignment:				

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~~Summary of Observations and Comments~~	~~Next Appointment~~
~~1.~~	~~Day Date~~
~~2.~~	~~Time~~
~~3.~~	~~AAMF~~
~~Recommendations for Future Sessions:~~	~~Approved~~
~~1.~~	~~Supervision~~
~~2.~~	~~Credit~~
~~3.~~	~~Hours and Minutes~~
	~~Supervisor's initials~~

~~Navajo DBHS~~ DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES

~~Outpatient Services~~

~~SUPERVISION EVALUATION FORM~~Supervision Evaluation Form

Date: _____

Supervisor Name/Title: _____

Counselor Name/Title: _____

	Superior	Excellent	~~Acceptable~~Average	Low	ND
1. Professional Decorum.					

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management & Support Functions

Subsection: 1.3 Personnel

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2. Demonstrates appropriate relationship skills.					
3. Demonstrates joining skills with dyad/family.					
4. Lays down procedural rules for therapeutic.					
5. Help family defines their problem and goals.					
6. Collects detailed information about etiology of identified problem.					
7. Shifts approach when one way of gathering information is not working (flexibility).					
8. Uses specific and clear communication.					
9. Demonstrates ability to elicit specific Information from family members.					
10. Demonstrates sense of caring and concern for Ffamily members.					
11. Explicitly structures or directs interaction Aamong family members.					
12. Avoids becoming triangulated by the family.					
13. Maintains an objective stance.					
14. Concentrates on the interactions of the system rather thenthan just intro-psychic dynamics.					
15. Directs interaction between family members.					
16. Helps the family establish appropriate Bboundaries.					

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

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~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

~~**Section:** 1 Management & Support Functions~~

~~**Subsection:** 1.3 Personnel~~

~~**Title:** 1.3.02 Staff Orientation, Training, and Development **Page 23 of 35**~~

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~~**Navajo DBMHS Outpatient Service**~~
~~**SUPERVISION CONSULTATION**~~

~~Family Name:~~	~~Date:~~
~~Counselor's Name/title:~~	~~Type of Consultation:~~
~~Supervisor's Name/Title:~~	~~0 Live 0 Vide 0 Other~~

~~Guidelines for Counselor:~~

~~1. Summary of work to date.~~
~~2. Bring a complete genogram for distribution to Supervisor and peers.~~
~~3. Write a brief problem formulation regarding the Family Process.~~
~~4. State briefly information in your personal family Relevant in the treatment of the family.~~
~~5. This form must be signed by consulting Supervisor and placed in case record.~~

~~Summary:~~	~~Focus your supervision by defining your goal for the supervision session, identifying where you are having difficulty with the family and postulating reasons for these difficulties.~~ **~~Be Specific:~~**
~~Problem formulation: major triangles~~	

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Personal issues (counselor's) Relevant in Treatment of this Family. Supervisor's name/title:	Treatment Plan: (to be listed after supervisory consultation) a. b. c. d. Date:

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Counselor Name/Title:	Date:
	Evaluation Scale (5 = highest)
1. Imparting of relevant information.	5 4 3 2 1 N/A
2. Confrontation of disease behavior.	5 4 3 2 1 N/A
3. Support of behavioral changes.	5 4 3 2 1 N/A
4. Facilitation of interaction between group members	5 4 3 2 1 N/A
5. Facilitates timely confrontations and support between group members.	5 4 3 2 1 N/A
6. Maintains awareness of individual group member's needs.	5 4 3 2 1 N/A
7. Facilitates identification and congruent expression of feelings.	5 4 3 2 1 N/A
8. Ensures safe environment for client self-disclosure.	5 4 3 2 1 N/A
9. Concise delivery of feedback.	5 4 3 2 1 N/A
10. Delivery of feedback relevant to treatment issues.	5 4 3 2 1 N/A
11. Answered questions clearly.	5 4 3 2 1 N/A

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Additional Comments:

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Supervisor Signature:	Title:	Date:

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Navajo DBMHS Outpatient Service
CLINICAL SUPERVISION DISCUSSION FORM

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Date:	Time Started:	Time Completed:
Topic:		
Summary of Discussion:		
Recommendation:		

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Summary of Discussion:		

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~~Navajo Nation Division of Behavioral & Mental Health Services~~

~~POLICY AND PROCEDURE MANUAL~~

~~Section: 1 Management & Support Functions~~

~~Subsection: 1.3 Personnel~~

~~Title: 1.3.02 Staff Orientation, Training, and Development Page 27 of 35~~

~~Recommendation:~~

~~Date:~~	~~Time Started:~~	~~Time Completed:~~
~~Topic:~~		
~~Summary of Discussion:~~		
~~Recommendation:~~		

~~Date:~~	~~Time Started:~~	~~Time Completed:~~
~~Topic:~~		
~~Summary of Discussion:~~		
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~~Navajo DBMHS Outpatient Service~~
~~Clinical Supervision Education Form~~

~~Date:~~	~~Time Started:~~	~~Time Completed:~~
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~~Summary of Discussion:~~
~~Employee Attended:~~
~~Clinical Specialist, Title:~~
~~Recommendation:~~

DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES

Navajo DBHS Outpatient Service

12 CORE FUNCTION SUPERVISION RECORD

Supervised practical training incudes activities designed to provide training of specific counselor function. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the counselor in this learning process. All training hours must be supervised for Counselors with the New Mexico Substances Abuse Trainee License (LSAT). A recommended ration I sone (1) hour of supervision (fact to face individually or in a group) to fifteen (15) hours of practical experience. Copies of this form may be submitted by more than one supervisor.

Name of Supervisee:			
Type of Training	☐ On Job	☐ Training Program	☐ Internship

If unable to document prior practicum: In your own words, please describe you supervised practicum training. Include who trained you and how they trained you. Be sure to include any supervised practical training you received when and if you changed job. Use the back of this page or 2nd sheet of paper if needed.

Functions:	Date Completed	Number of Hours	Agency/ Supervisor
Screening			
Intake			
Orientation			

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
Subsection: 1.3 Personnel

~~**Title:** 1.3.06 Staff Orientation and Training **Page 30 of 35**~~

~~**Navajo Nation Division of Behavioral & Mental Health Services**~~

~~**POLICY AND PROCEDURE MANUAL**~~

~~**Section:** 1 Management & Support Functions~~

~~**Subsection:** 1.3 Personnel~~

~~**Title:** 1.3.02 Staff Orientation, Training, and Development~~ ~~**Page 30 of 35**~~

~~Assessment~~			
~~Treatment Planning~~			
~~Counseling~~			
~~Case Management~~			
~~Crisis Intervention~~			
~~Client Education~~			
~~Referral~~			
~~Reports & Recordkeeping~~			
~~Consultation with Professionals~~			
~~Total Number of Hours~~			
~~Note: Each Function should be no less than 15 hours~~			
~~Evaluation:~~	~~☐ Satisfactory~~	~~☐ Unsatisfactory~~	
~~Supervisors Signature~~		~~Date~~	

DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES

12 Core Function Supervision Record

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
Subsection: 1.3 Personnel

Title: 1.3.06 Staff Orientation and Training **Page 31 of 35**

Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 1 Management and Support Functions
Subsection: 1.3 Personnel
Title: 1.3.06 Staff Orientation and Training **Page 31 of 35**

Supervised practical training to provide training of specific counselor function. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the counselor in this learning process. All training hours must be supervised for Counselors with the New Mexico Substances Abuse Trainee License Orientation, Training and Development Page 31 of 35

Supervision (fact to face individually or in a group) to fifteen (15) hours of practical experience. Copies of this form may be submitted by more than one supervisor.

Name of Supervisee:			
Type of Training	☐ On-Job	☐ Training	☐ Internship
If unable to document prior practicum: In your own words, please describe you supervised practicum training. Include who trained you and how they trained you. Be sure to include any supervised practical training you received when and if you changed job. Use the back of this page or 2nd sheet of paper if needed.			

Functions:	Date Completed	Number of Hours	Agency/ Supervisor
Screening			
Intake			
Orientation			
Assessment			
Treatment Planning			
Counseling			
Case Management			
Crisis Intervention			
Client Education			
Referral			
Reports & Recordkeeping			
Consultation with Professionals			
Total Number of Hours			
Note: Each Function should be no less than 15 hours			

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~~POLICY AND PROCEDURE MANUAL~~

~~Section: 1 Management & Support Functions~~

~~Subsection: 1.3 Personnel~~

~~Title: 1.3.02 Staff Orientation, Training, and Development Page 32 of 35~~

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Evaluation:	☐ Satisfactory	☐ Unsatisfactory	
Supervisors Signature		Date	

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~~c. DBHS Employee Records~~

I. PolicyPOLICY

Navajo DBHS maintains an individualized DBHS employee record for each All personnel record isrecords are maintained for each employee and volunteer in accordance with Navajo Nation Personnel Policies and applicable tribal, state, and federal regulations.

~~I.~~II. PurposePURPOSE

To establish the content requirementsguidelines for the maintaining DBHS personnel records for employees record.

III. DEFINITIONS

RESERVED

IV. iii. General InformationRULES

A. All DBHS employee records are maintained at both the local program and at DBHS Central Office throughout an individual's period of employment and for two years after the last date.The Department of Personnel Management maintains the official personnel records for Navajo Nation employees.

B. Personnel records will be located at DBMHS Human Resources Section and program site under restricted access. Personnel files cannot be removed.

~~A. All DBHS employee records are maintained in a fire resistant locked file cabinet.~~

C. Information in an employee's personnel record is considered confidential. However, the information may be disclosed in compliance with a lawful investigation or subpoena. Access to and release of information contained in the personnel records shall be limited to only those persons who have a legally recognized need to know.

~~B. Only the Program Supervisor and Clinical Specialist and other staff designated by the department Manager gave access to the DBHS employee records.~~

~~C. A DBHS employee record may be checked by outside audits in reference to maintaining terms and conditions of any funds from the federal, tribal, and/or state level.~~

~~D. Any authorized person checking a DBHS employee record is required to complete a "DBHS employee Record Checkout Form"~~

~~E. All DBHS employee Records are returned by the close of the business day. Exceptions will be made according to the DBHS Personnel Office's Request.~~

~~B.~~D. ~~A DBHS employee may review his/her DBHS employee file in the presence of the Program Supervisor.~~Employees may access their personnel record~~; with the examination of records being completed~~ in the presence of the Human Resources representative.

E. Certain information contained in the employee file is considered public information and therefore may be released without employee authorization. ~~-~~These include, but are not limited to title, ~~department~~department, and worksite.

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F. Upon termination, the employee personnel record will be considered inactive, but will be maintained for a period of three (3) years after datethe date of termination. After three (3) years, the personnel record may be archived.— The personnel record will be destroyed seven (7) years from date of termination.

V. PROCEDURES

A. The personnel record maintained with the DBMHS Human Resources Section is utilized for review by certifying/accrediting entities for site visit, and contains, at a minimum:

1. Documentation of onboarding and training; including dates, ~~hours~~hours, or Continuing Education Credits (CEU) earned, names of trainer and trainee, and copy of ~~certificate;~~certificate,
2. Employee's name, current address, telephone number and emergency contact(s)~~;~~),
3. Personnel Action Forms (date of hire, date of ~~any~~ transfers, changes in position, ~~etc.);~~),
4. Pay and ~~benefits;~~benefits,
5. Evidence of licensure for those employees required to be ~~licensed;~~licensed,
6. Documentation of reference checks with previous employers prior to ~~employment;~~employment,
7. A copy of the employee's current CPR/First Aid certificate, valid driver's license, and vehicle operators ~~permit;~~permit,
8. Application for employment and/or resume consistent with Navajo Nation ~~policy;~~policy,
9. Employee Performance ~~appraisals;~~appraisals,
10. A favorable determination notice from the Office of Background Investigations.

B. Retention of Records

1. All employee records are retained according to regulatory requirements.
2. To retain personnel records in accordance with Federal and State (Arizona, New Mexico, and Utah) record keeping requirements.
3. Records are maintained according to the following guidelines:

Personnel Records (after termination) – includes employee relations, changes in payroll, and credentialing/licensure records.	~~0~~7 years
Employment Applications (after non-selection)	6 months

~~Tour of Duty~~

~~DBMHS will maintain a standard tour of duty of 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm for work hours; unless an alternative work schedule is initiated. Each site will maintain time records for respective employees, that include hours worked,~~

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hours absent, hours on approved leave, type of approved leave and hours of unauthorized absence.

- Certain positions require employees to work shifts schedule (day, swing and graveyard), other than the standard tour of duty. The employees may be placed on a rotating schedule and will be notified in writing of any changes.
- A copy of any approved alternative work schedule memorandum with the alternative work schedule will be kept on file.

C. Content of the Personnel Record

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a. The *Navajo Nation Tribal Employment* application including staff member's name, date of birth, home address, and home telephone number.
b. Resume (If applicable).
c. All Personnel Action Forms
d. The name and telephone number of the individual to be notified in case of an emergency.
e. Copy of credentials, licensure, certification and/or registration.
f. Verification of credentials.
g. Reference checks.
h. Results of fingerprinting clearance.
i. The criminal history affidavit and other information required by law.
j. Copy of driver's license.
k. Valid copy of Navajo Nation Tribal Vehicle Operator's Permit.
l. Current copy of personal vehicle insurance (if this optional)
m. Results of TB screen (initial and annual).
n. The starting date of employment of contract service and the ending date.
o. Job descriptions.
p. Code of ethics.
q. Orientation for Navajo Nation Division of Behavioral and Mental Health Services Outpatient Program (checklist).
r. Required Education for Navajo Nation Division of Behavioral and Mental Health Services Outpatient Program (checklist) including verification of annual CPR certification, First Aid certification, Food Handler's permit (if applicable). Crisis Prevention/Intervention.
s. Navajo Division of Health staff individual Development Plan (IDP).
t. Verification of ongoing staff education and training.
u. Verification of clinical supervision.
v. The Annual Navajo Nation Employee Performance Appraisal Form
w. Any disciplinary actions and/or reprimands.
x. Incoming correspondences, recommendation, and/or a commendation related to the DBHS employee's job.

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~~Navajo DBHS Outpatient Service~~

~~EMPLOYEE RECORD CHECKOUT FORM~~

~~Directions: *Any supervisor "checking out" an employee record is required to complete an Employee Record Checkout Form before he/she may remove the employee record from the area. all Employee Records are returned by the end of business day.*~~

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~~Date~~	~~Time Out~~	~~Employee Name~~	~~Supervisor's Name~~	~~Time In~~

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~~d. Volunteer, Intern, and Student Records~~

~~i. Policy~~

~~Navajo Nation DBHS maintains an individualized records for each volunteer and student.~~

~~i. Purpose~~

~~To established content requirements for volunteer and student records.~~

~~iii. Definition~~

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Volunteer/Student: For the purpose oof this policy and procedures, may be referred to as DBHS employee.

iv. General Information

1. All volunteers and student records are maintained in the Administration Office throughout an individual's period of service.

2. All volunteer and student records are maintained in the Administration Office for two years after the last date of the individual's volunteer service.

a. All volunteer and student records area maintained in a fire resistant, locked file cabinet.

b. Only the Program Supervisor and Clinical Specialist have access to the DBHS employee records.

c. Any authorized person checking a volunteer or student record is required to complete a "*Volunteer/Student Records checkout form*" before he/she may remove the DBHS employee record

d. All volunteer/Student Records are returned to the locked file cabinet by the end of the business day.

3. A volunteer or student may review his/her DBHS employee file with the permission of his/her clinical instructor and Program Supervisor or designee.

4. Content of the Personnel Record

a. Navajo Nation Employment application and a Personnel Action Form

b. The University or College, name, address, telephone number, the clinical instructor and his/her telephone number (if student).

c. The starting date of volunteer service and the ending date.

d. The name and telephone of an individual to be notified in case of an emergency.

e. "Memorandum of Understanding" or "Learning Contract" between Navajo Nation DBHS and University or College.

f. Verification of Orientation.

g. Verification of CPR Certification.

h. Verification of TB PPD Screen.

i. Verification of First Aid Certification

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e. Retention of Human Resources Records

i. Policy

All employee records are retained according to regulatory requirements.

ii. Purpose

To retain personnel records in accordance with Federal, State, JCAHO and AZ, NM, and Utah state record keeping requirements.

iii. General Information

Records are maintained according to the following guidelines: 04 years

Personnel records (after termination) 01 year
Employment applications (rejections) 06 years
ERISA records (Benefit/Pension information) 05 years
Insurance Policies (after final claims and benefits paid) 05 years
Insurance claims 03 years
1-9 forms (from termination) 03 years
FMLA records 03 years
OSHA/Workers Compensation Medical Records – regarding claims 30 years
OSHA logs 05 years
Affirmative Action Plan 02 years
Credentialing/Licensure records (for those with clinical privileges/ Scope of practice) (after employment) 07 years

Lawsuit/Discrimination records (after lawsuit/charge is disposed) 01 year
Toxic Substance Abuse Exposure Records 30 years
Payroll Records 04 years

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~~Legally required medical exam/testing (after termination)~~	~~30 years~~
~~HIPAA violations/sanctions records~~	~~06 years~~

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I. POLICY

Lines of authority and supervision are established through Navajo Nation Personnel Policies, chain of command, and clinical best practices in supervision.

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II. PURPOSE

To ensure the welfare and safety of clients and employees through clinical supervision and/or consultation.

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III. DEFINITIONS

A. **Clinical Supervision**
The purpose, expectations, and limits of the supervision ~~is~~are defined by the state or organization issuing licensure, certification, or otherwise regulating the services provided. Supervision includes an ongoing professional workforce relationship, between two or more staff members with ~~different levels~~distinct levels of knowledge or expertise, for the purpose of support and the sharing, enhancing of knowledge or expertise, for the purpose of support and the sharing/enhancing of knowledge and skills to support the professional development. The supervision agreement is the responsibility of the two individuals.

B. **Clinical Supervisor**

1. To provide clinical supervision in **Arizona**, an individual must:
   a. Hold an active, in good standing license.
   b. Be compliant with the Board's educational requirements found in A.A.C. R4-6-214 (including completion of the Clinical Supervision Tutorial on Arizona Statutes/Regulations)
   c. Be qualified under A.A.C. R4-6-212(A)
   d. Ensure they provide clinical supervision meeting the applicable Board rules and document the supervision appropriately.
2. To provide clinical supervision in **New Mexico**, an individual must:
   a. Be an independently licensed alcohol and drug abuse counselor (LADAC), professional art therapist (LPAT), licensed professional clinical mental health counselor (LPCC), licensed clinical social worker (LCSW), licensed marriage and family therapists (LMFT), and licensed psychologist.
   b. Complete the requisite three continuing education units in supervision.
   c. Register as supervisors with the New Mexico counseling and therapy practice board (16.27.19.7 NMAC).
   d. Supervised contact hours are subject to the requirements for services supervised in-person. Electronic and telephonic supervision means supervision of counseling and psychotherapy services provided by supervisors either electronically or telephonically (16.27.19.7 NMAC).

~~(Arizona) To provide clinical supervision, an individual must:~~

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- Hold an active, in good standing license
- Be compliant with the Board's educational requirements found in A.A.C. R4-6-214 (including completion of the Clinical Supervision Tutorial on Arizona Statutes/Regulations)
- Be qualified under A.A.C. R4-6-212(A)
- Ensure they provide clinical supervision meeting the applicable Board rules, and document the supervision appropriately.

(New Mexico) To provide clinical supervision, an individual must:

- Be an independently licensed alcohol and drug abuse counselor (LADAC), professional art therapist (LPAT), licensed professional clinical mental health counselor (LPCC), licensed clinical social worker (LCSW), licensed marriage and family therapists (LMFT), and licensed psychologist;
- Complete the requisite three continuing education units in supervision, and;
- Register as supervisors with the New Mexico counseling and therapy practice board (16.27.19.7 NMAC).
- Virtually supervised contact hours are subject to the supervision requirements required for services supervised in person. Electronic and telephonic supervision means supervision of counseling and psychotherapy services provided by supervisors either electronically or telephonically (16.27.19.7 NMAC).

C. **Clinical Consultation**
Provided by one independently licensed clinician to another independently licensed provider within the scope of clinical practice standards established by the clinicians' profession.

D. **Administrative Supervision**
Focuses on maintaining overall quality of service and assures that job performance of DBMHS employees is carried outconducted in accordance with Navajo Nation Personnel Policies, DBMHS Policies and Procedures, and other applicable tribal, state, and federal regulations.

E. **Behavioral Health Professional**
A Behavioral Health Professional (BHP) is Licensed by the Arizona Board of Behavioral Health Examiners (i.e.i.e., LPC, LCSW, LISAC, LMFT, LAC, LMSW, LBSW, LAMFT, LASAC).

F. **Behavioral Health Technician**
Behavioral health employee who provideprovides direct care to clients with substance use and related mental health issues. BHT's perform a vital, front-line function in all healthcare settings as they observe, treattreat, and interact with clients.

IV. RULES

A. Clinical and Administrative supervision may be provided concurrently by the same supervisor, or separately by two supervisors as needed.

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B. For professional licensure, and to meet billing requirements, ~~supervision is rendered by an independently licensed clinician~~an independently licensed clinician renders supervision ~~working~~collaborating with an individual who has a lower level of licensure or clinical experience.
C. All services are provided under supervision of an independently licensed clinician who provides oversight by way of documented supervision and consultation to all direct service staff. Supervision may be ~~direct, or~~direct or may occur through a designated clinical supervisor who is directly supervised by the clinical director.
D. All clinical supervision/consultation is ~~documented~~documented, and documentation includes, the topic, date, length of time of supervision and signatures of those participating, and any additional information required by specific licensure/certification regulations.
E. In the event that a therapist and clinical supervisor are the same person, another properly credentialed clinician, either from within DBMHS or from outside DBMHS, provides consultation, minimally, at least one (1) time per month to the clinical supervisor.
F. The responsibilities of the counselor/therapist include assessment, treatment planning and providing counseling/therapy consistent with level of training and/or licensure. All activities are documented according to best practices of the individual's license or certification.
G. If DBMHS utilizes the services of professionals on a per interview, hourly, part-time, or independent contractor basis, the contractor documents regular assessment of the quality of services provided.
H. DBMHS supervisors ensure that the performance of all employees, consultants, contractors, and volunteers is consistent with division policy and applicable tribal, state, and federal regulations.
I. In accordance with Navajo Nation Personnel Policies, the Administrative Supervisor is responsible for annually completing the Employee Performance Appraisal with each supervisee, including volunteers. If the Administrative Supervisor and Clinical Supervisor are not the same person, the Administrative Supervisor may, at their discretion, request input from the Clinical Supervisor.

V. PROCEDURES

A. Weekly clinical supervision is provided through clinical group staffing, group supervision, and individual supervision. These activities are posted in the weekly schedule, which allows for staff to attend clinical supervision when free from other work duties.
B. A supervision log is maintained to document clinical supervision provided. The hours of supervision received by each employee will be recorded in his/her training log on ~~monthly~~a monthly basis.
C. Behavioral Health Professionals, Technicians, and Paraprofessionals (AAC R-20-304d):

1. All non-professional members (~~i.e.~~ i.e., behavioral health technicians) of the direct service staff will be required to receive one-hour clinical supervision per week (group or individual) by a designated professional staff member.
2. ~~Behavioral Health Professionals (BHPs) are authorized to provide supervision to the non-professional staff.~~

~~**g. College and/or university Students Learning Contract**~~

~~***i. Policy***~~
~~Navajo DBMHS encourages accredited colleges and universities to place students in clinical rotation(s) at our facilities.~~

~~***ii. Purpose***~~
~~To establish procedures outlining the student agreement between his/her teaching organization and Navajo DBMHS~~

~~***iii. General Information***~~
~~1. Due to the confidential nature of providing services to a person(s) experiencing chemical dependency behavioral health disturbance(s), Navajo Nation Behavioral and Mental Health Services allows only students who are placed through an accredited college or university. the university or college programs are limited to nursing, psychology, family therapy, sociology, social work, counseling, criminal justice and/or health care administration.~~
~~2. While on location, the student is supervised by his/her clinical instructor.~~

~~***iv. Procedures / Guidelines***~~
~~1. Each student s provided with a written list of qualifications and expectations required for his/her clinical assignments.~~
~~2. A "Learning Contract" outlining responsibilities, dates, and times of the clinical experience is established between the college and/or university and Navajo DBMHS.~~

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h. Clinical Volunteers

i. Policy

Navajo DBMHS requires approval from the Clinical Specialist for any person desiring to be a clinical volunteer.

ii. Purpose

To establish a standard and procedure for individual(s) to volunteer with Navajo DBMHS Clinical Services.

iii. Definition

Clinical Volunteer: A person who offers and provides unpaid assistance or services to the Navajo Nation BMHS for a specified time period

iv. General Information

1. For the purposes of this policy, a volunteer is:
    a. Someone who may have experienced substance abuse. (Personal history is defined as a person who has experienced substance abuse and successfully completed treatment and has been in recovery for one or more years)
    b. Someone coming from a family that has experienced substance abuse.
    c. Someone with specific skills or abilities that will enhance the operation of the Outpatient Program.

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~~2. All supervisors are required to arrange for workers' compensation for nay volunteer through the Personnel Department.~~
~~3. The Clinical Specialist supervises all clinical volunteer.~~
~~4. Navajo DBMHS has the right to terminate volunteer services as any time.~~

~~v. *Procedure*~~
~~1. Any person requesting to be a volunteer is referred to the Clinical Specialist.~~
~~2. The Clinical Specialist evaluates the potential volunteer's motivation and sincerity and approves or disapproved the person's request.~~
~~3. The Volunteer will fill out a Navajo Nation Application and provide a letter of interest.~~
~~4. A Personal Action form (PAF) will be completed and submitted for approval (along with the application and letter) to the Department Program Manager.~~

2.

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~~f. Fingerprint Clearance Card~~

~~j. Policy~~

~~Navajo DBMHS requires all personnel to be fingerprinted within 7 days of employment.~~

~~i. Purpose~~

~~To ensure the safety of our clients, fingerprints clearance cards are required for all employees.~~

~~ii. Definitions~~

~~Children's behavioral health program: A program that provides children's behavioral health services, is licensed by the department as a behavioral health service agency, or that contracts with the department to provide children's behavioral health services.~~

~~Children's behavioral health program personnel: An owner, employee, or volunteer who works at a children's behavioral health program.~~

~~iv. General Information~~

~~1. Children's behavioral health program personnel, including volunteers, shall apply for a fingerprint clearance card within seven working days after employment or beginning volunteer work.~~

~~2. Applicants and employees who are fingerprinted pursuant to section 15-512 or 15-534 of the Arizona Revised Statutes (A.R.S.) are exempt from the fingerprinting requirements.~~

~~3. Children's behavioral health program personnel shall certify on notarized forms that are provided by the department that they are not awaiting trial on or have never been convicted of or admitted in open court or pursuant to a plea agreement to committing any of the offenses listed in section 41-1758.03, subsection B or C of the A.R.S. of the A.R.S. or similar offenses in another state or jurisdiction.~~

~~4. Forms submitted are confidential.~~

~~5. Employers of children's behavioral health program personnel shall make documented, good faith efforts to contact previous employers of children's behavioral health program personnel to obtain information or recommendations that may be relevant to an individual's fitness for employment in a children's behavioral health program.~~

~~6. A person who is awaiting trail on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in section 41-1758.03, subsection B of the A.R.S. is prohibited from working in any capacity in a children's behavioral health program that requires or allows contact with children.~~

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~~7. A person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offenses listed in section 41-1758.03, subsection C of the A.R.S. shall not work in a children's behavioral health program in any capacity that requires or allows the employee to provide direct services to children's unless the person has applied for and received the required fingerprint clearance card pursuant to title 41, chapter 12, article 3.1 of the A.R.S.~~

~~8. The department f health services shall accept a certification submitted by a United States military base or a federally recognized tribe that either:~~

~~a Personnel who are employed or who will be employed and who provide services directly to children have not been convicted of, have not admitted committing, or are not awaiting trial on any offenses prescribed in subsection G of the A.R.S. or~~

~~b. Personnel who are employed or who will be employed to provide services directly to children have been convicted of, have admitted committing, or are awaiting trial on any offenses prescribed in subsection H of A.R.S. if the personnel provide these services while under direct visual supervision.~~

~~9 The employer shall notify the department of public safety if the employer receives credible~~

~~evidence that a person who possesses a valid fingerprint clearance card either~~

~~a. Is arrested for or charged with an offense listed in section 41-1758.03, subsection B of the A.R.S. or~~

~~b. Falsified information on the form required by subsection D of this section of the A.R.S.~~

~~V. Procedure~~

~~1. The Program Supervisor will maintain a supply of Arizona Department of Public Safety Fingerprint forms or their equivalent.~~

~~2. The employee will obtain a blank fingerprint form from the Program Supervisor.~~

~~3. The employee will go to the nearest police department and complete the fingerprint process.~~

~~4. The employee will pay the fees required for this process.~~

~~5. The completed form will be submitted to the appropriate entity as directed by the Program Supervisor.~~

~~vi. References~~

~~Arizona Revised Statutes~~

~~New Mexico Statutes~~

I. POLICY

DBMHS will abide by the Navajo Nation Personnel Policies Manual and the Navajo Office of Background Investigations (NOBI) requirements.

II. PURPOSE

To promote a safe and secure work ~~environment, and~~environment and ensure client safety.

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III. DEFINITIONS

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A. **Behavioral Health Program Personnel**
An employee or volunteer who works at a behavioral health program.

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B. **Integrated Behavioral Health Program**
Behavioral health includes both substance use and mental health, encompassing a continuum of prevention, intervention, treatment, and recovery support services.

IV. RULES

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A. DBMHS will comply with applicable tribal and state regulations that govern criminal records checks; and tribal/state requirements governing criminal records clearances remain in effect regardless of accreditation by any other body.

B. If DBMHS receives reliable evidence that indicates that an employee or prospective employee poses a potential risk of child abuse, sexual abuse, exploitation, moral turpitude, cruelty, or indifference to children, DBMHS will not hire or retain that person in a direct service position nor allow that person direct unsupervised contact with minor clients. ~~The hiring~~Hiring is not possible until a background check is completed~~.~~. However, this can be changed to reflect IF 'evidence' is found after hiring.

C. Student trainees in psychiatry, psychology, social work and/or nursing, or other related health, social or human-services disciplines who are enrolled in a clinical training program of a state-accredited institution of higher learning, and who are under the supervision of a cleared licensed independent practitioner are required to adhere to all background investigations and adjudications in accordance to the Navajo Nation Personnel Policies Manual.

D. Program non-compliance with any certification requirement relating to background checks and clearances may result in sanction or loss of certification by the governing body who issued the certification.

E. Prospective ~~employee's~~employees' references and employment history are verified in accordance with DBMHS policy. Verification and attempts at verification are documented in the personnel record.

F. The background check determination notice will be obtained prior to employment.

G. An applicant for employment must disclose any prior criminal convictions in accordance with Navajo Nation Personnel Policies.

H. Employees are to report any arrests and/or convictions that occur, within 72 hours, while employed, in accordance with Navajo Nation Personnel Policies.

I. All employee information received in accordance with this policy is considered confidential personnel information.

J. If DBMHS receives information that an employee has been ~~arrested, or~~arrested or is convicted of an offense the supervisor will make an appropriate report to NOBI, which will determine appropriate personnel action will be taken in accordance with Navajo Nation Personnel Policies.

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V. PROCEDURE

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A. Prospective employees are required to pay all initial applicable fees.
B. Current DBMHS employees are required to pay applicable fees, and may be reimbursed by DBMHS, depending on funds availability.
C. The results of the background investigation ~~a~~reare to be sent to ~~received by~~ DBMHS Human Resources personnel. A copy is placed in the employee's personnel file and the original is provided to the employee by the Office of Background Investigations.

Navajo Nation Division of Behavioral & Mental Health Services

POLICY~~I~~IES AND PROCEDURES MANUAL

Section: 1 Management and& Support Functions
Subsection: 1.3 Personnel
Title: 1.3.~~03~~10 Drugs and Alcohol in the Workplace **Page 1 of 3**

I. POLICY

~~i. Drugs and Alcohol Abuse in the Workplace~~

~~j. Policy~~

~~Navajo Nation Department of Behavioral Health Outpatient Services~~The Division of Behavioral and Mental Health Services has established a "no tolerance of alcohol and drug" policy.

II. ~~ii. Purpose~~PURPOSE

To enforce a "no tolerance of alcohol and drug" policy.

~~iii. Definition~~DEFINITION

III.

A. **Alcohol Beverages**

Any beverage in liquid form which contains not less than one-half of one percent of alcohol by volume. ~~: Any beverage that contains alcohol is considered alcohol.~~ Alcoholic beverages may ~~include~~include beer, wine, scotch liquor, whiskey liquor, ~~etc. Alcohol is an intoxicating drink.~~

B. **Drug:**

Any mood-altering substance that interferes with DBMHS employee's ability to perform his/her duties. This does not include substances that have been prescribed by a licensed medical physician.

IV. ~~iv. General Information~~RULES

~~A.~~ The possession of alcoholic beverages and/or drugs is illegal and prohibited on~~in~~ the Navajo Nation.

A.

~~1.~~ The possession of alcoholic beverages and/or drugs is illegal and prohibited at ~~Navajo Nation~~ DBMHS ~~Outpatient~~ Service sites.

B.

V. ~~v. Procedure~~PROCEDURE

~~1.~~A. A DBMHS employee is prohibited from unlawfully ~~manufacturing~~manufacturing, selling, purchasing, transferring, possessing, or using controlled substances.

~~2.~~B. In accordance with Navajo Nation Personnel Policies Manual, a DBMHS employee unable to perform job duties as a result of alcohol or illegal drug intoxication will be excused from the worksite and given leave without ~~pay~~pay.

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~~3.~~C. ~~In~~ In accordance with Navajo Nation Personnel Policies Manual, a DBMHS employee is prohibited from selling, purchasing, transferring, possessing, or using alcohol in the ~~workplace~~workplace.

~~4.~~D. A DBMHS employee violating the above policies will be disciplined up to and including termination for the first offense according to the Navajo Nation Personnel Policies~~y and Procedures Manual~~Manual.

~~5.~~E. In accordance with the 72 hours Acknowledgment, a~~A~~ DBMHS employee convicted of violating a criminal drug or alcohol statute in the workplace, consents to ~~must~~ inform the Program Supervisor in writing, within 72 hours, ~~and the Department of Personnel Management of such conviction~~ including pleas of guilty or no contest, ~~within five working days of the conviction~~. Failure to do so will result in disciplinary action, up to and including termination for the first offense.

~~6.~~F. A DBMHS employee convicted of violating a criminal drug or alcohol statute in the workplace may participate in a rehabilitation or treatment program~~.~~. If such a program is made a condition of employment, the DBMHS employee must satisfactorily participate in and complete the program.

~~7.~~G. Knowledge or suspicion of any DBMHS employee with alcohol or drug in ~~his/her~~their possession ~~shall~~ will be reported to the Program Supervisor immediately.

~~8.~~H. A DBMHS employee may be subject to drug and alcohol testing consistent with Navajo law.

~~9.~~ A DBMHS employee is required to acknowledge that ~~he/she~~ they ~~has~~have been informed of the above policy and agrees to it in all respects~~.~~. Acknowledgement and agreement are required as a condition of continued employment~~.~~. Acknowledgement will be in writing and made ~~a~~ part of the DBMHS employee's personnel file.

I.

J. **Exception:** The use of traditional and sacramental herbs (including tobacco and peyote) is permissible for ceremonial and spiritual purposes only.

~~vi.~~ **References**

The Navajo Nation Personnel Policies Manual, June 3, 2020. ~~January 13, 2003~~

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~~j. Legal Remedy for Damages~~

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~~*i. Policy*~~

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~~Employees and/or treatment facilities may exercise his/her individual rights and freedom to pursue legal remedy for dames sustained from clients.~~

~~*ii. Purpose*~~

~~To provide the opportunity to seek legal remedy for damages~~

~~*iii. Procedure*~~

~~1. Report damages to local authorities immediately or by the next working day.~~

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I. POLICY

DBMHS will implement a work safety plan to address emergencies or declarations from the Office of the President and Vice-President, and the Commission on Emergency Management.

II. PURPOSE

To maintain full operation of essential, direct services by mitigating emergencies, the spread of communicable diseases, and maintain all health and safety responsibilities (1.4.02).

III. DEFINITIONS

A. **Flexible Work Schedule**
A work schedule with time of arrival and departure that differs from the basic tour of duty by not more than two hours. Example, a typical flexible work schedule arrangement is arrival at 8:30 a.m. and departure at 5:30 p.m. with a one-hour lunch.

B. **Isolation (CDC.gov)**
Keeps someone with confirmed or suspected communicable disease away from others, even in their own home.

C. **Self - Monitoring**
Be alert for symptoms. Watch for fever, cough, or shortness of breath.

D. **Quarantine (CDC.gov)**
Keeps someone who was in close contact with someone who has a communicable disease away from others.

E. **Telecommuting**
A voluntary or mandated "alternative work schedule" NNPPM under which an employee performs some or all assigned duties at home or another remote location, determined by an employee's immediate supervisor, Department Manager, or Division Director.

IV. RULES

A. DBMHS will abide by the Commission of Emergency Management, CEM-23-06-15 (Appendix A) declaration on the deactivation of COVID-19 public health state of emergency and will continue efforts to mitigate all communicable diseases.

B. Administration/Service Sites:
   1. DBMHS employees are mandated to follow the updated and revised Executive Orders relating to emergencies.
   2. All DBMHS personnel will review and acknowledge the most current Navajo Nation Commission on Emergency Management.
   3. All centers/sites will be sanitized according to CDC guidelines.
   4. Employees may choose to wear a face mask while at the worksite.
   5. All staff will be required to sign in upon arrival at the worksite and when they depart the office and sign out when leaving for the day.
   6. Communication may be conducted virtually, or in-person following all health and safety guidelines.
   7. The Safety Monitor will review all policies and procedures to ensure a clean and safe working environment.

8. All visitors, including service providers, are required to sign-in upon entering the site.
9. Assessment of all personal protective equipment (PPE) is inventoried, ordered and available at each site.

V. PROCEDURES

A. Client and Program Services
   1. All services are provided in-person, but clients may request services by telehealth (telephone or video).
   2. In-person visits, including groups, family and couple sessions will be conducted following all safety guidelines.
   3. New intakes/screening or assessments will be provided in-person but may be provided by telehealth (telephone or video) upon request.
   4. Walk-in inquiries will follow all safety preventative measures to schedule appointments.
   5. Traditional and faith-based services will be provided in-person following all safety guidelines.
   6. Clients' vaccination/booster record will be documented in the client electronic health record.
   7. DBMHS will provide Personal Protective Equipment and COVID-19 Home Test Kits for clients based on availability.
   8. Client services are subject to change based on Navajo Nation Executive Orders.

B. Safe Workplace
   1. DBMHS will provide Personal Protective Equipment and Covid-19 Home Test Kits for staff based on availability.
   2. Disinfecting and Sanitizing Work Area/Site:
      a. Each employee is responsible for disinfecting their designated work areas daily.
      b. Each conference room will be disinfected before and after each use.
      c. The break room/kitchen will be disinfected before and after each use by employee(s) using the area.
      d. The front desk, lobby, and reception area will be cleaned and organized daily.
      e. Hand sanitizer and facial tissue will be available at all times.
      f. GSA vehicles must be kept clean and sanitized at all times. All touch points in the vehicle will be wiped down with a disinfectant at the end of each travel.
      g. Each site is to develop a cleaning schedule to keep restroom clean and sanitized.
   3. Offices will be cleaned and closed until further notice. No access shall be allowed unless authorized by BHDs or delegated supervisor.

C. Residential Treatment Centers – ASAM Level of Care 3.1 and 3.5
   1. Admissions/Intake
      a. Based on availability, COVID-19 home test kits may be provided to clients.
      b. Any items brought to the facility will be wiped down or washed at time of admission.

   c. Admissions will occur in designated areas which will be sanitized before and after the admission process.
2. Self-monitoring and Self-isolation
   a. All clients shall practice self-monitoring.
   b. Temperatures may also be checked anytime as needed.
   c. During treatment, self-isolation is warranted, if:
      i. Client has tested positive for COVID-19 or has symptoms, regardless of vaccination status.
      ii. If client is severally ill with COVID-19, or another communicable virus.
3. Outings
   a. Recreational outings off site are dependent on Navajo Nation Executive Orders, Public Health Orders or Emergency Declarations.
   b. Program outings – individual or group as scheduled dependent on directives listed above.
4. Family Education:
   a. The client's primary counselor will verify attendance.
5. Treatment Reviews and Discharge
   a. Conducted via telehealth or in-person as scheduled.
   b. All exit interviews will also include a client service survey.
6. Building/Maintenance
   a. All individuals have the shared responsibility to wipe down group rooms, kitchen, and common areas after individual or group sessions.

Additional Resources:

A. Cleaning and Disinfecting Your Facility. https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
B. End of the Public Health Emergency: https://www.cdc.gov/coronavirus/2019-ncov/your-health/end-of-phe.html#:~:text=May%2011%2C%202023%2C%20marks%20the,public%20health%20data%20will%20expire

APPENDIX A

The Navajo Nation DR. BUU NYGREN PRESIDENT
Yídeeskąądi Nitsáhákees RICHELLE MONTOYA VICE PRESIDENT

CEM-23-06-15

DECLARING THE DEACTIVATION OF THE MARCH 11, 2020, PUBLIC HEALTH STATE OF EMERGENCY FOR THE NAVAJO NATION (CEM-20-03-11) DUE TO SIGNIFICANT DECREASES IN TRENDS OF THE CORONAVIRUS DISEASE ("COVID-19") ON THE NAVAJO NATION.

WHEREAS:

1. Pursuant to 2 N.N.C., § 881 the Navajo Nation Council established the Commission on Emergency Management, authorizing it to assess, verify, recommend and declare states of emergency with the concurrence of the President of the Navajo Nation; and
2. Pursuant to 2 N.N.C., § 883 (A) and (C) the Commission is empowered to coordinate immediate emergency and disaster relief services with Navajo Nation and non-tribal entities in conjunction with the Department of Emergency Management to recommend and deploy appropriate resources regarding natural and man-made emergencies; and
3. Pursuant to 2 N.N.C., § 884 (B), (2) the Commission on Emergency Management may seek assistance from federal, state, other tribal governments, and local and private agencies to address emergency and disaster related situations; and
4. On March 11, 2020, a public health state of emergency was declared for the Navajo Nation (CEM-20-03-11) due to extensive impacts and increase in laboratory test confirmed cases of SARS-CoV-2 (COVID-19) disease which had spread locally, regionally, and globally; and
5. Current COVID-19 trends, derived through disease surveillance and reporting by the Navajo Nation Department of Health (NNDOH) indicate the Navajo Nation is no longer in the critical, emergency pandemic stage compared to the height of the pandemic in 2020-2021, and with hospital bed occupancy and hospital admission rates now considered to be at low risk; and
6. On May 11, 2023, the federal Public Health Emergency for COVID-19, announced under Section 319 of the Public Health Service (PHS) Act, expired in response to significantly declining trends in COVID-19 cases; and
7. During March 2023, the States of New Mexico, Arizona, and Utah also terminated, or allowed to expire, their respective emergency declarations related to COVID-19, citing that COVID-19 was no longer of severity and magnitude to continue emergency declarations; and
8. The Navajo Nation Department of Health is positioned to continue monitoring COVID-19, and has established partnerships with organizations such as the CDC, NAIHS, states departments of health, tribal health organizations, John Hopkins Center for Indigenous Health, and other partners, including maintaining a COVID-19 Team, to implement measures such as prevention and control strategies as on-going public health priorities; and

9. It is acknowledged that while COVID-19 is still a public health priority, the Navajo Nation has mitigation and prevention strategies in place, and the Navajo Nation will also align with nation-wide efforts to transition away from emergency phase and continue to build capacity by strengthening partnerships in addressing future infectious disease outbreaks.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The Navajo Nation Commission on Emergency Management hereby declares the deactivation of the March 11, 2020 Public Health Emergency for the Navajo Nation (CEM-20-03-11) due to significant decreases in trends of the COVID-19 disease on the Navajo Nation.
2. Continue monitoring and examining the on-going public health needs of the Navajo Nation by better understanding and addressing health-related impacts such as providing health care, disabilities due to long COVID, mental health, and working to mitigate the impacts.
3. All Navajo Nation Branches, departments, programs, will continue to comply with and adhere to directives, instructions, and/or policies forthcoming from the Navajo Nation Department of Health as related to continuing efforts in addressing COVID.
4. Continue to address the needs of the Navajo Nation in a manner to provide the necessary resources to protect the health, safety, and welfare of the citizens of the Navajo Nation through acquisition of additional personnel, medical supplies, equipment, monetary funding, and other sources.
5. Maintain the momentum achieved in pandemic preparedness planning, and continue to utilize public education outreach to maintain public knowledge of risk and exposure to COVID-19, particularly for the Navajo Nation's vulnerable population (elderly and immunocompromised), encourage independent responsibility and action in practicing mitigation measures.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Nation Commission on Emergency Management at a duly called meeting at Window Rock, Navajo Nation, Arizona, at which a quorum was present and that same passed by a vote of 0 approved, 0 opposed, and 0 abstained this 15th day of June 2023.

Herman Shorty, Chairperson
Commission on Emergency Management

Motion by: Ben Bennett
Second by: Eugenia Quintana

CONCURRENCE:

Buu Nygren, President
THE NAVAJO NATION

Richelle Montoya, Vice President
THE NAVAJO NATION

APPENDIX B

EXECUTIVE ORDER NO. 001-2022

EXECUTIVE ORDER RELATED TO NAVAJO NATION STATE OF EMERGENCY; UPDATED AND REVISED; MANDATING COVID-19 VACCINATIONS FOR NAVAJO NATION EMPLOYEES

NAVAJO NATION OFFICE OF THE PRESIDENT AND VICE PRESIDENT
JANUARY 10, 2022

WHEREAS:

1. The President of the Navajo Nation serves as the Chief Executive Officer for the Executive Branch of the Navajo Nation government with full authority to conduct, supervise, and coordinate personnel and program matters. 2.N.N.C. §1005 (A);
2. The President shall have the power to issue an executive order for the purpose of interpreting, implementing, or giving administrative effect to statutes of the Navajo Nation in the manner set forth in such statutes. 2.N.N.C. §1005 (C) (14);
3. With the concurrence of the President of the Navajo Nation, the Emergency Management Commission shall have the power to declare a state of emergency affecting the Navajo Nation and to obtain, coordinate and oversee assistance, whether in the form of goods, services, equipment, motor vehicles, or personnel, from all Divisions, Departments and Enterprises of the Navajo Nation for use in addressing the requirements of the People in any declared emergency. 2 N.N.C. § 884(B)(1)(3);
4. The Emergency Management Commission declared an emergency due to the confirmation of the coronavirus disease (COVID-19) in regional areas surrounding the Navajo Nation. 2 N.N.C. § 884(B)(1), *See* Emergency Management Commission resolutions CEM 20-03-11;
5. The Navajo Nation President shall have full authority to conduct, supervise, and coordinate personnel and programs of the Navajo Nation, 2 N.N.C. § 1005(A);
6. An Executive Order shall have the force of law upon the recipient. 2 N.N.C. § 1005(C) (14).

THEREFORE:

I, Jonathan Nez, President of the Navajo Nation, by the authority vested in the President of the Navajo Nation, hereby issue the following order:

1. The declared state of emergency for the Navajo Nation, CEM 20-03-11, remains in place;
2. The U.S. Food and Drug Administration (FDA) has amended its approved emergency use authorization (EUAs) for Pfizer-BioNTech COVID-19 vaccine by shortening the length of time between the completion of the Pfizer shots and the booster for individuals 12 years of age and older. In addition, a third dose of Pfizer COVID-19 vaccine was approved for certain immunocompromised individuals age 5 through 11. These FDA-approved EUAs for COVID-19 vaccines are proven to help slow the spread of COVID-19 and also lessen the severity of COVID-19 symptoms;
3. All Navajo Nation employees, within the Navajo Nation Divisions, Departments, programs, offices, Chapters, and Enterprises, were mandated to be fully vaccinated against COVID-19 **by September 29, 2021**, see Executive Order No. 007-2021.

As an update and revision to Executive Order No. 007-2021, incorporating the latest federal guidance on COVID-19 vaccinations:

a. All employees, regular, part-time, and temporary, must have provided proof of COVID-19 vaccination to their immediate supervisor or before September 29, 2021. With the amended EUA issued by the FDA and Centers for Disease Control and Prevention (CDC), all employees, regular, part-time, and temporary, must provide proof of COVID-19 vaccination booster status by **January 24, 2022**.
COVID-19 vaccination shall mean the primary vaccine series and booster(s); providing proof of a booster(s), when eligible, shall be made to the immediate supervisor by January 24, 2022 or, if the booster is received after January 24, 2022, within 5 days of receiving the booster.
An employee who fails to provide proof of vaccination, as required, is considered to be unvaccinated and subject to the requirements below.

b. It is reaffirmed, any employee who remains unvaccinated, for any reason, after September 29, 2021, or the booster notification of January 24, 2022, shall provide a negative COVID-19 test result from a medical provider to their immediate supervisor. It is reaffirmed, such employee shall submit a negative COVID-19 test result to their immediate supervisor at least once every fourteen (14) days.

c. It is reaffirmed, employees who fail to provide negative COVID-19 test results as required may be subject to discipline consistent with the Navajo Preference in Employment Act and the applicable personnel policy manual;

4. The Navajo Department of Health, Department of Personnel Management, or applicable personnel department are authorized to issue further guidance to implement the vaccine requirements set out herein;
5. Navajo Nation employees shall continue to follow the orders set in the Declaration of a State of Emergency by the Emergency Management Commission, CEM 20-03-11, and Public Health Emergency Orders (*see* www.ndoh.navajo-nsn.gov/COVID-19), and Work Site Safety Guidelines (*see* https://www.navajoreopening.navajo- nsn.gov/Executive-Branch-Guidelines).

The provisions of this order shall be implemented consistent with the laws of the Navajo Nation and in a manner that advances the highest welfare of the People.

EXECUTED this 10th day of January 2022

Jonathan Nez, *President*
THE NAVAJO NATION

ATTEST: Doreen N. McPaul
Doreen N. McPaul, *Attorney General*
Navajo Nation Department of Justice

APPENDIX C

Covid-19 Self-Test Form

Instructions for reporting COVID-19

Name: _____

Name of COVID-19 Test Taken: _____

Test Result: _____ Test Results Report Date: _____

Steps for Staff:

1. Staff will inform his/her Supervisor of the test result.
   Supervisor Name: _____ Date: _____
2. If result is positive, staff may inform his/her healthcare provider. If staff is applying for COVID-19 leave, they are required to obtain a doctor's note from a healthcare provider.
3. Staff will follow healthcare provider instructions and inform their supervisor.
4. DBMHS Staff will follow the Navajo Nation COVID-19 leave process, available on the Navajo Nation Department of Personnel Management website.

Steps for Clients:

1. If a client tests positive for Covid-19:
   a. Client may inform his/her healthcare provider and may request DBMHS Case Management Services.
   b. Treatment recommendations will be on a case-by-case basis depending on healthcare provider recommendations.
2. Client will follow healthcare provider and/or Case Management recommendations and inform their clinical team.
3. DBMHS Staff will document test results and treatment recommendations in the electronic health record.

Steps for Administrators:

1. The number of test kits used will be tracked at each site.
2. The site administrative staff will document the burn rate of their site, and document with the central administrative staff. Central administrative staff will maintain an inventory sufficient for each site.

~~M. Cultural Responsiveness~~

I. ~~i. Policy~~POLICY

All behavioral health services will be provided in a culturally responsive manner.

II. ~~ii. Purpose~~PURPOSE

To establish guideline that ensures cultural competence of ~~Navajo DBMHs~~ DBMHS employees.

III. ~~iii. Definition~~DEFINITION

A. **Linguistic Skills Competence:**
The capacity of the organization's personnel to effectively communicate with persons of limited English proficiency, e.g., those who speak another language, are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organization capacity such as telecommunication systems, sign, or Navajo language interpretation services.

B. **Culturally Competent Individuals:**
~~Culturally competent individuals are c~~Characterized by their understanding of and respect for the differences among diverse groups (i.e., acknowledging and incorporating acceptance of customs, values and beliefs of different groups): continuing self-assessment regarding culture; careful attention of the dynamics of difference; continuous expansion of cultural knowledge and available resources; and appropriate adaptations of services models to better meet the needs of diverse populations.

IV. ~~vi~~ RULES

~~1.~~A. Clinical supervision will be provided in a culturally responsive manner and include attention to the cultural competence of the clinician and the cultural elements of the client.

~~2.~~B. Clinical cultural sensitivity supervision verification forms are maintained in the ~~DBHS~~ DBMHS employee's file.

~~A.~~C. ~~Navajo DBHS~~DBMHS serves primarily Navajo clients. Within this ~~group;~~group, however, is a great diversity of sexual orientation, education, ages, alternative ~~life styles~~lifestyles, chronic illnesses, physical challenges, and learning disabilities~~, etc.~~ all of which are addressed by culturally responsive practices.

~~B.~~D. Navajo Hiring Preference – The Navajo Nation gives preference in employment to enrolled members of the Navajo Nation in accordance ~~to~~with provisions of the Navajo Preference in Employment Act (15 N.N.C. 601-319).

~~C.~~E. Employee Education - Culturally sensitivity classes are required for all employees at all levels of the organization. The Traditional Counselor, or other designed instructor, provides the traditional education classes. The class is a required orientation class for all new employees of the organization. Any employee who has not attended this class is

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requested to attend the next orientation class. **An individualized class may be arranged for any person who is exhibiting non-acceptance** and resistance behavior, toward any treatment modalities or persons.

F. Employment of Traditional Practitioners - At least one Traditional Practitioner is employed at each DBMHS ~~Navajo DBHS facility, and~~facility and is a full member of the multicultural treatment plan.

~~D.~~

V. ~~v.~~ PROCEDURES

A. Clinician training, clinical supervision and daily clinical practice will reflect cross cultural competencies and objectives as noted below.

~~A.~~B. Counselor awareness of own cultural values and biases.

1. Attitudes and beliefs.
2. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences.
3. Culturally skilled counselors are aware of how their own cultural backgrounds and experiences and attitudes, values, and biases influence psychological processes.
4. ~~Culturally~~Cultural skills counselors are able to recognize the limits of their competencies and expertise.
5. Culturally skills counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, and beliefs.

~~B.~~C. Knowledge

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions of normality-abnormality and process of ~~counseling~~counseling.
2. Culturally ~~skills~~ skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and ~~in their work~~and, in their work, ~~—~~this allows them to acknowledge their own racist attitudes, beliefs, and feelings~~.~~. Although this standard applies to all groups, for white counselors it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism.
3. Culturally skilled counselors possess knowledge about their social impact on others~~.~~ . They are knowledgeable about communication style differences, how their style may clash or foster the counseling process with minority clients, and how to anticipate the impact it may have on others.

~~C.~~D. Skills

1. Culturally skilled counselors seek educational, consultative, and training experience to improve their understanding and effectiveness in working with culturally different populations~~.~~. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or edutain, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.

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2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a non-racist identity.

~~D.~~E. Counselor awareness of client's worldview

1. Attitudes and Beliefs
   a. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groupgroups that may prove detrimental to their clients in counseling~~.~~. theyThey are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a non-judgmental fashion.
   b. Culturally skilled counselors are aware ~~of~~ of their stereotype and pre-conceived notions ~~that they may hold~~ toward other racial and ethnic minority groups.
2. Knowledge
   a. Culturally skilled counselors possess specific knowledge and information about the particular group they are working with~~.~~. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients~~.~~. This competency is ~~strong~~strongly linked to the "minority identity development models" available in the literature.
   b. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.
   c. Culturally skilled counselors understand and have knowledge about socio-political influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.
3. Skills
   a. Culturally skilled counselors should familiarize themselves with relevant research and latest findings regarding mental health and mental disorders of various ethnic and racial groups~~.~~. They should actively seek educational experiences and foster their knowledge, understanding and cross-cultural skills.
   b. Culturally skilled counselors become actively involved with minority individuals outside of the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping ~~exercise~~exercise.

~~E.~~F. Culturally appropriate intervention strategies

1. Attitudes and beliefs

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2. Culturally skilled counselors respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial function, and expressions of distress.
3. Culturally skilled counselors respect ~~indigenous~~Indigenous helping practices and respect minority community intrinsic help-giving networks.
4. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the cause)

~~F.~~G. Knowledge

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.
4. Culturally skilled counselors have knowledge of minority family structure hierarchies, values, and beliefs~~—~~. ~~they~~They are knowledgeable about the community characteristics and the resources in the community as well as the family.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

~~G.~~H. Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses~~—~~. They are able to send and receive both verbal and nonverbal messages accurately and appropriately~~—~~. They are ~~no~~not tied down to only one method of approach to helping but recognize that helping styles and approaches may be culture bond~~—~~. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients~~—~~. They can help clients determine whether a "problem" stems from racist, or bias in others (the concept of health paranoia) so that clients do not inappropriately personalize problems.
3. Culturally skilled counselors are not averse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interfacing in the language requested by the client and, if not feasible, make the appropriate referral. A ~~serious~~ problem arises when the linguistic skills of a counselor do not match the language of the client~~—~~. This being the case, counselors should (a) seek a translator with

cultural knowledge and appropriate professional background and (b) refer to a knowledge and competent bilingual counselor.

5. Culturally skilled counselors are trained and should have expertise in the use of traditional assessment and testing instruments~~.—~~. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations~~.—~~. This allows them to use test instruments for the welfare of ~~the diverse~~diverse clients.
6. Culturally skilled counselors should ~~attend to~~address as well as work to eliminate biases, prejudices, ~~ad~~and discriminatory practices~~.—~~. They should be cognizant of socio-political contexts in conducting evaluation and providing interventions and should develop sensitivity to issues of oppression, sexism, elitism, and racism.
7. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselors' orientation.

I. DBMHS will use a culturally responsive and western evidence-based assessment tool to measure cultural, co-occurring, and substance use capability. The following will be measured:
   1. Linguistic Competence:
      a. Navajo Language – Clients may not be proficient English speakers, and Navajo speaking staff will enhance the program effectiveness.
      b. English Language – All staff speaks English.
      c. Navajo Facilitated Programs – DBMHS Programs are primarily managed by Navajo staff, thereby further facilitating the delivery of Navajo Culture and Language appropriate services. Navajo people best known and understand their people.
   2. Traditional Treatment Modalities: Ceremonies are provided for clients and/or their families when the Treatment Practitioner identifies a need for such services (See Traditional Services Policies and Procedures).
   3. Faith-Based Counseling: Prayer and chapel services are provided for clients and/or families when the client expresses the need for such services.
   4. Prevention and Health Education: Each DBMHS site has a Prevention Specialist who provides culturally responsive community education. The Outreach Activities may include community education through newspaper articles, radio, and social media and staff participation in local committees, etc. When appropriate, community education programs are presented in the Navajo Language. All Community education activities are provided free to the general public.

J. The Health Services Administrator and Quality Assurance section will identify the cultural capability team members to conduct an assessment at each treatment center site.

~~7.~~K. A summary of recommendations will be sent to all sites to be addressed in the sites' cultural responsiveness.

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Navajo DBHSDBMHS Outpatient ServiceDIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES

EVALUATION OF MULTICULTURAL COUNSELING COMPETENCY EVALUATION

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Directions: Circle the number that best represents how the Counselor and Clinical Specialist understand the following items.

The Counselor	Rarely	Sometime			Consistently
Displays an awareness of his or her own racial and cultural identity development and its impact on the counseling process	1	2	3	4	5
Is aware if his or her own values, biases, and assumptions about race and culture and does not let these biases and assumptions impede the counseling process.	1	2	3	4	5
Exhibits a respect for cultural differences among clients	1	2	3	4	5
Is aware of the cultural values of each client as well as the uniqueness of each client within the client's racial and cultural group identification.	1	2	3	4	5
Is sensitive to nonverbal and paralanguage cross-cultural communication clues.	1	2	3	4	5

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Demonstrates the ability to assess the client's level of acculturation and to use this information in ~~working~~collaborating with the client to implement culturally sensitive counseling	1	2	3	4	5
Displays an understanding of how race, ethnicity, and culture influence the treatment, status, and life chances of clients	1	2	3	4	5
Is able to help the client sort out the degree to which the client's issues or problems are exacerbated by limits and regulations of the larger society.	1	2	3	4	5
Is able to assess and identify the locus of the client's problem etiology.	1	2	3	4	5
Is able to help the clint deal with environmental frustration and oppression.	1	2	3	4	5
Is able to recognize and ~~work~~collaborate with the client dealing with multiple oppressions.	1	2	3	4	5
Works with the client to bring about change rather than doing for the client.	1	2	3	4	5
~~And works together with~~Collaborates with client to determine mutually acceptable and culturally sensitive goals.	1	2	3	4	5
Demonstrates appropriate be behavior in work outside of the counseling office in the cultural milieu of the client.	1	2	3	4	5
Demonstrates the ability to assess the racial and ethnic identity, developmental level of clients, and uses counseling intervention that are appropriate for the client at the following levels of racial and ethnic identity development:					
Stage 1	1	2	3	4	5
Stage 2	1	2	3	4	5
Stage 3	1	2	3	4	5
Stage 4	1	2	3	4	5
Stage 5	1	2	3	4	5
Demonstrates an awareness of appropriate times to request help from supervisor.	1	2	3	4	5

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IX: Accessibility, Health, Safety, and Transportation

a. Accessibility of Facility for the Physically Disabled

i.I. PolicyPOLICY

Navajo DBHSDBMHS ensures that all services are available without discrimination to individuals suffering with physical disabilities.

ii.II. PurposePURPOSE

Every effort is made to accommodate the the special needs of physically disabled individualspersons with disabilities in order that they may benefit optimally from Navajo DBHS DBMHS Treatmentservices offered.

III. DEFINITIONS

A. **Americans with Disabilities Act (ADA)**
A civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life.

B. **Architectural Barriers**
The physical barriers in the agency i.e.i.e., steps, narrow hallways, narrow doorways, inaccessible, inaccessible bathrooms, absence of light alarms for the hearing impaired, and absence of Braille signs for the sight impaired.

C. **Attitudinal Barriers**
How individuals with disabilities are viewed and treated. This may include language, lack of sensitivity, respect, or other disregard for disabled persons.

D. **Communication Barriers**
May include the absence of communication devices or lack of meaningful information for the disableddisabled people/impaired individuals served.

E. **Environmental Barriers**
Any location or characteristics of the setting that compromises, hindershinders, or impedes the treatment provided. May include noise levels, inappropriate or lack of furniture, etc.

F. **Reasonable Accommodation**
A modification or adjustment to a job, the work environment, or the way things are usually done during the hiring process.**Architectural Barriers:** The physical barriers in the agency, and may include steps, narrow hallways, narrow doorways, inaccessible, inaccessible bathrooms, absence of light alarms for the hearing impaired, and absence of Braille signs for the sight impaired.

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Attitudinal Barriers: How individuals with disabilities are viewed and treated. This may include language, lack of sensitivity, respect, or other disregard for disabled persons.

Communication Barriers: May include the absence of communication devices or lack of meaningful information for the disabled/impaired individuals served.

Environment Barriers: Any location or characteristics of the setting that compromises, hinders or impedes the treatment provided. May include noise levels, inappropriate or lack of furniture, etc.

iii.**IV. General InformationRULES**

1.A. Currently, Navajo DBHS does have adequate accommodations for the physically disabled persons served. DBMHS provides reasonable accommodations and referrals for persons with a disability.

2.B. The Navajo DBHS goal is to provide accommodations for individuals with physical disabilities.Reasonable accommodations at each facility will objectives include:

a.1. Each facility will beA wheel-chair accessible at the entrance to the service center.

b.2. Each facility will haveA wheel-chair accessible offices.

c.3. Each facility will have wheel-chair accessible bathrooms and appropriate fixtures (e.g.e.g., handrails, etc.)

d.4. Each facility will have light alarms for the hearing impaired.

e.5. Each facility will have Braille signs identifyidentifying significant rooms.

C. Each Navajo DBHS Agency has establishedDBMHS site will establish and maintain a ADA compliant treatment center.plan with specific time frames to accomplish these goals and objectives.

D. Annually, each site will conduct a self-evaluation to identify barriers to treatment for disabled persons.

E. Program Supervisors will complete an action plan regarding barriers to treatment for persons with disabilities.

3.F. The action plan outcomes will be reported to the Executive and Oversight Committees.

4. Currently, persons with disabilities are individuals accommodated (e.g. services are provided in another location, or person may be transported, etc.) when receiving Navajo DBMHS Services.

Note: Page Rainbow Bridge Treatment Facility is the only Navajo DBHS that is subject to Arizona ADHS/DBMHS Accessibility, Health, Safety and Transportation Inspection.

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b. Barriers to Treatment of Disabled Persons

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i. Policy

Annually Navajo DBHS Agencies conduct a self-evaluation to identify barriers to treatment for disabled persons.

ii. Purposes

The self-evaluation assists Navajo DBHS Agencies to identify barriers to services, and establish and implement a plan to eliminate the barriers for disabled persons.

iii. Definitions

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Architectural Barriers: The physical barriers in the agency, and may include steps, narrow hallways, narrow doorways, inaccessible, inaccessible bathrooms, absence of light alarms for the hearing impaired, and absence of Braille signs for the sight impaired.

Attitudinal Barriers: How individuals with disabilities are viewed and treated. This may include language, lack of sensitivity, respect, or other disregard for disabled persons.

Communication Barriers: May include the absence of communication devices or lack of meaningful information for the disabled/impaired individuals served.

~~**Environment Barriers:** Any location or characteristics of the setting that compromises, hinders or impedes the treatment provided. May include noise levels, inappropriate or lack of furniture, etc.~~

~~**iv. General Information**~~

~~1. Annually, Navajo DBHS Agencies conduct a self-evaluation to identify barriers to treatment for disabled persons. The self-evaluation is conducted in April of each year and addresses:~~

~~a. Attitudinal barriers~~

~~b. Architectural barriers~~

~~c. Environmental barriers~~

~~d. Financial barriers~~

~~e. Employment barriers~~

~~f. Communication barriers~~

~~g. Transportation barriers~~

~~h. Other barriers, as they become evident.~~

~~2. The "Navajo DBHS Self-Evaluation on Barriers to Treatment for Disabled Persons" is the foundation of the Navajo DBHS plans to eliminate barriers to treatment.~~

~~3. Customer satisfaction and employee survey data are used in the self-evaluation.~~

~~4. The Program Supervisor is responsible to conduct the self-evaluation.~~

~~v.~~**V. Procedure PROCEDURES**

A. The Program Supervisor ~~collects~~ will address any issues regarding accessibility and will develop a plan to increase accessibility to treatment.

~~1.~~B. ~~needed information to compile the annual self-evaluation and to design a plan to eliminate barriers.~~ Each site will develop an action plan to implement solutions.

~~2.~~C. The ~~self-evaluation~~action plan is shared with the ~~DBHS~~ DBMHS ~~Central Office Facility Planner~~ Planner (Health).

A. The ~~self-evaluation~~action plan is maintained at the treatment center sites in collaboration with DBMHS Central staff ~~presented to appropriate committee meetings, planning sessions, etc.~~

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Navajo DBHS Division of Behavioral and Mental Health Services Outpatient Services

BARRIERS TO TREATMENT FOR DISABLED PERSONS PERSONS WITH DISABILITIES

Self-Evaluation Action Plan

1. Attitudinal barriers:
2. Architectural barriers:
3. Environmental barriers:
4. Financial barriers:
5. Employment barriers:
6. Communication barriers:
7. Transportation barriers:
8. Other barriers identified:

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Evaluator:	Date:

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~~IX: Accessibility, Health, Safety, and Transportation~~

~~a. Employee Health and Safety Education~~

~~i. Policy~~

~~All Navajo DBHS Employees are required to demonstrate competency in required health and safety topics.~~

~~ii. Purpose~~

~~To ensure employee competency in required health and safety topics.~~

~~iii. General Information~~

~~1. Each employee is required to demonstrate competency in the following areas:~~
~~2. Emergency Medical Procedures~~
~~a. First Aid~~
~~b. CPR~~
~~c. Seizure Management~~
~~d. Internal Emergencies~~
~~e. Crisis Prevention Intervention~~
~~f. Fire and Safety~~
~~g. Infection Control/Employee Health~~
~~h. Occupational Exposure~~
~~i. Standard Precautions~~
~~j. Vehicle Safety~~
~~3. Competency is demonstrated by pre-test, and demonstration.~~
~~4. The immediate supervisor is responsible for scheduling employees to attend health and safety education classes.~~

~~IX: Accessibility, Health, Safety, and Transportation~~

~~b. Health and Safety Responsibilities~~

~~i.~~I. POLICY~~Policy~~

~~The health and safety responsibilities are assigned to the Program Supervisor.~~Safety is the responsibility of every employee, and everyone participates in activities to ensure a safe work environment.

~~ii.~~II. ~~Purpose~~PURPOSE

To ensure the health and safety of all staff and clients. ~~identify health and safety responsibilities~~

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III. DEFINITIONS

A. **Cardiopulmonary Resuscitation (CPR)**
An emergency lifesaving procedure performed when the heart stops beating.

B. **First Aid**
Emergency care given immediately to an injured person. The purpose of first aid is to minimize injury and future disability.

~~iii.~~IV. ~~General Information~~RULES

~~1.~~A. ~~The~~ The health and safety function(s) are assigned to the ~~Navajo-DBHS~~DBMHS ~~Facility~~ Safety Officer~~Program Supervisor~~.

B. A Safety Field Inspector (SFI) will be assigned at each site and will report back to the Safety Officer.

C. The DBMHS Health and Safety Committee is composed of the Safety Officer and the SFI from each agency.

D. The Safety Officer will collaborate with the Property Supervisor, Program Evaluation Manager, Human Resources Section, and the Health Services Administrator (HSA).

V. PROCEDURES

~~2.~~A. ~~The following pertinent information is identified, tabulated, analyzed, and reported to the Safety Committee.~~

~~a.1. All incident reports that result from visitor and employee injuries.~~
~~b.1. All incident reports related to facility problems.~~
~~c.1. Identification of all employees attending CPR and First Aid classes.~~
~~d.1. Identification of any employee delinquent in attending the CPR and First Aid classes~~
~~e.1. Identification of any significant infectious disease.~~
~~f.1. Identification of other health and/or safety incidents.~~

A. ~~The h~~Health and safety issues are addressed ~~reviewed~~ in the ~~local DBHS~~ Administration quarterly director/supervisor meetings.

~~3.~~1. ~~Reports~~ Reports of how the issues have been resolved are forwarded to the ~~DBHS~~ DBMHS site Supervisor. ~~Department Manager.~~

~~4. The Navajo DBHS Safety Committee meeting is composed of the Program Supervisors from each agency.~~

~~5.~~B. ~~The~~ The ~~Quality Improvement Coordinator~~Safety Officer (or designee) chairs the Health and Safety Committee.

~~6.~~C. ~~The~~ The Health and Safety Committee meets each quarter to address health and safety issues/incidences and provides a summary of action to the HSA.

D. ~~The health and safety functions of the Administration Meeting is documented in the minutes and maintained by the Quality Improvement Supervisor.~~ The SFI and Program Supervisor conducts quarterly internal inspections to maintain the health and safety of clients and staff at each site.

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1. All incident ~~reports that~~reports result from visitor and employee injuries.
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3. Identification of all employees attending CPR and First Aid classes.
4. Identification of any employee delinquent in attending the CPR and First Aid classes
5. Identification of any significant infectious disease.
6. Identification of other health and/or safety incidents.

~~7.~~

~~8. The Program Supervisor conducts the quarterly internal inspections.~~

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E. The following pertinent information is identified, tabulated, analyzed, and reported to the Safety Committee.

1. All incident ~~reports that~~reports result from visitor and employee injuries.
2. All incident reports related to facility problems.
3. Identification of all employees attending CPR and First Aid classes.
4. Identification of any employee delinquent in attending the CPR and First Aid classes
5. Identification of any significant infectious disease.
6. Identification of other health and/or safety incidents.

~~7.~~

~~8. The Program Supervisor conducts the quarterly internal inspections.~~

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Section: 1. Management and Support Functions
Subsection: 1.4 Accessibility, Health, and Safety
Title: 1.4.03 Contraband

~~a.~~I. POLICY

~~Possession of contraband items, substances, paraphernalia, and/or alcohol by clients or employees is prohibited.~~ DBMHS staff may seize contraband in compliance with Client Rights.

II. ~~ii. Purpose~~PURPOSE

To establish prevention and search procedures to provide an environment free from potential harm.

III. ~~iii. Definitions~~DEFINITIONS

A. **Contraband:**

~~I.~~Goods prohibited by law such as illegal substances or substances of abuse and weapons, and any items or goods prohibited by policy or treatment standards that interfere with recovery and healing. ~~Defined in this policy to include;~~

~~**Illicit drugs**: Illegal drug may include but not limited to marijuana, cocaine, ecstasy, crack, speed, etc.~~

~~**Alcoholic beverages**: Illegal on Navajo Nation may include but not limited to beer, wine, whiskey, etc.~~

~~**All illegal drug paraphernalia**: (excludes traditional ceremonial medicine) including but not limited to pipes, rollers, etc.~~

~~**Weapons and firearms**: Includes but not limited to guns, knives, chains, bats, explosives, combustibles, etc.~~

~~**Flammable materials**: Not limited to explosives, gas and other combustibles.~~

IV. ~~iv. General Information~~RULES

~~Clients:~~

A. Contraband items are not allowed in or around the facility, including any items which possession is a crime under federal or Navajo Nation law, including solvent inhalants, drugs, alcohol, and narcotics paraphernalia.

B. Other items not allowed within the facility, or on DBMHS premises include:
   1. Items which can be used, made, or adapted to use as weapons.
   2. Pictures which depict sexually explicit male or female nudity or sexual acts, including magazines or periodicals which routinely publish such pictures.

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3. Clothing or other items such as posters which convey or depict sex, drugs, or belittling expressions or which promote delinquent or criminal activity.
4. Depending on the level of care, clients are responsible for managing their own funds.
5. Cigarettes, other tobacco products, matches, and cigarette lighters.
6. Any items not authorized by primary counselor or clinical team including, but not limited to electronic devices, cosmetics, metal objects, condoms, ink pens, scissors, pins, and needles.

C. DBMHS staff will follow *1.3.06 Drugs and Alcohol in the Workplace* regarding contraband.

~~1. During the admission process, clients are not to bring contraband to any Navajo DBHS facility or activity.~~

~~2. During the admission process, clients are not to come to any Navajo DBHS facilities or activities after ingesting drugs or alcohol.~~

~~V.~~V. ~~Procedures~~PROCEDURES

A. All staff shall be observant for signs of contraband possession.

~~1.~~ If contraband is suspected, staff may do a general

B. ~~Any client bringing illicit drugs or weapons to the facility or activities is requested to take the contraband and immediately leave the facility or activity.~~ search of the client's person and belongings.

C. Any contraband found will be seized and turned in to the Clinical Supervisor.

~~2.~~D. Staff will complete an Incident Report, and the Primary Counselor or Clinical Supervisor will document in the electronic health record.

~~3.~~E. Clients under the influence of drugs or alcohol will be monitored until they may safely ~~are to~~ leave the facility or activity~~, and the behavior is grounds for immediate dismissal from Navajo DBHS.~~

~~A.~~ If the client ~~refuses~~ chooses to leave the facility or activity by vehicle while still under the influence, the police will be called.

F.

~~4.~~ The Clinical Director will address the removal of contraband. ~~An "Incident Documentation Report" will be completed noting details of the incident and disposal of confiscated material.~~

~~Employees:~~

~~1. Possession of contraband drugs, alcohol, paraphernalia, or weapons in the Navajo DBHS or related outings is considered grounds for disciplinary action including immediate dismissal pursuant to Navajo Nation Personnel Policies Manual.~~

~~2. All employees under the influence of drugs or alcohol are requested to leave the facility or activity. This behavior is considered grounds for disciplinary action including immediate dismissal pursuant to Navajo Nation Personnel Policies Manual.~~

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~~3. Occurrence of behaviors stated above is immediately reported to the Program Supervisor and Clinical Specialist who will then follow the procedures provided in the Navajo Nation Personnel Policies Manual.~~

~~4. Ann *Incident Documentation Report Form* will be completed noting details of the incident and disposal of confiscated material.~~

~~i.~~ **Documentation**

~~Discovery and disposition of contraband items are thoroughly documented on an *Incident Documentation Report Form.*~~

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IX: Accessibility, Health, Safety, and Transportation

a. Navajo DBHS Incident Reports

i. Policy

Any identified incident that places a client, visitor, employee, or property in potential danger or injury is documented on an incident report documentation form and forwarded to the Program Supervisor.

ii. Purpose

To investigate documented safety incident reports within the organization, and take corrective actions to prevent further occurrences.

iii. Definitions

Incident – An unusual or extraordinary event that has resulted in or could result in injury to client, visitor, employee or property.

Property – Includes facility, vehicles and other property.

iv. Guidelines for Identifying an Incident

The following list is a guideline for identifying an incident, and is not all-inclusive. Remember, an incident is an unusual or extraordinary event hat has resulted in or could result in injury to client, visitor, employee or property. When in doubt, document that incident.

General Incidents:

- Any falls or collisions with or without injury
- Accident – with – or without injury
- Medical transfer
- Medical emergency
- Homicide
- Act of violence
- Any incident requiring police assistance
- Client complaints
- Family complaints
- Agencies complaints
- Drugs/chemicals – on the premises
- Weapons – on – the premises
- Damage – or destruction – of property
- Equipment malfunction
- Alleged – criminal activity
- Inappropriate staff/client relationship
- Lost – or – stolen property
- Internal disasters
- Food poisoning
- Significant communicable diseases
- Staff harassment
- Any – other – serious events.

Client Human/Civil Rights Violation/allegation:

- Physical abuse/allegation
- Sexual abuse/allegation
- Human/civil – rights violation/allegation
- Neglect
- Exploitation
- Mistreatment
- Corporeal punishment
- Unreasonable use of force/threat of force
- Mental/verbal abuse
- Threat – of – client transfer – for punishment
- Retaliatory – acts (against a client/staff)
- Commercial exploitation
- Mistreatment of client incident – or encouraged
- Use of restraint or seclusion – as punishment
- Use of restraint or seclusion – for – the convenience of staff.

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v. General Information

1. All Incident Reports Documentation Forms are faxed to the Navajo DBHS Quality Improvement Coordinator within 24 hours of identification of the incident.
2. All Incident Reports are confidential documents that are the property of Navajo DBHS.
3. Incident Reports provide internal communication to identify risks to clients, visitors, employees and/or property.
4. Incident Report documents are not to be photocopied.
5. Incident Report documents are not to be included in the clients chart.
6. Incident Report documents are not to be reviewed with parents, their families, or their attorney, or any other individual or party unless authorized by the Navajo DBHS attorney.
7. All Incident Report documents are tabulated according to category and statistically calculated to identify real and/or potential risk to clients, visitors, employees, or property. (See Quality Improvement Plan).
8. All Incident Report documents are maintained at Navajo DBHS Center for 24 consecutive months after the date of the incident.
9. All Incident Report documents are shredded after 24 months from the time of the incident.

vi. Required Reports to Other Agencies

1. Navajo DBHS reports any suspected or alleged criminal activity that occurs on the premises or during an outing to the appropriate law enforcement agency.
2. Any employee or volunteer who suspected abuse, neglect or exploitation or a violation of rights shall document his/her suspicions on an Incident Report Documentation Form and submit it to the Clinical Specialist or designee. The person who identifies the suspected abuse, neglect, or exploitation is responsible to report the suspicions to the Navajo Division of Social Services (See Abuse Procedure).

vii. Procedure

Incident Reporting Guidelines:

1. The first employee to witness or to become aware of an incident documents the incident on the *Incident Report Documentation Form.*
2. Only the Facts pertinent to the nature of the event are documented. Personal opinions or speculations about the incident are not included on the incident report.
3. The incident report is routed to the Program Supervisor.
4. The Program Supervisor conduct an investigation of the incident, or she/he may delegate clinical issues to the Clinical Specialist.
5. The Program Supervisor and/or the Clinical Specialist will determine the corrective action to be taken.
6. The Program Supervisor ensures corrective has been implemented and documents action(s) taken on the *Incident Report Documentation Form.*
7. All Incident Report Documentation Forms are faxed to the Navajo DBHS Quality Improvement Coordinator who will then forward the required information to the appropriate Department Manager and respective agencies if further actions are required.
8. All Incident Reports are compiled an analyzed. (See Quality Improvement Plan).

viii. Documentation

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Complete all components of the *Incident Report Documentation Form.*

Navajo DBHS Outpatient Services
INCIDENT REPORT DOCUMENTATION FORM

☐ Visitor ☐ Employee ☐ Property

Date of Incident:	Time of Incident:	Name of Person Involved in Incident:	Telephone #:	
Birth Date:	Address:	City:	State:	Zip:

Description of the Incident, including events leading up to the incident:

Description of person(s) involved in incident (including physical and behavioral health condition after the incident):

Names of individuals who observed the incident:

Description of action taken by Navajo DBHS personnel:

Steps Taken (Check Appropriate Boxes):

☐ DBHS OTC ☐ Central DBHS ☐ AZ DBHS ☐ NN Social Services ☐ Public Safety ☐ Other

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Medical Practitioner Notified:		
Findings of Medical Practitioner		
Signature of Individual Preparing Report:	Title:	Date:
Navajo DBHS Agency:	Address	Telephone #:
Investigator's Comments:	Signature	Title:

b. AZDHS/DBHS Reports of Incidents, Accidents and Deaths

i. Policy

Navajo DBHS ensures the timely and accurate reporting of incidents, accidents and deaths involving enrolled persons to the Arizona Department of Health Services/Divisions of Behavioral Health Services (ADHS/DBHS), the Office of Human Rights and the applicable Human Rights Committee.

ii. Purpose

To establish requirements for reporting incidents, accidents, and deaths of all ADHS/DBHS enrolled clients.

iii. Definitions

ADHS Office of Human Rights: The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision and coordination of human rights advocates. Human Rights Advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances, and coordinate and assist Human Rights Committee in performing their duties.

Enrolled Persons: A Title XIX, Title XXI or Non-title XIX/XXI eligible person recorded in the ADHS Information System as specified by the ADHS.

Incident or Accident: Definitions include the following:

1. Deaths (including death by suicide)
2. Suicide attempts requiring medical intervention
3. Self-abuse requiring medical intervention;
4. Physical abuse and allegations of physical abuse;
5. Sexual abuse and allegations of sexual abuse;
6. Physical injuries received in a treatment setting resulting in emergency room treatment or hospitalization;
7. Accidents occurring in the treatment facility or off-site, while under the supervision of the treatment facility's staff, requiring emergency medical treatment, which are not limited to near drowning that require resuscitation;
8. Physical plant disasters, such as major fire, within the agency when clients were present or which affect areas in which care is provided; and

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9. Incident or allegations of violations of the rights contained.

Human/Civil Rights Violation/Allegation:

- Physical Abuse/Allegation
- Sexual Abuse Allegation
- Human/Civil Rights Violation/Allegation
- Neglect
- Exploitation
- Mistreatment
- Corporeal Punishment
- Unreasonable Use of Force/Threat of Force
- Mental/Verbal Abuse
- Threat of Transfer/Transfer for Punishment
- Retaliatory Act (against a client/staff)
- Mistreatment of client incited or encouraged
- Use of restraint or seclusion as punishment
- Use of restraint or seclusion for the convenience of staff
- Commercial exploitation

Human Rights Committee: Committee established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.

Special Assistance: Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP) or the Inpatient Treatment and Discharge Plan (ITDP) process, the appeal process or the grievance or request for investigation process.

iv. General Information

1. Navajo DBHS shall submit copies of incident and accident reports as follows:
   a. Incident and accident reports concerning any enrolled person and the redacted report shall then be submitted to the appropriate Human Rights Committee.
   b. Reports of incidents, accidents and deaths concerning enrolled persons with a serious mental illness who have been determined to need special assistance is submitted to the ADHS Office of Human Rights.
   c. Reports concerning incidents or allegations of physical or sexual abuse of enrolled persons with a serious mental illness and reports of deaths concerning enrolled children and persons with a serious mental illness shall be provided to the ADHS/DBHS, Office of Grievance and Appeals.
   d. Navajo DBHS are required to notify the ADHS/DBHS Bureau of Quality Management and provide periodic status reports regarding significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons.
   e. Navajo DBHS must inform the ADHS/DBHS Bureau of Quality Management within one working day of its knowledge of significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons and provide a summary of findings and corrective actions required, if any, following investigation of the incident/accident.
2. Forward reports concerning incidents or allegations of physical or sexual abuse or deaths of persons enrolled as seriously mentally ill to the ADHS Office of Grievance and Appeals as soon as possible, but no later than three working days after its receipt.
3. Upon receipt of an Incident/Accident/Death Report, the Navajo DBHS shall:
   a. Take whatever action is necessary to ensure the safety of the enrolled persons involved in the incident.
   b. The Quality Improvement Coordinator ensures that the information required on the report is completed as required and is legible. If the report is returned to the Navajo DBHS for additions or legibility problems, the corrected version of the report is returned to the ADHS/DBHS with 24 hours of the receipt.
4. Redact any information contained in the report regarding:

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a. The enrolled person's receipt of a referral, diagnosis, or treatment from an alcohol or drug abuse program, or

b. Information concerning whether a person has had a HIV related test or has an HIV infection, HIV related illness or required immune deficiency syndrome.

5. Submit copies of the report as soon as possible but no later than three working days after it receipt to:

a. The ADHS/DBHS Office of Human Rights for reports concerning persons enrolled as seriously mentally ill who have been determined to need special assistance. These reports should not be redacted unless stated earlier in this policy.

b. The appropriate regional Human Rights Committee for reports concerning all enrolled persons. The Navajo DBHS administration shall redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.

6. The Navajo DBHS shall distribute incident reports according to the following table:

Incident/Accident/Summary of Distribution of Death Reports

Type of Report	Agency/Organization	Redact Personally Identifying Information?	Redact Information re: Substance Abuse and AIDS?
Incident/accidents concerning persons with a serious mental illness who have been determined to be in need of special assistance.	ADHS Office of Human Rights	NO	YES
Incidents/accidents and deaths concerning all enrolled persons	Appropriate Regional Human Rights Committee	YES	YES
Reports of allegations of physical abuse and/or sexual abuse concerning persons determined to have serious mental illness.	ADHS/DBHS Office of Grievances and Appeals	NO	NO
Reports of deaths concerning enrolled children and persons determined to have a serious mental illness.	ADHS/DBHS Office of Grievances and Appeals	NO	NO
Significant incident/ accidents involving Title XIX and Title XXI eligible and enrolled persons	ADHS/DBHS Bureau of Quality Management	NO	YES

v. **Procedure**

1. All incident reports are forwarded to Quality Improvement Coordinator.

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2. The Quality Improvement Coordinator reviews all Incident Reports and forwards the required reportable incidents, accidents, and death incidents to the appropriate agency.

vi. References

- Reports of Incidents, Accidents, and Deaths adapted from:
  - Arizona Department of Health Services Division of Behavioral Health Services
  - Policy and Procedures Manual
- Additional:
  - A.A.C. R9-20-203
  - 9 A.A.C. 21
  - AHCCCS/ADHS Contract
  - ADHS/TRBHA Contract
- Legislation No.0470-04 – An Act Relating to Health and Judiciary: Enacting the Health Commitments Act of 2004; Amending Title 13 of the Navajo Nation Code.

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Navajo Nation Behavioral Health Services
INCIDENT / ACCIDENT/ DEATHS
REPORT FORM

INSTRUCTIONS:

1. Complete all sections of this form. Information provided must be either typed or printed.
2. Incidents, accidents and deaths occurring in facilities licensed by the ADHS Office of Behavioral Health Licensure (OBHL) must be verbally reported to OBHL (602-364-2595) within 24 hours and reported in writing to OBHL (Fax 602-364-3801) within 5 working days.
3. Incidents accidents and deaths must be reported in writing to the Navajo DBHS within 48 hours.

Behavioral Health License #:_____ Classification: _____
_____ Tracking ID #:_____

TYPE OF REPORT: check all that apply.

__Death
__Suicide
__Homicide
__Accident
__Other
__Medication errors/reactions
__Errors in Dispensing
__Adverse reactions to meds

Date & Time of Incident/Accident:
_____

Address & Location of Incident:
_____

_____

Report's Name/Title:
_____

Service Provider Name:
_____

Name of Supervisor: _____ **Time notified:**
_____am/pm

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~~e. Employee Health and Safety Education~~

~~i. Policy~~

~~All Navajo DBHS Employees are required to demonstrate competency in required health and safety topics.~~

~~ii. Purpose~~

~~To ensure employee competency in required health and safety topics.~~

~~iii. General Information~~

~~1. Each employee is required to demonstrate competency in the following areas:~~

~~2. Emergency Medical Procedures~~

~~a. First Aid~~

~~b. CPR~~

~~c. Seizure Management~~

~~d. Internal Emergencies~~

~~e. Crisis Prevention Intervention~~

~~f. Fire and Safety~~

~~g. Infection Control/Employee Health~~

~~h. Occupational Exposure~~

~~i. Standard Precautions~~

~~j. Vehicle Safety~~

~~3. Competency is demonstrated by pre-test, and demonstration.~~

~~4. The immediate supervisor is responsible for scheduling employees to attend health and safety education classes.~~

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~~d. Contraband~~

~~e. Policy~~

~~Possession of contraband items, substances, paraphernalia, and/or alcohol by clients or employees is prohibited.~~

~~ii. Purpose~~

~~To provide an environment free from potential harm~~

~~iii. Definitions~~

~~Contraband: Defined in this policy to include;~~

~~Illicit drugs: Illegal drug may include but not limited to marijuana, cocaine, ecstasy, crack, speed, etc.~~

~~Alcoholic beverages: Illegal on Navajo Nation may include but not limited to beer, wine, whiskey, etc.~~

~~All illegal drug paraphernalia: (excludes traditional ceremonial medicine) including but not limited to pipes, rollers, etc.~~

~~Weapons and firearms: Includes but not limited to guns, knives, chains, bats, explosives, combustibles, etc.~~

~~Flammable materials: Not limited to explosives, gas and other combustibles.~~

~~iv. General Information~~

~~Clients:~~

~~1. During the admission process, clients are not to bring contraband to any Navajo DBHS facility or activity.~~

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2. During the admission process, clients are not to come to any Navajo DBHS facilities or activities after ingesting drugs or alcohol.

v. Procedures

1. All staff shall be observant for signs of contraband possession.

2. Any client bringing illicit drugs or weapons to the facility or activities is requested to take the contraband and immediately leave the facility or activity.

3. Clients under the influence of drugs or alcohol are to leave the facility or activity, and the behavior is grounds for immediate dismissal from Navajo DBHS.

4. If client refuses to leave the facility or activity, the police will be called.

5. An "Incident Documentation Report" will be completed noting details of the incident and disposal of confiscated material.

Employees:

1. Possession of contraband drugs, alcohol, paraphernalia, or weapons in the Navajo DBHS or related outings is considered grounds for disciplinary action including immediate dismissal pursuant to Navajo Nation Personnel Policies Manual.

2. All employees under the influence of drugs or alcohol are requested to leave the facility or activity. This behavior is considered grounds for disciplinary action including immediate dismissal pursuant to Navajo Nation Personnel Policies Manual.

3. Occurrence of behaviors stated above is immediately reported to the Program Supervisor and Clinical Specialist who will then follow the procedures provided in the Navajo Nation Personnel Policies Manual.

4. Ann Incident Documentation Report Form will be completed noting details of the incident and disposal of confiscated material.

i. Documentation

Discovery and disposition of contraband items are thoroughly documented on an Incident Documentation Report Form.

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~~i. Pets and Domestic Animals~~

~~i.~~I. ~~Policy~~POLICY

~~All pets and domestic animals are prohibited from the Navajo DBHS facilities.~~ Service and therapy animals are allowed for emotional support as prescribed by licensed/certified health care professionals in designated areas.

~~ii.~~II. ~~Purpose~~PURPOSE

To ensure ~~client~~clients interact with therapy, or service animals that may help reduce physical, behavioral, and mental health issues. ~~safety through appropriate control of pets and domestic animals at Navajo DBHS facilities.~~

III. DEFINITIONS

A. Pets

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Limited to domestic dogs and cats.

B. **Therapy Animal**

Therapy animals can provide physical, psychological, and emotional benefits to those they interact with. While most frequently dogs, therapy animals can include other domesticated species such as cats, equines, and rabbits. These pets are evaluated on their ability to safely interact with a wide range of populations, and their handlers are trained in best practices to ensure effective interactions that support animal welfare. Therapy animal handlers may volunteer their time to visit with their animals in the community, or they may be practitioners who utilize the power of the human-animal bond in professional settings. A therapy animal has no special rights of access, except in those facilities where they are welcomed.

C. **Assistance Animal (also commonly called Service Animal)**

Assistance animals are defined as dogs and in some cases miniature horses that are individually trained to do work or perform tasks for people with disabilities. Examples include guide dogs for people who are blind, hearing dogs for people who are deaf, or dogs trained to provide mobility assistance or communicate medical alerts.

Assistance dogs are considered working animals, not pets. The work or task a dog has been trained to provide must be related to the person's disability. Guide, hearing, and service dogs are permitted, in accordance with the Americans with Disabilities Act (ADA), to accompany a person with a disability anywhere the general public is allowed. This includes restaurants, businesses, and airplanes.

D. **Emotional Support Animal**

An emotional support animal, sometimes also referred to as a comfort animal, is a pet that provides therapeutic support to a person with a mental illness. To be designated as an emotional support animal, the pet must be prescribed by a licensed mental health professional for a person with a mental illness. The prescription must state that the individual has an impairment that substantially limits one or more major life activities, and that the presence of the animal is necessary for the individual's mental health.

Per the ADA, individuals with emotional support animals do not have the same rights to public access as individuals with a service dog. Emotional support animals may only accompany their owners in public areas with the express permission of each individual venue and/or facility management. Emotional support animals may live with their owners in locations covered by the Fair Housing Amendments Act (FHAA) regardless of a "no pets" policy. Although most frequently dogs, other species may be prescribed as emotional support animals.

E. **Facility Animal**

A facility animal is an animal who is regularly present in a residential or clinical setting. These animals may be a variety of species from dogs and cats to birds or fish. They might live with a handler who is an employee of the facility and comes to work each day, or they might live at the facility full-time under the care of a primary staff person. Facility animals should be specially trained for extended interactions with clients or residents of the facility. These animals do not have special rights of access in public unless they are accompanying and directly supporting a client with a disability.

IV. RULES

A. Personal pets are not allowed in outpatient facilities.
B. Dogs and cats are to be kept on a leash or caged at all times.
C. Pet droppings are the personal responsibility of the client and their guardian.
D. Therapy animals or assistance animals are permissible on a case-by-case basis.

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E. Facility animals may be available on a case-by-case basis and will comply with Accreditation guidelines.

V. PROCEDURES

A. Clients will request for approval of a therapy/emotional support animal during treatment at the facility by the Clinical Team.

B. Any service animal or emotional support animal will be documented in the electronic health record.

EXCEPTION: Seeing-eye dog, horse or mule used for transportation.

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~~f. Medical Consultation Services~~

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~~i. Policy~~

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~~Medical consultation to Navajo DBHS clients is available 24 hours, 7 days a week through the local IHS Clinic or Emergency Room.~~

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~~ii. Purpose~~

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~~To provide safe and appropriate behavioral health services to Navajo DBHS clients.~~

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~~iii. General Information~~

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~~1. During the admission process, the client is advised to seek medical care if he/she experiences any negative physical symptoms. Symptoms that may be associated with alcohol or substance use withdrawal are referred to the client's medical provider or the nearest emergency room.~~

~~2. When a client complaints of health problems, he/she referred to the nearest IHS facility.~~

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~~g. Labor~~

~~i. Clients do not provide any type of labor for Navajo DBHS organizations.~~

~~ii. Purpose~~

~~To ensure clients are not taken advantage of during their course of treatment, and prevent any incident from occurring.~~

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~~h. Obtaining Research Study Approval~~

~~i. Policy~~

~~All research projects conducted on the Navajo Nation require the approval of the Navajo Nation Human Research Review Board.~~

~~ii. Purpose~~

~~To ensure the protection of client rights and welfare while conducting research.~~

~~iii. Definitions~~

~~IRB: Institutional Review Board.~~

~~Navajo Nation Human Research Review Board (NNHRRB): Establish to (1) review and approve or disapprove all proposals for the conduct of research and evaluation activities on the Navajo Nation and to review and (2) approve or disapprove all manuscripts, papers, video prior to publication and review and approve audio products prior to dissemination and (3) enforce all provisions established by the Navajo Nation Health Research Code (CAP-16-02) attached as Exhibit A.~~

~~iv. General Information~~

~~1. All research projects require a one page abstract and curriculum vitae or resume of the principal and co-principal investigator to be presented to the Navajo Nation Institutional Review Board for its approval/disapproval. The one page abstract will include: the purpose of the research~~

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~~study, relevant literature, the hypotheses to be tested, the method of data collection, any involvement of human subject, length of the study, and benefits to be gained from the research projects as well human and financial support costs.~~

~~2. The NNHRRB reviews the request, and if approved, the Navajo Division of Health Director and DBHS Department are notified.~~

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~~3. Any client to be involved in a research study is given a full explanation of the research project, a full description of the potential discomforts, risks and side effects, and a description of the expected benefits.~~

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~~4. Written consent is obtained from the client involved or from his/her legal guardian. If the consent is obtained from the client involved, care is taken to ensure he/she is legally capable of giving the consent.~~

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~~**The clients may decline to participate in the research study or to discontinue participation at any time without negative repercussions to their Navajo DBHS treatment.**~~

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~~**X: Emergency Procedures**~~

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~~**a. Emergency Telephone Numbers**~~

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~~**i. Policy**~~

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~~Emergency telephone numbers are posted in the front lobby area of the Navajo DBHS center, and near fire extinguishers.~~

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~~**ii. Purpose**~~

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~~In case of an emergency, emergency phone numbers are readily available for staff.~~

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~~**iii. Definitions**~~

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~~EMS: Emergency Medical Services, e.g. ambulances and personnel.~~

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~~EMT: Emergency Medical Technician, a person trained and certified to provide basic medical services before and during transportation to a hospital.~~

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~~**iv. General Information**~~

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~~1. Emergency telephone numbers are prominently displayed in the front lobby and near fire extinguishers.~~

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~~2. In the case of a medical or fire emergency, the first person at the scene is authorized to place the call to the EMS, etc.~~

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~~3. In the case of safety emergency, such as a bomb threat or gas leak, the first staff member at the scene is authorized to notify the appropriate emergency service.~~

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~~4. The receptionist is responsible to maintain the most current list of emergency telephone numbers.~~

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~~Emergency Phone Numbers~~

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~~Navajo Nation~~ ~~Emergency Medical Service~~	
~~Local IHS~~ ~~Emergency Room~~	
~~Local IHS~~ ~~Psychiatric Department~~	
~~IHS~~ ~~Pharmacy~~	
~~Navajo or Local~~ ~~Fire Department~~	
~~Navajo or Local~~ ~~Police Department~~	

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~~IHS~~ ~~Counseling Services~~	
~~National Poison Control~~	~~(800) 363-0101~~

~~b. CPR/First Aid, Medical Emergency Transfer to Another Facility~~

~~i. Policy~~

~~CPR is administered to any person experiencing a cardiopulmonary crisis while visiting or participating in a Navajo DBHS activity.~~

~~ii. Purpose~~

~~A well organized emergency plan is fundamental to providing quality CPR medical services in emergency situations.~~

~~iii. Definitions~~

~~CPR: A procedure designed to restore normal breathing after cardiac arrest that includes the clearance of air passages to the lungs, heart massage by the exertion of pressure on the chest, and the use of drugs.~~

~~First Aide: Emergency care of treatment given to an ill or injured person before regular medical aid can be obtained.~~

~~iv. General Information~~

~~1. All significant medical emergencies are transferred to the nearest Indian Health Service Hospital or local hospital.~~

~~2. Current CPR certification is required for all outpatient employees.~~

~~v. Procedure for CPR Medical Emergencies~~

~~1. The first employee to find the person in need of emergency assistance shall:~~

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a. Assess the person to determine the absence of respirations and pulse.

b. Call for assistance when the absence of respirations and/or pulse is determined.

c. Begin one-person CPR according to the American Red Cross Association standards.

2. The second employee to arrive shall:

a. Call emergency medical services, identify self by full name and title, and state the nature of the emergency, identify the organization, its address, and telephone number.

b. Assist the first employee with CPR as directed.

3. The first person is the CPR Code Leader until relieved by the EMS personnel. The code Leaders responsibilities include:

a. Ensuring the person's airway is established and maintained

b. Ensuring adequate cardiac compressions are performed.

c. Overseeing the CPR procedure.

d. Assess the other physical needs of the client.

e. Giving a report to the EMS personnel when they arrive.

4. The second person or designee shall:

a. Obtain and send copies of the following:

i. Clients face sheet containing vital information (if available).

ii. List of Medications (if available).

5. The Code Leader/designee shall notify:

a. The person's family

b. Navajo DBHS Central Administration via Fax of the *Incident Documentation Report*

c. AZ DBHS via Fax of *Incident Report* (if AHCCCS enrolled)

vi. Documentation

Document on Incident Report:

- Description of the Incident
- Emergency measures implemented including:

o CPR

o Time EMS notified

o Person's response to CPR

o Person's status prior to emergency

o Medical forms/information sent with the client, if applicable

o Facility the person was transferred to

o Method of transfer

o Name of escort, if applicable

o Family notified and time

vii. References

American Red Cross Association Standards

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~~c. Poison Ingestion~~

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i. Policy

The Established emergency procedure shall be followed for any person who has ingested any "poisonous substances."

ii. Purpose

To establish a procedure in the case of poison ingestion

iii. Definition

Poison: For the purposes of this policy and procedure, poison is defined as any substance that can cause harmful effects in the body including excess of prescribed medication, medication that has not been prescribed, cleaning products, or other identified poisons.

iv. General Information

1. Poison Control Centers are open 24 hours, 7 days a week. The centers are staffed with a pharmacist and registered nurses who provide emergency information.

2. The most dangerous poisons include:

a. Medicines, including iron pills

b. Cleaning products that can cause burns like drain cleaners, oven cleaners, toilet bowl cleaners, rust remover

c. Antifreeze

d. Windshield washer solution

e. Hydrocarbons: furniture polish, lighter luid lamp oil, kerosene, turpentine, paint thinner

f. Carbon Monoxide

g. Pesticides

h. Wild mushrooms

3. The Poison Control Emergency Number is maintained with each staff member's telephone, in the DBHS P & P Manual, First Aid kit, and the agency vehicles.

4. See Toxic Substance Policy and Procedure for Storage of Toxic Substances

v. Procedure

1. Once it has been identified that a person has ingested any poisonous substance, the person is immediately transported to the local IHS Emergency Room or the nearest emergency medical services are called.

2. When emergency services are not available, call the Poison Control Center and follow directions. **Seek emergency treatment as soon as possible.**

vi. Documentation

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1. Complete Incident Documentation Report including:

2. The name of the "poison", if known

3. The amount ingested, if known

4. Emergency procedures implemented.

vii. Reference

American Association of Poison Control Center, Inc.,

Preventing Poisonings in the Home

d. Enacting the Health Civil Commitment Act of 2005 and Amending Title 13 of the Navajo Nation Code

i. Policy

It is Policy of the Navajo Nation that any individual who, due to a physical or mental illness or disorder, is a threat to the health or safety of themselves or others should receive appropriate treatment in the least restrictive environment.

ii. Purpose

The purpose of the Navajo Health Commitment Act of 2005 is to establish statutory provisions for the Health Civil Commitment of individuals for treatment in the least restrictive environment as part of community coordinated response to their mental or physical illness or disorders.

iii. Definitions

Treatment in the least restrictive environment: A course of treatment that provides maximum freedom to the individual while protecting that individual and others, from the individual's behavior, illness or disorder. Treatment in the least restrictive environment does not include detainment in any treatment in a facility, as close to his or her home as possible.

Likelihood of serious harm: anyone of the following descriptions constitutes likelihood of serious harm:

- A substantial risk of physical harm to the individual, as manifested by evidence of threats of, or attempts at, suicide or serious physical harm; or
- A substantial risk of physical harm to another individual, as manifested by evidence of homicidal or other violent behavior, or evidence that others are placed in reasonable fear of violent behavior and serious harm; or

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- A substantial, serious of physical impairment or injury to the individual as manifested by evidence that such individual's judgement is so impaired that he or she is unable to protect him or herself in the community; or

- A substantial, serious threat of spread of an infectious illness which has life threatening consequences for a significant number of people exposed, which spread can be prevented by reasonable precautions and illness management and wehre the infected person either refuses, or is unable to comply with voluntary treatment or confinement procedures, as necessary to protect the public health; or

- A pregnant woman whose ongoing substance abuse presents a substantial risk to the unborn child.

"Individual" or "Person": An adult or minor child under eighteen (18) years of age.

iv. General Information

The following is the Amendment of Title 13 of the Navajo Nation Code.

1. Any adult family member, legal guardian, or governmental agency suspecting tat an individual suffers from an illness or disorder, and as a result presents a likelihood of serious harm, may apply to the family court for an ex parte order requiring the individual to be held in the least restrictive environment and to undergo an evaluation as defined in §2104 (H).

2. The evaluation shall be completed within five (5) working days after the entry of the court order.

3. The application shall contain such information and facts as shown by clear and convincing evidence that the individual's behavior, illness or disorder presents a likelihood of serious harm and warrants an evaluation.

a. *Petition:* The petition for treatment of any individual shall contain the following information, which may be obtained pursuant to a Family Court ordered evaluation pursuant to Section 2104:

i. Name and address of the individual to be treated;

ii. Petitioners name, address, of the person(s) filing the petition;

iii. The type of illness or disorder from which the individual suffers;

iv. A brief statement of observations describing the individual's communications, behaviors, or actions occurring as a result of the illness or disorder which present a likelihood of serious harm;

v. A statement of the least restrictive treatment procedures available; and

vi. Affidavits by two health care professionals familiar with the individual's condition. In case of the two statements by a health care professional shall be by a clinical psychologist or a psychiatrist. No liability will be attached for any such statement so long as it is made in good faith and with reasonable professional judgement.

b. *Scheduling Order:* Upon receipt of the petition that meets the above requirements, the Family Court will schedule a hearing on the merits to be heard on an expedited basis. The Family Court may immediately order the individual to be held in the least restrictive environment in order to protect the public or the individual from him or herself. This temporary hold order may be for a period of up to five (5) days, during which time the individual will be evaluated in an appropriate facility. The Family Court will schedule a hearing on the merits on the petition.

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c. *Petition Hearing:*

i. During the petition hearing, the petitioner shall have the burden of proving, through clear and convincing evidence, that the individual suffers from an illness or condition, and as a result presents a likelihood of serious harm.

ii. The individual has the right to counsel during the petition hearing and, if necessary, the Family Court shall appoint counsel on the same basis as other pro bono appointments.

iii. The individual shall be present for the present for the petition hearing, shall be afforded due respect and dignity, and shall be entitled to participate in his or her best interest, unless the Family Court makes the determination that the individual would be disruptive or has a communicable disease, and no reasonable accommodation is available to facilitate his or her participation. The court shall require clear and convincing evidence that the individual should not be present at the hearing for such reasons and, upon such a finding, may proceed with the hearing in the individual's absence.

iv. Hearings on petitions for health treatment are closed to the public. However, the court may permit the family of the individual to be present.

d. *Independent Evaluation:* If requested by the individual who is the subject of the petition, the Family Court may order a petition hearing to allow an independent evaluation of the individual as defined in §2104(H), at the individual's expense. The Family Court shall ensure that the individual is informed of available resources to pay for the independent evaluation. During the stay, the Family Court shall (may) extend its temporary holding order to protect the individual and others, or both. During the period of the temporary holding order, the individual shall be held in the least restrictive environment.

e. *The Navajo Nation Rules of Civil Procedure and Rules of Evidence* shall apply to all health civil commitment proceedings; unless they are inconsistent with this Act, until such time as the Navajo Supreme Court shall develop rules of court consistent with this Act.

f. §2107. *Health Civil Order*

i. After the petition hearing, and upon a finding based on clear and convincing evidence, that the individual is suffering from an illness or disorder that causes the individual to present a likelihood of serious harm, the Family Court may order that the individual undergo a court of treatment.

ii. The courts of treatment ordered must be in the least restrictive treatment procedure available and include traditional healing methods to the extent advisable. The commitment order shall comply with all certification requirements of the receiving facility or agency that are not inconsistent with the sovereignty of the Navajo Nation.

iii. The order shall provide for transportation of the individual and the development of a long-term discharge or other treatment plan which may include subsequent telephone conferences with the Family Court.

iv. In issuing its order, the Family Court shall turn to the Director of the Navajo Nation Division of Health as a resource for the course of treatment developed by the Navajo Nation, other available resources identified by the parties, and other agreements between Navajo Nation and other governments.

v. The order shall specify when it will be reviewed by the Family Court, but at a minimum every 90 days. The order shall not be in effect for longer than 90 days without review by the Family Court.

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vi. The Family Court's review must conform to the standards of the orginial petition hearing, and include a substantive review of treatment and he opinion(s) of the treating health care professionals or providers. Unless the Family Court is convincing upon clear and convincing evidence that the individual continues to present a likelihood of serious harm to himself or herself or others, the individual shall be released, despite the need for further treatment.

vii. The individual shall be released before the regularly scheduled Family Court review upon the determination of his or her treating health care professional or provider that commitment is no longer necessary, or expiration of the order. Upon such a determination, the treating health care professional or provider, the individual, or the individual's counsel shall inform the Family Court that the individual has been released and no further court proceedings are necessary to allow the release.

viii. At any time, with or without the concurrence of the individual's guardian or conservator, the individual who is the subject of the health civil commitment order may petition the Family Court for release.

g. §2108. *Guardianship:*

i. The Family Court may, as part of a health civil commitment order, appoint a person, preferably a person acceptable to the individual subject to the order or a willing family member, to serve as guardian for the individual, or conservator

ii. for his or her property, upon a showing, by the preponderance of evidence (clear and convincing evidence), that the individual is also no longer capable of protecting him or herself, of his or her property.

iii. The guardian or conservator shall act in a fiduciary capacity for the individual or property of the individual he or she has been appointed to serve, and shall take action in the individual's benefit. The Family Court may make either a general or limited appointment for a specific purpose, but shall limit the guardianship to the specific needs of the individual and require a regular accounting.

iv. The Court shall specify a date on which the guardianship or conservatorship will expire. A guardianship or conservatorship ordered under this section shall not extend beyond the period of commitment ordered under section 2106, above.

v. The guardian shall be required to be involved in all medical discussions and decisions made for the individual's benefit.

h. *§2109. Emergency Protective Custody:*

i. In the event that an individual presents a reasonable likelihood of serious harm outside the regular hours of Family Court operations, or for emergency care, the individual may be held in protect custody by the Navajo Nation Division of Public Safety for a maximum of 72 hours in the least restrictive environment, during which an application or petition must be filed and a temporary holding order issued (sought) pursuant to section 2104 and 2105.

ii. To the extend necessary to protect safety, an individual held in law enforcement custody, or an individual who come to the emergency room or treatment room of a health care facility on their own, may be entrusted to appropriate health care professionals or providers to take those actions that are necessary while waiting for appropriate law enforcement personnel to take custody of the individual.

iii. Health care professionals and providers shall not be held personally liable for actions taken when the actions are professionally responsible and clinically appropriate.

i. *Emergency Involuntary Mental Health Admissions:*

i. A law enforcement officer may detain and transport an individual for emergency mental health evaluation and care in the absence of a Family Court order, only if :

1. The individual is otherwise subject to lawful arrest, or

2. There are reasonable grounds for the officer to believe that the individual has just attempted suicide, or

3. The officer, based on his or her own observation and investigation, has reasonable grounds to believe that the individual, as a result of a mental illness or disorder, presents a likelihood of serious harm to himself or herself or to others, and requires immediate detention to prevent such harm, and

4. The officer, upon arrival at an evaluation facilty, is interviewed by the admitting health care professional or provider or his or her designee, and provides information relative to the need for emergency protective custody; and

5. A licensed health care professional or provider has certified that the individual, as a result of a mental disorder, presents a likelihood of serious harm to him or herself or to others and requires emergency detention to prevent such harm.

j. §2110. Minors:

i. In all court proceedings involving individuals under the age of eighteen (18) years, the parent(s), guardian, or legal custodian shall be notified and have the right to be present.

v. Procedure

When a person is in serious risk of hurting him/herself or others, the Clinical Specialist, with the assistance of the health care professionals or provider, initiates the commitment procedure.

vi. Reference

Legislation No. 0470-04 – An Act: "Relating to Health and Judiciary: Enacting the Health Commitments Act of 2005; Amending Title 13 of the Navajo Nation Code.

e. Seizure Tonic/Clonic (Grand Mal)

i. Policy

Any person in a Navajo DBHS facility or activity experiencing a seizure is provided seizure first aid care.

ii. Purpose

To provide employee guidelines to care for a person experiencing a seizure

iii. Definition

Grand Mal Seizure Disorder: A disorder of the brain caused by a sudden abnormal discharge of electricity in the brain, loss of consciousness, stiffening of the body (Tonic), muscle jerking and uncontrolled or aimless body movements (Clonic), and mental confusion. A seizure generally lasts only 1-2 minutes.

iv. General Information

1. Seizure disorder is often referred to as epilepsy.

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~~2. In the United States of America, approximately 2 million people are affected with seizures or epilepsy.~~

~~3. A seizure disorder may develop at any time in the life cycle of a human being but usually occurs in the first few years of life to young adulthood.~~

~~4. Males are more likely to have epilepsy than woman because of their involvement in work and sports activities, which have a higher risk of head injuries.~~

~~5. Epilepsy is not a contagious disease, mental illness, or sign of low intelligence.~~

~~6. The majority of Americans have a normal life with seizures being controlled with medications.~~

~~7. Epilepsy has a variety of forms, ranging from massive convulsions to momentary lapse of attention. There are approximately 20 different seizure disorders.~~

~~8. Some people may recognize signs of an upcoming seizure.~~

~~9. Signs of Seizures:~~

~~a. Sudden fall or cry followed by stiffness and jerking of the body~~

~~b. Face and eyes fixed to one side~~

~~c. Unawareness~~

~~d. Unresponsiveness/loss of consciousness~~

~~e. Possible loss of bladder and/or bowel control~~

~~f. Excessive drooling~~

~~g. Shallow, irregular breathing~~

~~10. Precautions:~~

~~a. Do not hold the person's tongue~~

~~b. Do not put anything in his/her mouth~~

~~c. Do not give the person fluids~~

~~d. Do not hold the person to restrict movement~~

~~e. Do not hold the person down~~

~~f. Do not start CPR unless breathing has stopped~~

~~g. Do not move the person unless the area is clearly dangerous such as a busy street~~

~~11. Safety is the most important rule in caring for a person experiencing a seizure.~~

~~v.~~ Procedure

~~1. Stay calm.~~

~~2. The first person to discover the client having a seizure will remain with the client and ensure his/her safety.~~

~~3. Speak calmly in regular voice, reassuring the person that you will remain with him/her.~~

~~4. As soon as possible, begin timing the seizure by noting the time seizure started (body movement starts), or when it was first noted, until the seizure ends (body movement stops).~~

~~5. If the person is standing when the seizure starts, the employee will ease the person down to the floor:~~

~~a. Lay him/her down on the floor.~~

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b. Remove any harmful items on the floor away from the person and place something soft and flat under the head.

c. Remove glasses.

d. Loosen any clothing that may restrict breathing.

e. ***Note:*** *If there is danger of dropping a person when he/she is moved, leave the person in the chair and administer care.*

6. Turn person's head to one side to keep airway open and allow saliva o flow out of his/her mouth (You may need to tilt face in downward direction to allow secretions to drain out).

7. Observe the person's behavior during the seizure; for example:

a. Tongue biting

b. General stiffening of entire body.

c. Jerking movements of entire body.

d. Jerking of one extremity (right side, left side)

e. Unresponsive

f. Blush skin color

8. Call the Emergency Medical Services, for anyone experiencing the following danger signs of seizures.

a. Turning to blue color, especially around the mouth

b. Respirations stop

c. If the seizure last more than 15 minutes

d. If there is multiples occurrences of seizures when multiple occurrences is not usual for this person (if known)

9. Allow the client to rest.

10. After the seizure the person is often exhausted, may have a headache, be sleepy, confused, irritable and may be unaware he/she just experienced a seizure.

a. Be supportive of the person when he/she awakes by:

b. Advising person that he/she just had a seizure

c. Reassure person he/she is safe

d. If needed, provide a place for him/her to rest (usually the person is exhausted).

vi. Documentation

1. Complete the *Incident Documentation Report.*
2. Complete *Seizure Report Form* (if person is a client)
3. If person is having a Grand Mal Seizure, document the following:

a. The length of the seizure

b. Tongue biting

c. General stiffening of entire body

d. Jerking movements of entire body

e. Jerking of one extremity (right side – left side)

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f. Progressing Jerking

g. Unconsciousness

h. Bluish skin color

4. Indicate the emergency action implemented

5. Person's response after seizure

6. If applicable, facility person transferred to

7. Method of transfer

8. Name of person's escort, if applicable

9. Family notified, and time

10. Medical forms/information sent with person (if applicable)

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Navajo DBHS Outpatient Services

SEIZURE RECORD

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Name (*last, first*)		Date:
Location of Seizure:	Time of Seizure: o am o pm	Duration: Min: Sec:

Seizure Description (*Check boxes of all symptoms observed*):

- o Tongue Biting or Unconsciousness
- o General stiffening of entire body (Tonic)
- o Jerking movements of entire body (Tonic)
- o Jerking of one extremity (Specify)_____
- o Bluish skin color (Cyanotic)
- o Right side jerking
- o Left side jerking
- o Progressive jerking – starting at one part of body and progressive to another (Specify)_____
- o Staring
- o Smacking Lips
- o Chewing
- o Mumbling
- o Wandering aimlessly
- o Head dropping
- o Picking at clothes
- o Loss of muscle tone
- o Eyes rolled back
- o Loss of contact for _____ seconds
- o Precipitous falling forward (Nose dive)
- o Abnormal absence of movement
- Other (Specify)_____

Action taken by staff:

EMS Notified? o Yes o	Name:	Date of Notification:	Time: o am o pm

Client's Response after Seizure:

- o No apparent injury
- o Doctor's attention required
- o Respiratory problems from aspiration
- o Sleepy
- o No change in behavior
- o Other:_____

Reporting Person's Signature and Title:	Date:	Time:

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	~~Witness Signature and Title:~~	~~Date:~~	~~Time:~~
~~Medical Provider's~~	~~Client's Finding and Treatment Given:~~		
	~~Signature and Title:~~	~~Date~~	~~Time:~~
~~Client—Transfer Report~~	~~Facility Client Transferred To:~~	~~Method of Transfer:~~	~~Client Escort:~~
	~~Medical Forms/Information sent with Client:~~		
	~~Family Notified:~~	~~Date:~~	~~Time:~~
~~Program Supervisor's~~	~~Comments:~~		
	~~Signature and Title:~~	~~Date:~~	~~Time:~~

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~~f. Bomb Threat~~

~~i. Policy~~

~~All bomb threats are considered serious, safety precautions are implemented and the police are notified immediately.~~

~~ii. Purpose~~

~~To establish a procedure in case of a bomb threat~~

~~iii.~~ Definitions

Bomb~~: An explosive device fused to detonate under specific conditions.~~

~~Bomb Threat~~~~: A threat that a bomb is located in the building and scheduled to detonate, generally by a telephone call, but may be delivered in person or via a note.~~

~~iv. General Information~~

~~1. All employees are required to attend the internal disaster class that reviews the bomb threat policy and procedure.~~

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~~2. Evacuate the building when the bomb supposedly is timed to "go off" in a short period of time.~~

~~3. Immediately notify everyone and quietly exit and follow established evacuation plan.~~

~~4. Listen to the caller, be polite and do not argue with him/her.~~

~~v. Procedure~~

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~~1. When receiving a bomb threat, maintain a calm voice, take notes, and ask the following pertinent information:~~

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~~a) Prolong the conversation as long as possible.~~

b) Do not interrupt the caller.

c) Document the caller's message.

d) In a calm manner request the following significant information from the caller.

i) Where is the bomb located?

ii) What time will the bomb "go off"?

iii) What will make the bomb "go off"?

iv) What king/type of bomb is it?

v) What does the bomb look like?

2. Not the following characteristics of the caller's voice:

a) Voice of the caller, i.e. male, female, loud, soft, any noted accent, approximate age, intoxicated, etc.

b) Is the voice familiar?

c) Type of speech, i.e. fast/slow slurred, lisp, distant, distorted, etc.

d) Manner of caller i.e. calm, angry, laughing, scared, emotional, crying, etc.

e) Background noise i.e. office machinery, business background, voices, party noise, quiet, etc.

f) Did the caller say anything to indicate he/she is familiar with the building?

3. Immediately contact the police, identifying self by name, title, organizations name and location, address, and telephone number.

4. Describe bomb threat and message and identified characteristics of the caller.

5. Evacuate the building.

6. Wait for police to conduct a search of the building and surrounding grounds (if applicable)

7. Follow Police instructions.

vi. Documentation

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1) Incident Documentation Report Form

a) Date.

b) Time.

c) Direct quote of the caller's threat.

d) Any other significant information from the caller (see above).

e) Caller's characteristics (see above).

f) Time police notified.

g) Identify follow-up, including property searches, evacuations, etc.

h) Name, title.

i) Fax copy of form to Navajo DBHS Central Administration, Department Manager and Clinical Specialist Coordinator

j) File copy of the form at the Navajo DBHS program site.

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~~**g. Duty to Warn**~~

~~**i. Policy**~~

~~All licensed clinical professionals have a legal duty to warn a person if a client expresses a serious intent to harm that person.~~

~~**ii. Purpose**~~

~~To protect a person from harm by reporting the threat to the civil authorities.~~

~~**iii. General Information**~~

~~In Tarasoff vs Regents of the University of California. 118 Cal., Rptr.129 P.2d 553 (1974) aff d, 131 Cal.Rptr.14 551 P.2d 334(1976), the court found that that psychiatrist had a duty to warn the person whom the client had threatened to kill, although there was not an existing relationship between the psychiatrist and the threatened person. The ruling was in spite of the fact that the doctor client relationship communication is normally considered private and protected by law. The court considered the following factors in determining the liability: (1) the foreseeable harm to the plaintiff; (2) the suffered injury of the plaintiff; (3) the parallels of the threat and the actual injury suffered; (4) the moral blame attached to the defendant's conduct; (5) the policy of preventing future harm; (6) the burden to the defendant and consequences to the community; (7) the~~

prevalence of insurance risk and costs. The foreseeable harm to the plaintiff was most important in determining the duty to warn.

1. When determining to inform the potential victim and/or the authorities of a threat, the threat should be classified as either specific or nonspecific. A specific plan would include

a. person

b. means

c. time

d. "For example, "I'm going to shoot my mother when I get out of here." An example of a nonspecific threat is, "I'm going to kill my mother."

iv. Procedure

1. When a client tells a staff person that he/she wishes to harm another individual, the staff person has he professional obligation to query the client about their intentions. The query includes the following:

a. Identify the person at risk.

b. How the person will be killed.

c. When the person will be killed.

d. Identify where the person at risk live e.g. city, state, etc.

2. Once the staff person has heard the threat to warn and queried the client about his/her plan, the staff member is required to immediately inform the Clinical Specialist.

3. The employee, Clinical Specialist, and the attending, and the attending Psychiatrist will discuss and evaluate the threat.

4. When the threat is considered specific, the Clinical Specialist, and the Psychiatrist shall determine the level of the risk. If these professionals determine the level of risk as significant, the civil authorities within the area where the intended victim lives, are to be notified. The civil authorities will notify the potential victim.

v. Documentation

Incident Documentation Report: Document the components of the query.

h. Child and Adolescent Abuse and Neglect

i. Policy

Any suspected abuse or neglect of a child and an adolescent should be immediately reported to Navajo Division of Social Services and appropriate Law Enforcement Agency. A parallel report is then made to the Clinical Specialist Coordinator at Navajo DBHS Central Administration.

ii. Purpose

To protect the children of Navajo Nation from abuse and neglect.

iii. Definitions

Abuse: Any intentional infliction of physical harm; any injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault. Abusive treatment includes physical, emotional, and programmatic abuse. The definitions of abuse are based on the A.R.S. s 546; s 13-3623; s 36-569 and s 46-451.

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Signs/symptoms of physical abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:

- Bruises
- Welts
- Lacerations
- Puncture wounds
- Dehydration
- Malnutrition
- Fractures
- Signs of over-medication
- Burns
- Poor hygiene
- Lack of needed medical attention
- Multiple injuries in various stages of healing
- Injuries inconsistent with explanation
- Injuries during pregnancy.

Physical abuse: The infliction of pain or injury to an individual including kicking, hitting, slapping, pulling hair, or any sexual advances or abuse.

Emotional abuse: The verbal expressions of demeaning, ridiculing, making derogatory or cussing someone.

Programmatic abuse: The use of aversive stimuli techniques, which has not been approved by ISP team. Aversive stimuli include the use of isolation and/or restraint.

Child, youth, juvenile: Any person who is under the age of 18 years.

Exploitation: An illegal or improper act designed to "take advantage" of an adult person who is incapacitated or vulnerable. The exploiter plans to benefit from the act of exploitation by gaining resources or profit.

Incapacity: A person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chornic use of drugs, chronic intoxication or other causes to render an inability to sufficiently understand or communicate informed decisions concerning his/her business.

Neglect: A Pattern of "lack of care" for a person. Lack of care may include: the deprivation of food, water, medication, medical services, cooling, heating, or other services necessary to maintain minimum physical or mental health. Examples include:

- Lack of attention to physical needs such as toileting, bathing, meals, and safety.
- Intentional failure to carry out a prescribed treatment plan for a person.

Physical Injury: Injuries which include: skin bruising, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to internal organs or any condition which imperils health and/or welfare.

Serious physical injury: Injury, which causes a reasonable risk of death or serious permanent disfigurement, or serious impairment of health or protracted impairment of the function of any bodily organ or limb.

v. General Information

1. Abuse and Neglect is prohibited at Navajo Nation Behavioral Health Outpatient Services. Anyone found guilty of abuse and/or neglect is subject to immediate disciplinary action up to and including termination.

2. Any employee aware of any abuse and neglect who does not report the action to administration is subject to disciplinary action.

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3. All suspected cases of neglect or abuse for children and adolescent shall be reported to the Navajo Nation Division of Social Services Child Protective Services.

4. Doctors, Nurses Practitioners, Nurses and other health care professionals are required by law to report any suspected abuse or neglect.

vi. Procedure

1. Anyone identifying or suspecting any potential abuse or neglect shall immediately report this observation to his/her supervisor. In the case that a parent is inflicted the abuse or neglect on a client, the employee shall immediately inform the Clinical Specialist. If the Clinical Specialist is not available, the person delegated as the acting Clinical Specialist will be informed.

2. The Clinical Specialist shall report all alleged abuse and/or neglect to the Navajo Nation Division of Social Services. The report shall include:

a. Name and address of the abused or neglected person.

b. Name and address of the parents, guardians, or responsible person.

c. Age of the victim.

d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.

e. Any information that may be helpful in establishing the cause of the injury or the neglect.

3. The child/adolescent will be taken to the local Indian Health Services for a medical evaluation.

4. The Clinical Specialist will oversee all investigations of the suspected neglect and/or abuse case, and will delegate a coordinator to conduct an internal investigation.

5. The Clinical Specialist or designee shall report any confirmation of abuse or neglect to the parent, guardian, or responsible person.

vii. Documentation

Incident Documentation Report

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i. Recognizing and Reporting Dependent Adult/Elder Abuse/Neglect

i. Policy

The Navajo DBHS provides for the protection of the elderly and/or dependent adults and acts in conjunction with the appropriate Navajo Nation abuse reporting laws.

ii. Purpose

The protection adults and elders from abuse and neglect.

iii. Definition

~~**"Dependent Adult"**: Any person residing on the Navajo Nation, over the age of 18, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights, including, but limited to, persons who have physical or developmental disabilities or who physical or mental abilities have diminished because of age.~~

~~**Type of Abuse:**~~ **Formatted:** Font: (Default) Arial, 12 pt

~~**Physical Abuse**: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:~~ **Formatted:** Font: (Default) Arial

- ~~Bruises~~
- ~~Welts~~
- ~~Lacerations~~
- ~~Puncture wounds~~
- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries of various stages of healing~~
- ~~Injuries inconsistent with explanation~~
- ~~Injuries during pregnancy~~

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~~**Sexual Abuse**: Unwanted sexual advances made toward the adult or elder client.~~ **Formatted:** Font: (Default) Arial

~~**Fiduciary Abuse**: A situation in which a person who in a position of trust with the abused individual willfully steals the money or property or appropriates money or property for any use or purpose not in the due and lawful execution of his/her trust.~~

~~**Financial Abuse**: includes lack of money to buy food or medication, someone consistently visiting around the first of the month when Social Security checks are received and/or checks written to strangers.~~

~~**Neglect includes**:~~

- ~~Failure to assist in personal hygiene or providing food and clothing for an individual~~

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- ~~Failure to provide medical care for the individual's physical and mental health needs; a person voluntarily seeking spiritual prayer or traditional medicine in lieu of medical treatment does not constitute neglect~~
- ~~Failure to protect an individual from health and safety hazards~~
- ~~Failure to prevent an individual from suffering malnutrition~~

~~**Abandonment**: Abandonment is when a person who has the care of custody of an elder deserts or willfully forsakes the individual under circumstances in which a reasonable person would continue to provide care or custody.~~ **Formatted:** Justified, Space Before: 6 pt, After: 6 pt, Add space between paragraphs of the same style, Line spacing: single

~~**iv. General Information**~~

~~1. Sexual abuse: it is the responsibility of the licensed employee who suspects the abuse to initiate the reporting process by contacting the Navajo Nation Division of Social Services by telephone.~~ **Formatted:** Normal, Justified, Space Before: 6 pt, After: 6 pt, No bullets or numbering

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~~2. Recognizing and reporting elder abuse and/or neglect.~~

~~a. By law all licensed practitioners are required to report suspected elder or dependent adult abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.~~ **Formatted:** Normal, Justified, Space Before: 6 pt, After: 6 pt, No bullets or numbering

~~b. The licensed personnel will not incur any civil or criminal liability as a result of making this report.~~

~~c. Any suspected abuse should be reported immediately.~~

~~3. Any employee who suspects any type of abuse shall immediately report this observation to the Navajo Nation Division of Social Services.~~

~~v. Procedure~~

~~1. Any social worker, counselor, etc., identifying or suspecting any possible abuse or neglect shall immediately report this observation to his/her supervisor.~~

~~2. When the suspecting employee reports the alleged abuse and/or neglect to the Navajo Nation Division of Social Service. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. For adults, the nature of the exploitation.~~

~~f. Any information which may be helpful in establishing the cause of the injury or the neglect.~~

~~3. If applicable, the client will be taken to the local Indian Health Services for a medical evaluation.~~

~~vi. Documentation~~

~~*Incident Documentation Report*: Include information reported to the Navajo Nation Division of Social Services.~~

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~~a. Medical Consultation Services~~

~~i.~~I. ~~Policy~~POLICY

~~I.~~ Clients will receive medical care from the local medical center or preferred healthcare provider. ~~Medical consultation to Navajo DBHS clients is available 24 hours, 7 days a week through the local IHS Clinic or Emergency Room.~~

~~ii.~~II. ~~Purpose~~PURPOSE

To provide safe and appropriate behavioral health services to ~~Navajo DBHS~~DBMHS clients.

~~II.~~ DEFINITIONS

III.

A. **Ancillary Medical Services**
Includes routine medical, psychiatric, dental, prenatal, and vision services; and emergency medical services as needed.

~~iii.~~IV. ~~General Information~~RULES

A. Because all DBMHS clients are members of a federally recognized tribe, a service agreement is not required for DBMHS clients to obtain services from Indian Health Services.
B. If a client has private health insurance and prefers to use their own health care providers, DBMHS staff will coordinate these services with the client/family while the client receiving treatment.
~~1.~~C. During the admission process, the client is advised to seek medical care if ~~he/she experiences~~they experience any negative physical symptoms. Symptoms that may be associated with alcohol or substance use withdrawal are referred to the client's medical provider or the nearest emergency room.
D. When a client ~~complaints~~complains of health problems, ~~he/she~~they are referred to the nearest ~~IHS~~medical facility.

~~2.~~V. PROCEDURES

A. To ensure effective coordination and seamless client care between medical provider and DBMHS, a collaborative agreement is established to define the most effective working relationship between the two organizations.
B. DBMHS nursing and case management staff have the lead role in coordinating health care services for DBMHS clients, with assistance from the primary counselor as needed.
C. Adolescent clients are required to have a guardian or residential staff (if approved by guardian) present while receiving medical services.

REFERENCES

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~~a. Obtaining Research Study Approval~~

~~i.~~I. ~~Policy~~POLICY

All research projects conducted on the Navajo Nation require the approval of the Navajo Nation Human Research Review Board.

~~ii.~~II. ~~Purpose~~PURPOSE

To ensure the protection of client rights and welfare while conducting research.

~~iii.~~III. ~~Definitions~~DEFINITIONS

~~A. IRB: Institutional Review Board (IRB):~~

A.

An administrative body established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted under the auspices of the institution with which it is affiliated.

B. **Navajo Nation Human Research Review Board (NNHRRB):**

~~Establish to (1) review and approve or disapprove all proposals for the conduct of research and evaluation activities on the Navajo Nation and to review and (2) approve or disapprove all manuscripts, papers, video prior to publication and review and approve audio products prior to dissemination and (3) enforce all provisions established by the Navajo Nation Health Research Code (CAP-16-02) attached as Exhibit A.~~An independent Tribal Institutional Review Board exercising sovereign rights to regulate, monitor, and control all research within the boundaries of the Navajo Nation. Also functions as the IRB for the Navajo Area Indian Health Service and facilitates a culturally respectful process to bridge Navajo knowledge and science with Western knowledge and science.

~~iv.~~IV. ~~General Information~~RULES

A. ~~All research projects require~~Research protocol application process:

1. Letters of support from Navajo Area Indian Health Services (NAIHS) and Navajo Nation Program Directors
2. Permission from affected Navajo Nation Agencies
3. Study specific documents
4. Detailed budget
5. Two approving resolutions from agency councils, chapter, or NAIHS units

B. Navajo Nation standards of approval:

1. Community Involvement
2. Benefits to the Navajo Nation
3. Authority of the Navajo Nation
4. Research Project Description

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5. Informed Consent Form
6. Certification by the Principal Investigator

~~1. a one page abstract and curriculum vitae or resume of the principal and co-principal investigator to be presented to the Navajo Nation Institutional Review Board for its approval/disapproval. The one page abstract will include: the purpose of the research study, relevant literature, the hypotheses to be tested, the method of data collection, any involvement of human subject, length of the study, and benefits to be gained from the research projects as well human and financial support costs.~~

~~2. The NNHRRB reviews the request, and if approved, the Navajo Division of Health Director and DBHS Department are notified.~~

~~3. Any client to be involved in a research study is given a full explanation of the research project, a full description of the potential discomforts, risks and side effects, and a description of the expected benefits.~~

~~A. Written consent is obtained from the client involved or from his/her legal guardian. If the consent is obtained from the client involved, care is taken to ensure he/she is legally capable of giving the consent.~~

~~V. The clients may decline to participate in the research study or to discontinue participation at any time without negative repercussions to their Navajo DBHS treatment.~~ **PROCEDURES**

A. The NNHRRB reviews the request, and if approved, the Navajo Division of Health Director and DBMHS are notified.
B. Any client to be involved in a research study is given a full explanation of the research project, a full description of the potential discomforts, risks and side effects, and a description of the expected benefits.
C. Written consent is obtained from the client involved, or from their legal guardian. If the consent is obtained from the client involved, care is taken to ensure they are legally capable of giving the consent.
D. The clients may decline to participate in the research study or to discontinue participation at any time without negative repercussions to their DBMHS treatment.

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I. POLICY

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To maintain compliance with the accrediting agency, DBMHS will follow safety management procedures to assure the safety of clients, staff, and guests.

II. PURPOSE

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To manage the consequences of fires, disasters, and other emergencies.

III. DEFINITIONS

A. **Workplace Emergency**
A situation that threatens workers, customers, or the public; disrupts or shuts down operations; or causes physical or environmental damage. Emergencies may be natural or human-caused, and may include hurricanes, tornadoes, earthquakes, floods, wildfires, winter weather, chemical spills or releases, disease outbreaks, releases of biological agents, explosions involving nuclear or radiological sources, and many other hazards.

B. **Emergency Action Plan (EAP)**
Intended to facilitate and organize employer and worker actions during workplace emergencies and is recommended for all employers.

IV. RULES

A. The emergency action plan should describe how workers will respond to several types of emergencies, considering specific worksite layouts, structural features, and emergency systems. If there is more than one worksite, each site should have an emergency action plan available for employees.
B. Health and safety functions are the responsibility of the designated safety officer.
C. The safety officer maintains applicable sanitation and building occupancy permits are posted in the respective areas.
D. The Behavioral Health Director, Clinical Director, or designee will have the power to intervene whenever conditions exist that pose an immediate threat to life or health or pose a threat of damage to equipment or buildings. In such cases, the Health Services Administrator (HSA) will be notified immediately of any action taken.
E. The Safety Officer or their delegate will be trained in relevant sections of the National Fire Prevention Association Life Safety Code (NFPA 101) and other licensure and accreditation standards pertaining to safety.
F. An emergency preparedness program will exist to manage the consequence of fires, disasters, and other emergencies. Fire drills will be conducted at least once per quarter on each site.
G. A facility-wide security program will exist to provide for the safety of clients and staff, to secure the confidentiality of records and to protect agency property and equipment.
H. A comprehensive safety plan will be established and maintained to assure the safety of personnel.
I. The Safety Officer will maintain a hazardous materials and waste program to identify and control hazardous materials and waste.

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J. All new employees will be oriented to the safety program and will continue to participate in ongoing safety education throughout their employment.
K. At least annually, the Safety Officer shall review the effectiveness of the Safety Program and revise as necessary to improve risk and safety management.
L. Every staff member who observes a facility maintenance issue requiring attention is responsible for completing and submitting a work order request as soon as possible.

V. PROCEDURES

A. The designated safety officer conducts and documents quarterly facility inspections to ensure compliance with all applicable health, safety, and physical plant requirements.
B. The designated site administrator designates the safety officer and establishes the Safety Committee, to include HR, maintenance at each local site, and Property Section which tracks and analyzes the following information:
    1. Incident reports.
    2. All employees' CPR and First Aid certification, Food Handlers' Permit, Tribal drivers' permit, and other required health/safety certification.
    3. Identification of other health and/or safety incidents or concerns.
C. Health and safety issues are addressed in quarterly meetings led by the Property Section.
D. Reports of how serious issues have been resolved are forwarded to the DBMHS Quality Improvement Team.
E. The Quality Improvement Team reviews reported health and safety issues quarterly for the purpose of:
    1. Identifying events, trends and patterns that may affect client health, safety, and/or treatment efficacy.
    2. Submitting findings and recommendations to the appropriate office for action, including:
        a. Changes in policies and/or procedures.
        b. Staffing and assignment changes.
        c. Additional education or training for staff.
        d. Facilities maintenance and improvement.
F. Emergency Procedures
    1. Fire
        a. All staff will be guided by the *Fire Emergency Plan* and *Emergency Exit Plan* posted in each work area. All staff will be familiar with the procedures for their work area.
        b. In the case of a fire, the necessary emergency procedures have been followed: the fire department called, and evacuation of the facility started, the Safety Officer or designee will notify the Behavioral Health Director and HSA.
        c. Emergency Plan for Person with Disabilities: The employee nearest a disabled person is responsible to assist the person with evacuation of the building. A second employee may be needed to assist the disabled person to evacuate.

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d. A complete written report of any fire will be made by the Safety Officer, or designee and given to the HSA.

2. Disasters (natural or human-caused):
In the event of an evacuation due to disasters or local facility emergencies, procedures will be monitored by the Supervisor in charge.

3. Telephone Outage:
To continue providing a minimum standard of safe client care, it is necessary to have continuous communication with emergency services of the police and fire departments. In the event of a telephone failure due to a power outage, a cellular telephone will be utilized as the primary source of communication. The telephone company will be contacted to inform them of the emergency nature of the Behavioral Health Treatment Centers and immediate service/repair will be requested.

4. Power Failure:
All client occupied areas of the facility are equipped with emergency lighting/flashlights, which will provide enough light during a power failure.
The staff on duty should first contact the local electric company to report the failure. The staff person calling will identify the type of program the Behavioral Health Treatment Center is operating and express the importance of restoring power as soon as possible. If the local electric company has no knowledge of any power outage, the electrical breakers will be checked and reset as needed. If this does not correct the problem, the supervisor will be notified, and building maintenance will be ordered. Flashlights will be used for private bathroom/bedroom use. Clients will be advised and reassured as needed. If the estimated time to restore power is greater than 1.5 hours, the BHD and HSA will be contacted regarding evacuation to a local site; evacuation may be necessary if it is dark, or if temperatures are extreme.

5. Water/Gas Outage:
For a water or gas failure, the city in which the program resides will be contacted to report the problem. An estimate of when gas or water will be restored will be requested. The BHD will then be contacted to assess the impact and arrange the required services.
   a. GAS: For a gas failure, the area's gas company will be contacted to report the problem and advise on evacuation. If evacuation is necessary, an alternate location shall be established and used until gas is restored. If the time to restore gas is greater than 24 hours, the BHD will be contacted to assess impact and arrange required services.
   b. WATER: For a water failure, the community in which the program resides will be contacted to report the problem. An estimate of when water is to be restored will be obtained; the BHD or designee will then be contacted to assess impact and arrange required services.

6. Bomb Threat:
Any staff member answering an incoming call may be in the position to receive such a call. The person receiving the threat should attempt to:
   a. Prolong the conversation as long as possible.

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b. Listen for background noises to help determine the caller's location.
c. Make note of distinguishing voice characteristics.
d. Try to determine where the bomb is, when and what will cause it to explode, what it looks like and what kind it is.
e. Ask who placed the bomb and why. Try to get a name and address. Note if the caller seems knowledgeable of the Navajo Nation's Behavioral Health Treatment Center.
f. Report the call to the police immediately.
g. Contact the BHD, or designee, who will determine if evacuation is necessary. If evacuation is necessary, it should occur as in the procedures outlined for fire emergency.
h. The police should make a search. If a device is found, only police personnel should approach or handle it.
i. Re-entry may be made only after an "all-clear" has been by the police.
j. An incident report will be made out and given to the BHD and HSA as well as the Quality Assurance Section.

7. Active Shooter:
   a. Evacuate – Run: If there is an accessible path, attempt to evacuate the premises. Be sure to:
      i. Have an escape route and plan in mind.
      ii. Evacuate regardless of whether others agree to follow.
      iii. Leave your belongings behind.
      iv. Help clients, and others, evacuate, if possible.
      v. Call local authorities (i.e., 911) when you are safe.
      vi. Prevent individuals from entering an area where the active shooter may be.
      vii. Keep your hands visible.
      viii. Follow the instructions of any police officers.
      ix. Do not attempt to move wounded people.
   b. Shelter-in-Place – Hide: If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:
      i. Be out of the active shooter's view.
      ii. Provide protection is shots are fired in your direction (i.e., an office with a closed and locked door).
      iii. Not trap you or restrict your options for movement.
      iv. To prevent an active shooter from entering your hiding place:
         a. Lock the door.
         b. Blockade the door with heavy furniture.
      v. If the active shooter is nearby:
         c. Lock the door.
         d. Silence your cell phone and/or 2-way radio.
         e. Turn off any source of noise (i.e., television, radio)
         f. Remain quiet.

c. Protect Yourself – Fight: As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
   i. Acting as aggressively as possible against him/her.
   ii. Throwing items and improvising weapons.
   iii. Yelling
   iv. Committing to your actions.

d. When Police Arrive
   i. Put down any items in your hands.
   ii. Keep hands visible.
   iii. Follow all instructions.
   iv. Avoid making quick movements towards officers.
   v. Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.

G. Emergency Preparedness

1. Fire Safety

a. Materials Acquisition
   i. All proposed acquisitions of bedding, window treatments, furnishings, decorations, wastebaskets, and other equipment will be reviewed by the Safety Officer and/or BHD to assure that fire resistant materials are used where needed.
   ii. Special attention should be given to heat generating equipment and the placement of combustibles close to heat sources. In addition, if materials have flame resistant coatings or coverage, they will be maintained to retain their effectiveness and replaced with worn or no longer effective.
   iii. If materials must be purchased, the BHD or designee will complete procurement in accordance with Navajo Nation rules and regulations.

b. Fire Extinguishers
   i. Fire extinguishers are conspicuously located and readily accessible for immediate use in the event of a fire.
   ii. An extinguisher is available to the organization at all times, when the extinguisher is removed during normal operational hours a replacement extinguisher is available.
   iii. The Program Supervisor is responsible for ensuring the fire extinguisher is in proper working order.

c. Established Evacuation Routes
   i. Every exit is clearly visible, identified with an emergency exit sign.
   ii. All exit doors are unlocked during operational hours.
   iii. Any doorway that may be mistaken for an exit is identified with a sign reading "Not an Exit."
   iv. All hallways are to remain open and free of obstacles.
   v. Each center has at least two evacuation routes.

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2. Electrical Safety:
   a. Electrical power distribution systems must have a systematic and periodic evaluation and inspection at least once each year. The inspection and evaluation will be done by a licensed electrical contractor. Written records will be maintained of all inspections performed, which include recommendations and actions taken.
   b. Residential facility must have a backup generator that is well serviced and maintained so operation is not compromised. This includes monthly quarterly and annual maintenance and repairs.
   c. Once each quarter, electrical panels, receptacles, switches, wiring and all other electrical devices must be assessed by maintenance personnel. Electrical panels are to be assessed using an ampere test to indicate the load on each circuit breaker. The wire connectors shall be assessed for tightness. A tester for the correct ground should be used on each receptacle and the necessary repairs made by a licensed electrician.
   d. Personal electrical equipment used by clients, such as hair dryers, curling irons, razors, radios, etc., must be inspected for safety by the staff member receiving the item. All such equipment must be stored in the staff office and not in client rooms depending on the level of care. Client equipment that is not safe, with loose wires, defective cords, cracked or broken, shall be labeled *DO NOT USE* and stored on the client's property.
   e. Extension cords. The use of electrical extension cords is not recommended; however, exceptions can be made where the electrical outlet is not accessible to the equipment or appliance being used. Such extension cords must be UL labeled and used in accordance with instructions. The use of electrical plug-in adaptors is prohibited. UL labeled multi-plug surge protectors are permitted.

H. Hazardous Materials
   1. The purpose of the safety regulations is to ensure that potential hazards and hazard control measures for chemicals used by the Behavioral Health Center staff are understood by all employees. Federal law defines a hazardous material as one which: "May cause or significantly contribute to an increase in serious, irreversible or incapacitating illness, pose substantial present or potential hazard to human health or the environment when improperly treated, stored, transported of or disposed of, or otherwise managed."
   2. Material Safety Data Sheet (MSDS) binders will be placed in all custodial closets, food preparation areas, front reception area and maintained by the Safety Officer, or designee, and will be available to all staff. Binders will contain information on regulated chemical hazards:
      a. Corrosivity; materials with PH less than 2.0, or greater than 12.5 having the ability to cause burns to skin, corrode containers, and/or dissolve fibers.
      b. Ignitability; materials posing a fire hazard during routine handling.

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c. Reactivity: material able to explode during, or emit toxic gas, on exposure to atmosphere or water.
d. Toxicity: material with the ability to cause illness, death, genetic or reproductive abnormalities, or restrict awareness enough to present a safety danger.

3. All hazardous or cleaning supplies will be stored in a lockable cabinet not accessible to clients.
4. The designated Central Safety Officer will identify all hazardous chemicals used (if any) at DBMHS sites. All hazardous materials will be itemized on a list that includes the name of the chemical, manufacturer, type of hazard, and use at DBMHS. This list will be available for all staff to review in the Staff office and in administration.
   a. Container Labeling - The designated Central Safety Officer and Property Section will verify that all containers received and used at DBMHS sites will be clearly labeled as to the contents and that they are noted with the appropriate hazard warnings, and that they list the name and address of the manufacturer.
   b. Employee Training – Each employee will be provided information concerning the hazardous materials program and training before working in areas (if any) where hazardous chemicals exist. In addition, if a new hazardous material is introduced into the workplace, affected employees will be given the latest information and training concerning that material.

I. Safety Inspection and Surveillance
1. Safety inspections will be conducted by the designated Central Safety Officer at least monthly. These inspections will identify any potential fire code violations, any defective equipment (smoke detectors, emergency lighting, fire extinguishers), and other safety hazards.
2. Inspections will be documented on a "Safety Inspection" form with a copy of the report given to the BHD, who will evaluate and initiate corrective measures for all problems.
3. Corrective actions taken will be documented in the report. A copy of the report will be forwarded to the HSA and made available for review by the designated Central Safety Officer.
4. In addition, the designated Safety Officer shall train Staff/Clients, conduct, and document a Fire Drill & evacuation not less than once per calendar quarter.

J. Staff Training
1. All permanent staff will be oriented to emergency procedures including evacuation and to facility security during orientation. This orientation will be documented in the employee's personnel record.
2. All staff shall participate in one safety training session quarterly. This shall include the safety instruction and specific instructions in fire emergency procedures and in evacuation of the facility.

3. A training program in the use of hand-held fire extinguishers shall be provided for all personnel by a certified trainer. The training shall be conducted annually and documented in the employee's personnel record.

REFERENCES

R-20-311.G
R-20-308.A & B
R-20-409A

~~X: Emergency Procedures~~

~~a. Emergency Telephone Numbers~~

~~i. Policy~~

~~All bomb threats are considered serious, safety precautions are implemented and the police are notified immediately.~~

~~ii. Purpose~~

~~To establish a procedure in case of a bomb threat~~

~~iii. Definitions~~

~~Bomb: An explosive device fused to detonate under specific conditions.~~

~~Bomb Threat: A threat that a bomb is located in the building and scheduled to detonate, generally by a telephone call, but may be delivered in person or via a note.~~

~~iv. General Information~~

~~1. All employees are required to attend the internal disaster class that reviews the bomb threat policy and procedure.~~

~~2. Evacuate the building when the bomb supposedly is timed to "go off" in a short period of time.~~

~~3. Immediately notify everyone and quietly exit and follow established evacuation plan.~~

~~4. Listen to the caller, be polite and do not argue with him/her.~~

~~v. Procedure~~

~~A. When receiving a bomb threat, maintain a calm voice, take notes, and ask the following pertinent information:~~

~~a) Prolong the conversation as long as possible.~~

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b) Do not interrupt the caller.

c) Document the caller's message.

d) In a calm manner request the following significant information from the caller.

i) Where is the bomb located?

ii) What time will the bomb "go off"?

iii) What will make the bomb "go off"?

iv) What king/type of bomb is it?

v) What does the bomb look like?

B. Not the following characteristics of the caller's voice:

a) Voice of the caller, i.e. male, female, loud, soft, any noted accent, approximate age, intoxicated, etc.

b) Is the voice familiar?

c) Type of speech, i.e. fast/slow slurred, lisp, distant, distorted, etc.

d) Manner of caller i.e. calm, angry, laughing, scared, emotional, crying, etc.

e) Background noise i.e. office machinery, business background, voices, party noise, quiet, etc.

f) Did the caller say anything to indicate he/she is familiar with the building?

C. Immediately contact the police, identifying self by name, title, organizations name and location, address, and telephone number.

D. Describe bomb threat and message and identified characteristics of the caller.

E. Evacuate the building.

F. Wait for police to conduct a search of the building and surrounding grounds (if applicable)

G. Follow Police instructions.

vi. Documentation

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1) Incident Documentation Report Form

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~~b) Time.~~

~~c) Direct quote of the caller's threat.~~

~~d) Any other significant information from the caller (see above).~~

~~e) Caller's characteristics (see above).~~

~~f) Time police notified.~~

~~g) Identify follow-up, including property searches, evacuations, etc.~~

~~h) Name, title.~~

~~i) Fax copy of form to Navajo DBHS Central Administration, Department Manager and Clinical Specialist Coordinator~~

~~j) File copy of the form at the Navajo DBHS program site.~~

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~~g. Duty to Warn~~

~~i. Policy~~

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~~All licensed clinical professionals have a legal duty to warn a person if a client expresses a serious intent to harm that person.~~

~~ii. Purpose~~

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~~To protect a person from harm by reporting the threat to the civil authorities.~~

~~**iii. General Information**~~

~~In Tarasoff vs Regents of the University of California. 118 Cal., Rptr.129 P.2d 553 (1974) aff d, 131 Cal.Rptr.14 551 P.2d 334(1976), the court found that that psychiatrist had a duty to warn the person whom the client had threatened to kill, although there was not an existing relationship between the psychiatrist and the threatened person. The ruling was in spite of the fact that the doctor-client relationship communication is normally considered private and protected by law. The court considered the following factors in determining the liability: (1) the foreseeable harm to the plaintiff; (2) the suffered injury of the plaintiff; (3) the parallels of the threat and the actual injury suffered; (4) the moral blame attached to the defendant's conduct; (5) the policy of preventing future harm; (6) the burden to the defendant and consequences to the community; (7) the prevalence of insurance risk and costs. The foreseeable harm to the plaintiff was most important in determining the duty to warn.~~

~~1. When determining to inform the potential victim and/or the authorities of a threat, the threat should be classified as either specific or nonspecific. A specific plan would include~~

~~a. person~~

~~b. means~~

~~c. time~~

~~d. "For example. "I'm going to shoot my mother when I get out of here." An example of a nonspecific threat is, "I'm going to kill my mother."~~

~~**iv. Procedure**~~

~~1. When a client tells a staff person that he/she wishes to harm another individual, the staff person has he professional obligation to query the client about their intentions. The query includes the following:~~

~~a. Identify the person at risk.~~

~~b. How the person will be killed.~~

~~c. When the person will be killed.~~

~~d. Identify where the person at risk live e.g. city, state, etc.~~

~~2. Once the staff person has heard the threat to warn and queried the client about his/her plan, the staff member is required to immediately inform the Clinical Specialist.~~

~~3. The employee, Clinical Specialist, and the attending, and the attending Psychiatrist will discuss and evaluate the threat.~~

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4. When the threat is considered specific, the Clinical Specialist, and the Psychiatrist shall determine the level of the risk. If these professionals determine the level of risk as significant, the civil authorities within the area where the intended victim lives, are to be notified. The civil authorities will notify the potential victim.

v. Documentation

Incident Documentation Report: Document the components of the query.

h. Child and Adolescent Abuse and Neglect

i. Policy

Any suspected abuse or neglect of a child and an adolescent should be immediately reported to Navajo Division of Social Services and appropriate Law Enforcement Agency. A parallel report is then made to the Clinical Specialist Coordinator at Navajo DBHS Central Administration.

ii. Purpose

To protect the children of Navajo Nation from abuse and neglect.

iii. Definitions

Abuse: Any intentional infliction of physical harm; any injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault. Abusive treatment includes physical, emotional, and programmatic abuse. The definitions of abuse are based on the A.R.S. s 546; s 13-3623; s 36-569 and s 46-451.

Signs/symptoms of physical abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:

- Bruises
- Welts
- Lacerations
- Puncture wounds
- Dehydration
- Malnutrition
- Fractures
- Signs of over-medication
- Burns

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- Poor hygiene
- Lack of needed medical attention
- Multiple injuries in various stages of healing
- Injuries inconsistent with explanation
- Injuries during pregnancy.

Physical abuse: The infliction of pain or injury to an individual including kicking, hitting, slapping, pulling hair, or any sexual advances or abuse.

Emotional abuse: The verbal expressions of demeaning, ridiculing, making derogatory or cussing someone.

Programmatic abuse: The use of aversive stimuli techniques, which has not been approved by ISP team. Aversive stimuli include the use of isolation and/or restraint.

Child, youth, juvenile: Any person who is under the age of 18 years.

Exploitation: An illegal or improper act designed to "take advantage" of an adult person who is incapacitated or vulnerable. The exploiter plans to benefit from the act of exploitation by gaining resources or profit.

Incapacity: A person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication or other causes to render an inability to sufficiently understand or communicate informed decisions concerning his/her business.

Neglect: A Pattern of "lack of care" for a person. Lack of care may include: the deprivation of food, water, medication, medical services, cooling, heating, or other services necessary to maintain minimum physical or mental health. Examples include:

- Lack of attention to physical needs such as toileting, bathing, meals, and safety.
- Intentional failure to carry out a prescribed treatment plan for a person.

Physical Injury: Injuries which include: skin bruising, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to internal organs or any condition which imperils health and/or welfare.

Serious physical injury: Injury, which causes a reasonable risk of death or serious permanent disfigurement, or serious impairment of health or protracted impairment of the function of any bodily organ or limb.

v. General Information

1. Abuse and Neglect is prohibited at Navajo Nation Behavioral Health Outpatient Services. Anyone found guilty of abuse and/or neglect is subject to immediate disciplinary action up to and including termination.

2. Any employee aware of any abuse and neglect who does not report the action to administration is subject to disciplinary action.

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~~3. All suspected cases of neglect or abuse for children and adolescent shall be reported to the Navajo Nation Division of Social Services Child Protective Services.~~

~~4. Doctors, Nurses Practitioners, Nurses and other health care professionals are required by law to report any suspected abuse or neglect.~~

~~**vi. Procedure**~~

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~~1. Anyone identifying or suspecting any potential abuse or neglect shall immediately report this observation to his/her supervisor. In the case that a parent is inflicted the abuse or neglect on a client, the employee shall immediately inform the Clinical Specialist. If the Clinical Specialist is not available, the person delegated as the acting Clinical Specialist will be informed.~~

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~~2. The Clinical Specialist shall report all alleged abuse and/or neglect to the Navajo Nation Division of Social Services. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. Any information that may be helpful in establishing the cause of the injury or the neglect.~~

~~3. The child/adolescent will be taken to the local Indian Health Services for a medical evaluation.~~

~~4. The Clinical Specialist will oversee all investigations of the suspected neglect and/or abuse case, and will delegate a coordinator to conduct an internal investigation.~~

~~5. The Clinical Specialist or designee shall report any confirmation of abuse or neglect to the parent, guardian, or responsible person.~~

~~**vii. Documentation**~~

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~~*Incident Documentation Report*~~

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~~i. Recognizing and Reporting Dependent Adult/Elder Abuse/Neglect~~

~~I. Policy~~

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~~The Navajo DBHS provides for the protection of the elderly and/or dependent adults and acts in conjunction with the appropriate Navajo Nation abuse reporting laws.~~

~~ii. Purpose~~

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~~The protection adults and elders from abuse and neglect.~~

~~iii. Definition~~

~~"Dependent Adult": Any person residing on the Navajo Nation, over the age of 18, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights, including, but limited to, persons who have physical or developmental disabilities or who physical or mental abilities have diminished because of age.~~

~~Type of Abuse:~~

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~~Physical Abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:~~

- ~~Bruises~~
- ~~Welts~~
- ~~Lacerations~~
- ~~Puncture wounds~~
- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over-medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries of various stages of healing~~

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- Injuries inconsistent with explanation
- Injuries during pregnancy

Sexual Abuse: Unwanted sexual advances made toward the adult or elder client.

Fiduciary Abuse: A situation in which a person who in a position of trust with the abused individual willfully steals the money or property or appropriates money or property for any use or purpose not in the due and lawful execution of his/her trust.

Financial Abuse: includes lack of money to buy food or medication, someone consistently visiting around the first of the month when Social Security checks are received and/or checks written to strangers.

Neglect includes:

- Failure to assist in personal hygiene or providing food and clothing for an individual
- Failure to provide medical care for the individual's physical and mental health needs; a person voluntarily seeking spiritual prayer or traditional medicine in lieu of medical treatment does not constitute neglect
- Failure to protect an individual from health and safety hazards
- Failure to prevent an individual from suffering malnutrition

Abandonment: Abandonment is when a person who has the care of custody of an elder deserts or willfully forsakes the individual under circumstances in which a reasonable person would continue to provide care or custody.

iv. General Information

1. Sexual abuse: it is the responsibility of the licensed employee who suspects the abuse to initiate the reporting process by contacting the Navajo Nation Division of Social Services by telephone.

2. Recognizing and reporting elder abuse and/or neglect.

a. By law all licensed practitioners are required to report suspected elder or dependent adult abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.

b. The licensed personnel will not incur any civil or criminal liability as a result of making this report.

c. Any suspected abuse should be reported immediately.

3. Any employee who suspects any type of abuse shall immediately report this observation to the Navajo Nation Division of Social Services.

v. Procedure

1. Any social worker, counselor, etc., identifying or suspecting any possible abuse or neglect shall immediately report this observation to his/her supervisor.

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~~2. When the suspecting employee reports the alleged abuse and/or neglect to the Navajo Nation Division of Social Service. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. For adults, the nature of the exploitation.~~

~~f. Any information which may be helpful in establishing the cause of the injury or the neglect.~~

~~3. If applicable, the client will be taken to the local Indian Health Services for a medical evaluation.~~

~~**vi. Documentation**~~

~~*Incident Documentation Report*: Include information reported to the Navajo Nation Division of Social Services.~~

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~~X: Emergency Procedures~~

~~a. Emergency Telephone Numbers~~

~~i. Policy~~

~~Emergency telephone numbers are posted in the front lobby area of the Navajo DBHS center, and near fire extinguishers.~~

~~ii. Purpose~~

~~In case of an emergency, emergency phone numbers are readily available for staff.~~

~~iii. Definitions~~

~~EMS: Emergency Medical Services, e.g. ambulances and personnel.~~

~~EMT: Emergency Medical Technician, a person trained and certified to provide basic medical services before and during transportation to a hospital.~~

~~iv. General Information~~

1. ~~Emergency telephone numbers are prominently displayed in the front lobby and near fire extinguishers.~~
2. ~~In the case of a medical or fire emergency, the first person at the scene is authorized to place the call to the EMS, etc.~~
3. ~~In the case of safety emergency, such as a bomb threat or gas leak, the first staff member at the scene is authorized to notify the appropriate emergency service.~~
4. ~~The receptionist is responsible to maintain the most current list of emergency telephone numbers.~~

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Emergency Phone Numbers

Navajo Nation Emergency Medical Service	
Local IHS Emergency Room	
Local IHS Psychiatric Department	
IHS Pharmacy	
Navajo or Local Fire Department	
Navajo or Local Police Department	
IHS Counseling Services	
National Poison Control	(800) 363-0101

b. CPR/First Aid, Medical Emergency Transfer to Another Facility

i. Policy

CPR is administered to any person experiencing a cardiopulmonary crisis while visiting or participating in a Navajo DBHS activity.

ii. Purpose

A well-organized emergency plan is fundamental to providing quality CPR medical services in emergency situations.

iii. Definitions

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I. CPR: A procedure designed to restore normal breathing after cardiac arrest that includes the clearance of air passages to the lungs, heart massage by the exertion of pressure on the chest, and the use of drugs.

First Aide: Emergency care of treatment given to an ill or injured person before regular medical aid can be obtained.

iv. General Information

1. All significant medical emergencies are transferred to the nearest Indian Health Service Hospital or local hospital.
2. Current CPR certification is required for all outpatient employees.

v. Procedure for CPR Medical Emergencies

A. The first employee to find the person in need of emergency assistance shall:
1. Assess the person to determine the absence of respirations and pulse.
2. Call for assistance when the absence of respirations and/or pulse is determined.
3. Begin one-person CPR according to the American Red Cross Association standards.

B. The second employee to arrive shall:
1. Call emergency medical services, identify self by full name and title, and state the nature of the emergency, identify the organization, its address, and telephone number.
2. Assist the first employee with CPR as directed.

C. The first person is the CPR Code Leader until relieved by the EMS personnel. The code Leaders responsibilities include:
1. Ensuring the person's airway is established and maintained
2. Ensuring adequate cardiac compressions are performed.
3. Overseeing the CPR procedure.
4. Assess the other physical needs of the client.
5. Giving a report to the EMS personnel when they arrive.

D. The second person or designee shall:
1. Obtain and send copies of the following:
i. Clients face sheet containing vital information (if available).
ii. List of Medications (if available).

E. The Code Leader/designee shall notify:
1. The person's family
2. Navajo DBHS Central Administration via Fax of the *Incident Documentation Report*
3. AZ DBHS via Fax of *Incident Report* (if AHCCCS enrolled)

vi. Documentation

Document on Incident Report:
- Description of the Incident
- Emergency measures implemented including:
  - CPR
  - Time EMS notified

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- ~~Person's response to CPR~~
- ~~Person's status prior to emergency~~
- ~~Medical forms/information sent with the client, if applicable~~
- ~~Facility the person was transferred to~~
- ~~Method of transfer~~
- ~~Name of escort, if applicable~~
- ~~Family notified and time~~

~~**vii. References**~~

~~American Red Cross Association Standards~~

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~~C. Poison Ingestion~~

~~i. Policy~~

~~The Established emergency procedure shall be followed for any person who has ingested any "poisonous substances."~~

~~ii. Purpose~~

~~To establish a procedure in the case of poison ingestion~~

~~iii. Definition~~

~~Poison: For the purposes of this policy and procedure, poison is defined as any substance that can cause harmful effects in the body including excess of prescribed medication, medication that has not been prescribed, cleaning products, or other identified poisons.~~

~~iv. General Information~~

~~1. Poison Control Centers are open 24 hours, 7 days a week. The centers are staffed with a pharmacist and registered nurses who provide emergency information.~~
~~2. The most dangerous poisons include:~~
~~1. Medicines, including iron pills~~
~~2. Cleaning products that can cause burns like drain cleaners, oven cleaners, toilet bowl cleaners, rust remover~~
~~3. Antifreeze~~
~~4. Windshield washer solution~~
~~5. Hydrocarbons: furniture polish, lighter fluid lamp oil, kerosene, turpentine, paint thinner~~
~~6. Carbon Monoxide~~
~~7. Pesticides~~
~~8. Wild mushrooms~~
~~3. The Poison Control Emergency Number is maintained with each staff member's telephone, in the DBHS P & P Manual, First Aid kit, and the agency vehicles.~~
~~4. See Toxic Substance Policy and Procedure for Storage of Toxic Substances~~

~~v. Procedure~~

~~1. Once it has been identified that a person has ingested any poisonous substance, the person is immediately transported to the local IHS Emergency Room or the nearest emergency medical services are called.~~
~~2. When emergency services are not available, call the Poison Control Center and follow directions. **Seek emergency treatment as soon as possible.**~~

~~vi. Documentation~~

~~1. Complete Incident Documentation Report including:~~
~~2. The name of the "poison", if known~~

POISON Help™
1-800-222-1222

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3. The amount ingested, if known

4. Emergency procedures implemented.

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vii. Reference

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American Association of Poison Control Center, Inc., Preventing Poisonings in the Home

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d. Enacting the Health Civil Commitment Act of 2005 and Amending Title 13 of the Navajo Nation Code

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i. Policy

It is Policy of the Navajo Nation that any individual who, due to a physical or mental illness or disorder, is a threat to the health or safety of themselves or others should receive appropriate treatment in the least restrictive environment.

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ii. Purpose

The purpose of the Navajo Health Commitment Act of 2005 is to establish statutory provisions for the Health Civil Commitment of individuals for treatment in the least restrictive environment as part of community coordinated response to their mental or physical illness or disorders.

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iii. Definitions

Treatment in the least restrictive environment: A course of treatment that provides maximum freedom to the individual while protecting that individual and others, from the individual's behavior, illness or disorder. Treatment in the least restrictive environment does not include detainment in any treatment in a facility, as close to his or her home as possible.

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Likelihood of serious harm: anyone of the following descriptions constitutes likelihood of serious harm:

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- A substantial risk of physical harm to the individual, as manifested by evidence of threats of, or attempts at, suicide or serious physical harm; or
- A substantial risk of physical harm to another individual, as manifested by evidence of homicidal or other violent behavior, or evidence that others are placed in reasonable fear of violent behavior and serious harm; or
- A substantial, serious of physical impairment or injury to the individual as manifested by evidence that such individual's judgement is so impaired that he or she is unable to protect him or herself in the community; or
- A substantial, serious threat of spread of an infectious illness which has life-threatening consequences for a significant number of people exposed, which spread can be prevented

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by reasonable precautions and illness management and where the infected person either refuses, or is unable to comply with voluntary treatment or confinement procedures, as necessary to protect the public health; or

- A pregnant woman whose ongoing substance abuse presents a substantial risk to the unborn child.

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"Individual" or "Person": An adult or minor child under eighteen (18) years of age.

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iv. General Information

The following is the Amendment of Title 13 of the Navajo Nation Code.

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1. Any adult family member, legal guardian, or governmental agency suspecting tat an individual suffers from an illness or disorder, and as a result presents a likelihood of serious harm, may apply to the family court for an ex parte order requiring the individual to be held in the least restrictive environment and to undergo an evaluation as defined in §2104 (H).
2. The evaluation shall be completed within five (5) working days after the entry of the court order.
3. The application shall contain such information and facts as shown by clear and convincing evidence that the individual's behavior, illness or disorder presents a likelihood of serious harm and warrants an evaluation.

a. *Petition:* The petition for treatment of any individual shall contain the following information, which may be obtained pursuant to a Family Court ordered evaluation pursuant to Section 2104:

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i. Name and address of the individual to be treated;
ii. Petitioners name, address, of the person(s) filing the petition;
iii. The type of illness or disorder from which the individual suffers;
iv. A brief statement of observations describing the individual's communications, behaviors, or actions occurring as a result of the illness or disorder which present a likelihood of serious harm;
v. A statement of the least restrictive treatment procedures available; and
vi. Affidavits by two health care professionals familiar with the individual's condition. In case of the two statements by a health care professional shall be by a clinical psychologist or a psychiatrist. No liability will be attached for any such statement so long as it is made in good faith and with reasonable professional judgement.

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b. *Scheduling Order:* Upon receipt of the petition that meets the above requirements, the Family Court will schedule a hearing on the merits to be heard on an expedited basis. The Family Court may immediately order the individual to be held in the least restrictive environment in order to protect the public or the individual from him or herself. This temporary hold order may be for a period of up to five (5) days, during which time the individual will be evaluated in an appropriate facility. The Family Court will schedule a hearing on the merits on the petition.

c. *Petition Hearing:*

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i. During the petition hearing, the petitioner shall have the burden of proving, through clear and convincing evidence, that the individual suffers from an illness or condition, and as a result presents a likelihood of serious harm.
ii. The individual has the right to counsel during the petition hearing and, if necessary, the Family Court shall appoint counsel on the same basis as other pro bono appointments.
iii. The individual shall be present for the present for the petition hearing, shall be afforded due respect and dignity, and shall be entitled to participate in his or her best interest, unless the Family Court makes the determination that the individual would be disruptive or has a communicable disease, and no reasonable accommodation is available to facilitate his or her participation. The court shall require clear and convincing evidence that the individual should not be present at the hearing for such reasons and, upon such a finding, may proceed with the hearing in the individual's absence.
iv. Hearings on petitions for health treatment are closed to the public. However, the court may permit the family of the individual to be present.
d. *Independent Evaluation:* If requested by the individual who is the subject of the petition, the Family Court may order a petition hearing to allow an independent evaluation of the individual as defined in §2104(H), at the individual's expense. The Family Court shall ensure that the individual is informed of available resources to pay for the independent evaluation. During the stay, the Family Court shall (may) extend its temporary holding order to protect the individual and others, or both. During the period of the temporary holding order, the individual shall be held in the least restrictive environment.
e. *The Navajo Nation Rules of Civil Procedure and Rules of Evidence* shall apply to all health civil commitment proceedings; unless they are inconsistent with this Act, until such time as the Navajo Supreme Court shall develop rules of court consistent with this Act.
f. §2107. *Health Civil Order*

i. After the petition hearing, and upon a finding based on clear and convincing evidence, that the individual is suffering from an illness or disorder that causes the individual to present a likelihood of serious harm, the Family Court may order that the individual undergo a court of treatment.
ii. The courts of treatment ordered must be in the least restrictive treatment procedure available and include traditional healing methods to the extent advisable. The commitment order shall comply with all certification requirements of the receiving facility or agency that are not inconsistent with the sovereignty of the Navajo Nation.
iii. The order shall provide for transportation of the individual and the development of a long-term discharge or other treatment plan which may include subsequent telephone conferences with the Family Court.
iv. In issuing its order, the Family Court shall turn to the Director of the Navajo Nation Division of Health as a resource for the course of treatment developed by the Navajo Nation, other available resources identified by the parties, and other agreements between Navajo Nation and other governments.

v. The order shall specify when it will be reviewed by the Family Court, but at a minimum every 90 days. The order shall not be in effect for longer than 90 days without review by the Family Court.

vi. The Family Court's review must conform to the standards of the orginial petition hearing, and include a substantive review of treatment and he opinion(s) of the treating health care professionals or providers. Unless the Family Court is convincing upon clear and convincing evidence that the individual continues to present a likelihood of serious harm to himself or herself or others, the individual shall be released, despite the need for further treatment.

vii. The individual shall be released before the regularly scheduled Family Court review upon the determination of his or her treating health care professional or provider that commitment is no longer necessary, or expiration of the order. Upon such a determination, the treating health care professional or provider, the individual, or the individual's counsel shall inform the Family Court that the individual has been released and no further court proceedings are necessary to allow the release.

viii. At any time, with or without the concurrence of the individual's guardian or conservator, the individual who is the subject of the health civil commitment order may petition the Family Court for release.

g. §2108. *Guardianship:*

i. The Family Court may, as part of a health civil commitment order, appoint a person, preferably a person acceptable to the individual subject to the order or a willing family member, to serve as guardian for the individual, or conservator

ii. for his or her property, upon a showing, by the preponderance of evidence (clear and convincing evidence), that the individual is also no longer capable of protecting him or herself, of his or her property.

iii. The guardian or conservator shall act in a fiduciary capacity for the individual or property of the individual he or she has been appointed to serve, and shall take action in the individual's benefit. The Family Court may make either a general or limited appointment for a specific purpose, but shall limit the guardianship to the specific needs of the individual and require a regular accounting.

iv. The Court shall specify a date on which the guardianship or conservatorship will expire. A guardianship or conservatorship ordered under this section shall not extend beyond the period of commitment ordered under section 2106, above.

v. The guardian shall be required to be involved in all medical discussions and decisions made for the individual's benefit.

h. *§2109. Emergency Protective Custody:*

i. In the event that an individual presents a reasonable likelihood of serious harm outside the regular hours of Family Court operations, or for emergency care, the individual may be held in protect custody by the Navajo Nation Division of Public Safety for a maximum of 72 hours in the least restrictive environment, during which an application or petition must be filed and a temporary holding order issued (sought) pursuant to section 2104 and 2105.

ii. To the extend necessary to protect safety, an individual held in law enforcement custody, or an individual who come to the emergency room or treatment room of a health care facility on their own, may be entrusted to appropriate health care professionals or providers to take

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those actions that are necessary while waiting for appropriate law enforcement personnel to take custody of the individual.

iii. Health care professionals and providers shall not be held personally liable for actions taken when the actions are professionally responsible and clinically appropriate.

i. *Emergency Involuntary Mental Health Admissions:*

i. A law enforcement officer may detain and transport an individual for emergency mental health evaluation and care in the absence of a Family Court order, only if :

1. The individual is otherwise subject to lawful arrest, or
2. There are reasonable grounds for the officer to believe that the individual has just attempted suicide, or
3. The officer, based on his or her own observation and investigation, has reasonable grounds to believe that the individual, as a result of a mental illness or disorder, presents a likelihood of serious harm to himself or herself or to others, and requires immediate detention to prevent such harm, and
4. The officer, upon arrival at an evaluation faculty, is interviewed by the admitting health care professional or provider or his or her designee, and provides information relative to the need for emergency protective custody; and
5. A licensed health care professional or provider has certified that the individual, as a result of a mental disorder, presents a likelihood of serious harm to him or herself or to others and requires emergency detention to prevent such harm.

j. §2110. Minors:

i. In all court proceedings involving individuals under the age of eighteen (18) years, the parent(s), guardian, or legal custodian shall be notified and have the right to be present.

v. Procedure

When a person is in serious risk of hurting him/herself or others, the Clinical Specialist, with the assistance of the health care professionals or provider, initiates the commitment procedure.

vi. Reference

Legislation No. 0470-04 – An Act: "Relating to Health and Judiciary: Enacting the Health Commitments Act of 2005; Amending Title 13 of the Navajo Nation Code.

e. Seizure Tonic/Clonic (Grand Mal)

i. Policy

Any person in a Navajo DBHS facility or activity experiencing a seizure is provided seizure first aid care.

ii. Purpose

To provide employee guidelines to care for a person experiencing a seizure

iii. Definition

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~~**Grand Mal Seizure Disorder**: A disorder of the brain caused by a sudden abnormal discharge of electricity in the brain, loss of consciousness, stiffening of the body (Tonic), muscle jerking and uncontrolled or aimless body movements (Clonic), and mental confusion. A seizure generally lasts only 1-2 minutes.~~

~~**iv. General Information**~~

~~1. Seizure disorder is often referred to as epilepsy.~~
~~2. In the United States of America, approximately 2 million people are affected with seizures or epilepsy.~~
~~3. A seizure disorder may develop at any time in the life cycle of a human being but usually occurs in the first few years of life to young adulthood.~~
~~4. Males are more likely to have epilepsy than woman because of their involvement in work and sports activities, which have a higher risk of head injuries.~~
~~5. Epilepsy is not a contagious disease, mental illness, or sign of low intelligence.~~
~~6. The majority of Americans have a normal life with seizures being controlled with medications.~~
~~7. Epilepsy has a variety of forms, ranging from massive convulsions to momentary lapse of attention. There are approximately 20 different seizure disorders.~~
~~8. Some people may recognize signs of an upcoming seizure.~~
~~9. Signs of Seizures:~~
~~a. Sudden fall or cry followed by stiffness and jerking of the body~~
~~b. Face and eyes fixed to one side~~
~~c. Unawareness~~
~~d. Unresponsiveness/loss of consciousness~~
~~e. Possible loss of bladder and/or bowel control~~
~~f. Excessive drooling~~
~~g. Shallow, irregular breathing~~
~~10. Precautions:~~
~~a. Do not hold the person's tongue~~
~~b. Do not put anything in his/her mouth~~
~~c. Do not give the person fluids~~
~~d. Do not hold the person to restrict movement~~
~~e. Do not hold the person down~~
~~f. Do not start CPR unless breathing has stopped~~
~~g. Do not move the person unless the area is clearly dangerous such as a busy street~~
~~11. Safety is the most important rule in caring for a person experiencing a seizure.~~

~~**v. Procedure**~~

~~A. Stay calm.~~
~~B. The first person to discover the client having a seizure will remain with the client and ensure his/her safety.~~
~~C. Speak calmly in regular voice, reassuring the person that you will remain with him/her.~~

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D. As soon as possible, begin timing the seizure by noting the time seizure started (body movement starts), or when it was first noted, until the seizure ends (body movement stops).

E. If the person is standing when the seizure starts, the employee will ease the person down to the floor:

a. Lay him/her down on the floor.
b. Remove any harmful items on the floor away from the person and place something soft and flat under the head.
c. Remove glasses.
d. Loosen any clothing that may restrict breathing.
e. ***Note:*** *If there is danger of dropping a person when he/she is moved, leave the person in the chair and administer care.*

F. Turn person's head to one side to keep airway open and allow saliva o flow out of his/her mouth (You may need to tilt face in downward direction to allow secretions to drain out).

G. Observe the person's behavior during the seizure; for example:

a. Tongue biting
b. General stiffening of entire body.
c. Jerking movements of entire body.
d. Jerking of one extremity (right side, left side)
e. Unresponsive
f. Blush skin color

H. Call the Emergency Medical Services, for anyone experiencing the following danger signs of seizures.

a. Turning to blue color, especially around the mouth
b. Respirations stop
c. If the seizure last more than 15 minutes
d. If there is multiples occurrences of seizures when multiple occurrences is not usual for this person (if known)

I. Allow the client to rest.

J. After the seizure the person is often exhausted, may have a headache, be sleepy, confused, irritable and may be unaware he/she just experienced a seizure.

a. Be supportive of the person when he/she awakes by:
b. Advising person that he/she just had a seizure
c. Reassure person he/she is safe
d. If needed, provide a place for him/her to rest (usually the person is exhausted).

vi. Documentation

A. Complete the *Incident Documentation Report.*
B. Complete *Seizure Report Form* (if person is a client)
C. If person is having a Grand Mal Seizure, document the following:

a. The length of the seizure
b. Tongue biting
c. General stiffening of entire body

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~~d. Jerking movements of entire body~~
~~e. Jerking of one extremity (right side—left side)~~
~~f. Progressing Jerking~~
~~g. Unconsciousness~~
~~h. Bluish skin color~~
~~D. Indicate the emergency action implemented~~
~~E. Person's response after seizure~~
~~F. If applicable, facility person transferred to~~
~~G. Method of transfer~~
~~H. Name of person's escort, if applicable~~
~~I. Family notified, and time~~
~~J. Medical forms/information sent with person (if applicable)~~

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Navajo DBHS Outpatient Services
SEIZURE RECORD

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Name (*last, first*)		Date:
Location of Seizure:	Time of Seizure: o am o pm	Duration: Min: Sec:

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Seizure Description (*Check boxes of all symptoms observed):*

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o Tongue Biting or Unconsciousness
o General stiffening of entire body (Tonic)
o Jerking movements of entire body (Tonic)
o Jerking of one extremity
(Specify)_____
o Bluish skin color (Cyanotic)
o Right side jerking
o Left side jerking

o Progressive jerking—starting at one part of body and progressive to another

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(Specify)_____

o Staring o Smacking Lips o chewing o Mumbling o Picking at clothes o Wandering aimlessly o Loss of muscle tone o Head dropping o Eyes rolled back

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o Loss of contact for _____ seconds
o Precipitous falling forward (Nose dive)
Abnormal absence of movement Other
(Specify)_____

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Action taken by staff:

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EMS Notified?	Name:	Date of Notification:	Time:
o Yes o No			o am o pm

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Client's Response after Seizure: o No apparent injury o Doctor's attention required o No change in behavior o Respiratory problems from aspiration o Sleepy o Other:_____			
Reporting Person's Signature and Title:		Date:	Time:
Witness Signature and Title:		Date:	Time:
Medical Provider's Report	Client's Finding and Treatment Given:		
	Signature and Title:	Date	Time:
Client Transfer Report	Facility Client Transferred To:	Method of Transfer:	Client Escort:
	Medical Forms/Information sent with Client:		
	Family Notified:	Date:	Time:
Program Supervisor's Report	Comments:		
	Signature and Title:	Date:	Time:

I. POLICY

DBMHS will be well prepared in the event of a client medical or behavioral emergency requiring internal resources or health care resources in the community.

II. PURPOSE

To respond to a client's need for immediate or unscheduled medical and behavioral emergencies.

III. DEFINITIONS

A. **CPR – or Cardiopulmonary Resuscitation**
An emergency lifesaving procedure performed when the heart stops beating.

B. **First Aid**

C. Emergency care given immediately to an injured person. The purpose of first aid is to minimize injury and future disability.

D. **Grand Mal Seizure Disorder**

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A disorder of the brain caused by a sudden abnormal discharge of electricity in the brain, loss of consciousness, stiffening of the body (Tonic), muscle jerking and uncontrolled or aimless body movements (Clonic), and mental confusion.

E. **Medical Emergency**

A medical or behavioral condition, which manifests itself by sudden symptoms of sufficient severity, including severe pain: (1) placing the health of the afflicted person in serious jeopardy; (2) serious impairment to the person's bodily functions; (3) serious dysfunction of any bodily organ; or (4) serious disfigurement. Examples: Severe chest pain, injuries, shortness of breath; loss of consciousness, sudden change in mental status (e.g., disorientation), severe bleeding, conditions requiring immediate attention (e.g., appendicitis, poisoning, convulsions).

IV. RULES

A. DBMHS posts written documentation of contact information for emergency services available in the community where the DBMHS treatment center is located. Documentation encompasses all emergency coverage including emergency medical, poison control, public safety, and fire response.

B. In the case of a medical, safety, or fire emergency, the first person at the scene is authorized to place the call to emergency dispatch.

C. The receptionist and Safety Field Inspector are responsible for maintaining the most current list of emergency telephone numbers.

D. DBMHS has a written agreement with the Indian Health Service (IHS) providing reasonable assurance a client will be transferred from the DBMHS facility to the hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care.

E. It is the responsibility of staff on duty to manage any emergency until emergency services arrive.

F. All staff maintain current certification in CPR / First Aid. (R-20-309. A.10).

G. An approved first aid kit and defibrillator will be available at each Treatment Center and will be kept in areas known and accessible to all staff.

H. Admission forms should encourage clients to volunteer for any important health information and/or to identify any need for reasonable accommodation.

I. Any person in a DBMHS facility or activity experiencing a seizure is provided seizure first aid care, and emergency medical services (EMS) are contacted, in accordance with the procedures outlined in this policy.

J. All medical emergencies constitute an incident in accordance with DBMHS Incident Reporting Policy and in all cases an Incident Report will be completed in the EHR.

K. If the occurrence of a medical emergency requires follow-up actions from a traditional Navajo or faith-based perspective, such actions are taken in accordance with DBMHS traditional or faith-based policies and procedures.

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V. PROCEDURES

A. For severe or life-threatening emergency personnel will be called immediately to summon emergency medical services (EMS). Until EMS arrives, standard CPR, defibrillator, and/or first aid procedures will be administered as appropriate, in accordance with staff training and certification.

B. DBMHS infection control policy should be consulted in the case of clients presenting with such symptoms as inflammation, rash, fever, diarrhea, vomiting, or who present with parasitic infestations or are suspected to be infectious or contagious. Staff on duty will assess each situation on a case-by-case basis and contact EMS if needed.

C. The client's family or support system, personal physician, and case manager will be notified of any emergency and advised about any arrangements made for transfer or referral of the client.

D. Clients who may have been exposed to contagious disease or infestations will be notified immediately upon discovery of exposure.

E. In every medical emergency, one staff member is identified as the lead person for providing direct first aid or CPR to the victim; another is designated to contact emergency personnel and lead emergency workers to the scene.

F. Another staff member is designated as the recorder, to document time and details of the incident, staff actions, and client responses, keeping chronological sequence as the intervention progresses.

G. When emergency personnel arrive, the person recording the events will provide a brief, concise verbal report, and a copy of the written record, also keeping a copy for agency records.

H. In case of dental emergencies, the client will be referred immediately to the dentist of their choice. If the client does not have a dentist or dental insurance, the Case Management Specialist or nurse will arrange dental services through Indian Health Services.

I. Sexual abuse or rape are managed as a medical emergency and also as a situation requiring criminal investigation. Supportive counseling will be offered until police arrive for transport to the nearest hospital emergency room. To preserve evidence, clients should not be allowed to shower or change clothes. If the alleged perpetrator is also a client, the two will be separated by staff and the alleged perpetrator will be kept in the eyesight of a staff person, if possible, until police arrive.

J. In case of a death in the facility, the body will be protected in a discreet manner. Emergency personnel will be contacted (if not already present) to transport the body to the appropriate facility. The police will be notified, and a police report will be filed. DBMHS Incident Reporting Procedures are followed, and traditional or faith-based procedures are implemented as appropriate.

K. Staff will utilize the following guidelines to care for a person experiencing a seizure:

1. Know the signs that a person is having a seizure:
    a. Sudden fall or cry followed by stiffness and jerking of the body.
    b. Face and eyes fixed to one side.
    c. Unawareness
    d. Unresponsive/loss of consciousness

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e. Loss of bladder and/or bowel control
f. Excessive drooling
g. Willow, irregular breathing

2. Remember the following precautions:
   a. Stay calm.
   b. Do not hold the person's tongue.
   c. Do not put anything in his/her mouth.
   d. Do not give the person fluids.
   e. Do not hold the person down.
   f. Do not start CPR unless breathing has stopped.
   g. Do not move the person unless the area is clearly dangerous such as a busy street.
3. Safety is the most important rule in caring for a person experiencing a seizure.
4. The first person to discover the client having a seizure will remain with the client and ensure his/her safety.
5. Speak calmly in a regular voice, reassuring the person that you will remain with him/her.
6. As soon as possible, begin timing the seizure by noting the time seizure started (body movement starts), or when it was first noted, until the time the seizure ends (body movement stops).
7. If the person is standing when the seizure starts, ease the person down to the floor.
8. Lay him/her down on the floor.
9. Remove any harmful items on the floor away from the person and place something soft and flat under the head.
10. Remove glasses.
11. Loosen any clothing that may restrict breathing.
12. Note: If there is danger of dropping a person when he/she is moved, leave the person in the chair, and administer care.
13. Turn the person's head to one side to keep airway open and allow saliva to flow out of his/her mouth (You may need to tilt face in downward direction to allow secretions to drain out).
14. Observe the person's behavior during the seizure, for example:
    a. Tongue biting
    b. General stiffening of entire body
    c. Jerking movements of entire body
    d. Jerking of one extremity (right side, left side)
    e. Unresponsive
    f. Bluish skin color
15. Call Emergency Medical Services for anyone experiencing the following danger signs of seizures:
    a. Turning to blue color, especially around the mouth
    b. Respiration stops.
    c. If the seizure last more than 15 minutes

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d. If there are multiple occurrences of seizures when multiple occurrences are not usual for this person (if known)
e. Any medical history of seizures should be filed under Client records in the EHR and provided to EMS in cases of emergency.

16. After a seizure, the person is often exhausted, may have a headache, be sleepy, confused, irritable and may be unaware he/she just experienced a seizure. Allow the client to rest.
17. Be supportive of the person when they awake by:
    a. Advising the person that they just had a seizure.
    b. Reassure the person they are safe.
    c. If needed, provide a place for them to rest (usually the person is exhausted).
18. Complete an Incident Report, including the following information:

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    a. The length of the seizure
    b. Tongue biting
    c. General stiffening of entire body
    d. Jerking movements of entire body or one extremity
    e. Progressive Jerking
    f. Unconsciousness
    g. Indicate the emergency action implemented.
    h. Person's response after seizure
    i. If applicable, facility person transferred to
    j. Method of transfer
    k. Name of person's escort, if applicable
    l. Family notified, and time.
    m. Medical forms/information sent with person (if applicable)

REFERENCES

https://medical-dictionary.thefreedictionary.com/medical+emergency
AAC R-20-309a; R-20-409d; R-20-701c
NMAC 7.20.11.22; NMAC 7.20.11.30
DBMHS Traditional and Faith-Based Policies

Division of Behavioral and Mental Health Services

Emergency Phone Numbers

Local Emergency Medical Service	
Local Emergency Room	
Local Mental Health Department	

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Local Pharmacy	
Local Fire Department	
Local Police Department	
Local Counseling Services	
National Poison Control	(800) 363-0101
Mental Health Crisis Line	988

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~~f. Bomb Threat~~

~~i. Policy~~

~~All bomb threats are considered serious, safety precautions are implemented and the police are notified immediately.~~

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~~ii. Purpose~~

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~~To establish a procedure in case of a bomb threat~~

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~~iii. Definitions~~

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~~Bomb: An explosive device fused to detonate under specific conditions.~~

~~Bomb Threat: A threat that a bomb is located in the building and scheduled to detonate, generally by a telephone call, but may be delivered in person or via a note.~~

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~~iv. General Information~~

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~~1. All employees are required to attend the internal disaster class that reviews the bomb threat policy and procedure.~~

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~~2. Evacuate the building when the bomb supposedly is timed to "go off" in a short period of time.~~

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~~3. Immediately notify everyone and quietly exit and follow established evacuation plan.~~

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~~4. Listen to the caller, be polite and do not argue with him/her.~~

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~~v. Procedure~~

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~~1. When receiving a bomb threat, maintain a calm voice, take notes, and ask the following pertinent information:~~

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~~a) Prolong the conversation as long as possible.~~

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~~b) Do not interrupt the caller.~~

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~~c) Document the caller's message.~~

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~~d) In a calm manner request the following significant information from the caller.~~

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~~i) Where is the bomb located?~~

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ii) What time will the bomb "go off"?

iii) What will make the bomb "go off"?

iv) What king/type of bomb is it?

v) What does the bomb look like?

2. Not the following characteristics of the caller's voice:

a) Voice of the caller, i.e. male, female, loud, soft, any noted accent, approximate age, intoxicated, etc.

b) Is the voice familiar?

c) Type of speech, i.e. fast/slow slurred, lisp, distant, distorted, etc.

d) Manner of caller i.e. calm, angry, laughing, scared, emotional, crying, etc.

e) Background noise i.e. office machinery, business background, voices, party noise, quiet, etc.

f) Did the caller say anything to indicate he/she is familiar with the building?

3. Immediately contact the police, identifying self by name, title, organizations name and location, address, and telephone number.

4. Describe bomb threat and message and identified characteristics of the caller.

5. Evacuate the building.

6. Wait for police to conduct a search of the building and surrounding grounds (if applicable)

7. Follow Police instructions.

vi. Documentation

1) Incident Documentation Report Form

a) Date.

b) Time.

c) Direct quote of the caller's threat.

d) Any other significant information from the caller (see above).

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~~e) Caller's characteristics (see above).~~

~~f) Time police notified.~~

~~g) Identify follow-up, including property searches, evacuations, etc.~~

~~h) Name, title.~~

~~i) Fax copy of form to Navajo DBHS Central Administration, Department Manager and Clinical Specialist Coordinator~~

~~j) File copy of the form at the Navajo DBHS program site.~~

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~~g. Duty to Warn~~

~~i. Policy~~

~~All licensed clinical professionals have a legal duty to warn a person if a client expresses a serious intent to harm that person.~~

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~~ii. Purpose~~

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~~To protect a person from harm by reporting the threat to the civil authorities.~~

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~~iii. General Information~~

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~~In Tarasoff vs Regents of the University of California, 118 Cal., Rptr.129 P.2d 553 (1974) aff d, 131 Cal.Rptr.14 551 P.2d 334(1976), the court found that that psychiatrist had a duty to warn the person whom the client had threatened to kill, although there was not an existing relationship between the psychiatrist and the threatened person. The ruling was in spite of the fact that the doctor-client relationship communication is normally considered private and protected by law. The court considered the following factors in determining the liability: (1) the foreseeable harm to the plaintiff; (2) the suffered injury of the plaintiff; (3) the parallels of the threat and the actual injury suffered; (4) the moral blame attached to the defendant's conduct; (5) the policy of preventing future harm; (6) the burden to the defendant and consequences to the community; (7) the prevalence of~~

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~~insurance risk and costs. The foreseeable harm to the plaintiff was most important in determining the duty to warn.~~

~~1. When determining to inform the potential victim and/or the authorities of a threat, the threat should be classified as either specific or nonspecific. A specific plan would include~~

~~a. person~~

~~b. means~~

~~c. time~~

~~d. "For example, "I'm going to shoot my mother when I get out of here." An example of a nonspecific threat is, "I'm going to kill my mother."~~

~~iv. Procedure~~

~~1. When a client tells a staff person that he/she wishes to harm another individual, the staff person has he professional obligation to query the client about their intentions. The query includes the following:~~

~~a. Identify the person at risk.~~

~~b. How the person will be killed.~~

~~c. When the person will be killed.~~

~~d. Identify where the person at risk live e.g. city, state, etc.~~

~~2. Once the staff person has heard the threat to warn and queried the client about his/her plan, the staff member is required to immediately inform the Clinical Specialist.~~

~~3. The employee, Clinical Specialist, and the attending, and the attending Psychiatrist will discuss and evaluate the threat.~~

~~4. When the threat is considered specific, the Clinical Specialist, and the Psychiatrist shall determine the level of the risk. If these professionals determine the~~

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~~level of risk as significant, the civil authorities within the area where the intended victim lives, are to be notified. The civil authorities will notify the potential victim.~~

~~v. Documentation~~

~~*Incident Documentation Report:* Document the components of the query.~~

~~h. Child and Adolescent Abuse and Neglect~~

~~i. Policy~~

~~Any suspected abuse or neglect of a child and an adolescent should be immediately reported to Navajo Division of Social Services and appropriate Law Enforcement Agency. A parallel report is then made to the Clinical Specialist Coordinator at Navajo DBHS Central Administration.~~

~~ii. Purpose~~

~~To protect the children of Navajo Nation from abuse and neglect.~~

~~iii. Definitions~~

~~Abuse: Any intentional infliction of physical harm; any injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault. Abusive treatment includes physical, emotional, and programmatic abuse. The definitions of abuse are based on the A.R.S. s 546; s 13-3623; s 36-569 and s 46-451.~~

~~Signs/symptoms of physical abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:~~

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- ~~Bruises~~
- ~~Welts~~
- ~~Lacerations~~
- ~~Puncture wounds~~
- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over-medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries in various stages of healing~~
- ~~Injuries inconsistent with explanation~~
- ~~Injuries during pregnancy.~~

~~Physical abuse: The infliction of pain or injury to an individual including kicking, hitting, slapping, pulling hair, or any sexual advances or abuse.~~

~~Emotional abuse: The verbal expressions of demeaning, ridiculing, making derogatory or cussing someone.~~

~~Programmatic abuse: The use of aversive stimuli techniques, which has not been approved by ISP team. Aversive stimuli include the use of isolation and/or restraint.~~

~~Child, youth, juvenile: Any person who is under the age of 18 years.~~

~~Exploitation: An illegal or improper act designed to "take advantage" of an adult person who is incapacitated or vulnerable. The exploiter plans to benefit from the act of exploitation by gaining resources or profit.~~

~~Incapacity: A person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs,~~

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chronic intoxication or other causes to render an inability to sufficiently understand or communicate informed decisions concerning his/her business.

Neglect: A Pattern of "lack of care" for a person. Lack of care may include: the deprivation of food, water, medication, medical services, cooling, heating, or other services necessary to maintain minimum physical or mental health. Examples include:

- Lack of attention to physical needs such as toileting, bathing, meals, and safety.
- Intentional failure to carry out a prescribed treatment plan for a person.

Physical Injury: Injuries which include: skin bruising, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to internal organs or any condition which imperils health and/or welfare.

Serious physical injury: Injury, which causes a reasonable risk of death or serious permanent disfigurement, or serious impairment of health or protracted impairment of the function of any bodily organ or limb.

v. General Information

1. Abuse and Neglect is prohibited at Navajo Nation Behavioral Health Outpatient Services. Anyone found guilty of abuse and/or neglect is subject to immediate disciplinary action up to and including termination.

2. Any employee aware of any abuse and neglect who does not report the action to administration is subject to disciplinary action.

3. All suspected cases of neglect or abuse for children and adolescent shall be reported to the Navajo Nation Division of Social Services Child Protective Services.

4. Doctors, Nurses Practitioners, Nurses and other health care professionals are required by law to report any suspected abuse or neglect.

vi. Procedure

1. Anyone identifying or suspecting any potential abuse or neglect shall immediately report this observation to his/her supervisor. In the case that a parent is inflicted the abuse or neglect on a client, the employee shall immediately inform the

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~~Clinical Specialist. If the Clinical Specialist is not available, the person delegated as the acting Clinical Specialist will be informed.~~

~~2. The Clinical Specialist shall report all alleged abuse and/or neglect to the Navajo Nation Division of Social Services. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. Any information that may be helpful in establishing the cause of the injury or the neglect.~~

~~3. The child/adolescent will be taken to the local Indian Health Services for a medical evaluation.~~

~~4. The Clinical Specialist will oversee all investigations of the suspected neglect and/or abuse case, and will delegate a coordinator to conduct an internal investigation.~~

~~5. The Clinical Specialist or designee shall report any confirmation of abuse or neglect to the parent, guardian, or responsible person.~~

~~vii. Documentation~~

~~*Incident Documentation Report*~~

~~j. Recognizing and Reporting Dependent Adult/Elder Abuse/Neglect~~

~~i. Policy~~

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~~The Navajo DBHS provides for the protection of the elderly and/or dependent adults and acts in conjunction with the appropriate Navajo Nation abuse reporting laws.~~

~~ii. Purpose~~

~~The protection adults and elders from abuse and neglect.~~

~~iii. Definition~~

~~"Dependent Adult": Any person residing on the Navajo Nation, over the age of 18, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights, including, but limited to, persons who have physical or developmental disabilities or who physical or mental abilities have diminished because of age.~~

~~Type of Abuse:~~

~~Physical Abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:~~

- ~~Bruises~~
- ~~Welts~~
- ~~Lacerations~~
- ~~Puncture wounds~~
- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over-medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries of various stages of healing~~
- ~~Injuries inconsistent with explanation~~
- ~~Injuries during pregnancy~~

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Sexual Abuse: Unwanted sexual advances made toward the adult or elder client.

Fiduciary Abuse: A situation in which a person who in a position of trust with the abused individual willfully steals the money or property or appropriates money or property for any use or purpose not in the due and lawful execution of his/her trust.

Financial Abuse: includes lack of money to buy food or medication, someone consistently visiting around the first of the month when Social Security checks are received and/or checks written to strangers.

Neglect includes:

- Failure to assist in personal hygiene or providing food and clothing for an individual
- Failure to provide medical care for the individual's physical and mental health needs; a person voluntarily seeking spiritual prayer or traditional medicine in lieu of medical treatment does not constitute neglect
- Failure to protect an individual from health and safety hazards
- Failure to prevent an individual from suffering malnutrition

Abandonment: Abandonment is when a person who has the care of custody of an elder deserts or willfully forsakes the individual under circumstances in which a reasonable person would continue to provide care or custody.

iv. General Information

1. Sexual abuse: it is the responsibility of the licensed employee who suspects the abuse to initiate the reporting process by contacting the Navajo Nation Division of Social Services by telephone.

2. Recognizing and reporting elder abuse and/or neglect.

a. By law all licensed practitioners are required to report suspected elder or dependent adult abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.

b. The licensed personnel will not incur any civil or criminal liability as a result of making this report.

c. Any suspected abuse should be reported immediately.

3. Any employee who suspects any type of abuse shall immediately report this observation to the Navajo Nation Division of Social Services.

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~~v. Procedure~~

~~1. Any social worker, counselor, etc., identifying or suspecting any possible abuse or neglect shall immediately report this observation to his/her supervisor.~~

~~2. When the suspecting employee reports the alleged abuse and/or neglect to the Navajo Nation Division of Social Service. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. For adults, the nature of the exploitation.~~

~~f. Any information which may be helpful in establishing the cause of the injury or the neglect.~~

~~3. If applicable, the client will be taken to the local Indian Health Services for a medical evaluation.~~

~~vi. Documentation~~

~~*Incident Documentation Report:* Include information reported to the Navajo Nation Division of Social Services.~~

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~~X: Emergency Procedures~~

~~a. Emergency Telephone Numbers~~

~~i. Policy~~

~~Emergency telephone numbers are posted in the front lobby area of the Navajo DBHS center, and near fire extinguishers.~~

~~ii. Purpose~~

~~In case of an emergency, emergency phone numbers are readily available for staff.~~

~~iii. Definitions~~

~~EMS: Emergency Medical Services, e.g. ambulances and personnel.~~

~~EMT: Emergency Medical Technician, a person trained and certified to provide basic medical services before and during transportation to a hospital.~~

~~iv. General Information~~

~~1. Emergency telephone numbers are prominently displayed in the front lobby and near fire extinguishers.~~
~~2. In the case of a medical or fire emergency, the first person at the scene is authorized to place the call to the EMS, etc.~~
~~In the case of safety emergency, such as a bomb threat or gas leak, the first staff member at the scene is authorized to notify the appropriate emergency service.~~
~~3. The receptionist is responsible to maintain the most current list of emergency telephone numbers.~~

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~~Emergency Phone Numbers~~

~~Navajo Nation~~ ~~Emergency Medical Service~~	
~~Local IHS~~ ~~Emergency Room~~	
~~Local IHS~~ ~~Psychiatric Department~~	
~~IHS~~ ~~Pharmacy~~	
~~Navajo or Local~~ ~~Fire Department~~	
~~Navajo or Local~~ ~~Police Department~~	
~~IHS~~ ~~Counseling Services~~	
~~National Poison Control~~	~~(800) 363-0101~~

~~b. CPR/First Aid, Medical Emergency Transfer to Another Facility~~

~~i. Policy~~

~~CPR is administered to any person experiencing a cardiopulmonary crisis while visiting or participating in a Navajo DBHS activity.~~

~~ii. Purpose~~

~~A well-organized emergency plan is fundamental to providing quality CPR medical services in emergency situations.~~

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~~iii. Definitions~~

~~I. CPR: A procedure designed to restore normal breathing after cardiac arrest that includes the clearance of air passages to the lungs, heart massage by the exertion of pressure on the chest, and the use of drugs.~~

~~First Aide: Emergency care of treatment given to an ill or injured person before regular medical aid can be obtained.~~

~~iv. General Information~~

~~1. All significant medical emergencies are transferred to the nearest Indian Health Service Hospital or local hospital.~~

~~2. Current CPR certification is required for all outpatient employees.~~

~~v. Procedure for CPR Medical Emergencies~~

~~A. The first employee to find the person in need of emergency assistance shall:~~

~~1. Assess the person to determine the absence of respirations and pulse.~~

~~2. Call for assistance when the absence of respirations and/or pulse is determined.~~

~~Begin one person CPR according to the American Red Cross Association standards.~~

~~A. The second employee to arrive shall:~~

~~1. Call emergency medical services, identify self by full name and title, and state the nature of the emergency, identify the organization, its address, and telephone number.~~

~~1. Assist the first employee with CPR as directed.~~

~~A. The first person is the CPR Code Leader until relieved by the EMS personnel. The code Leaders responsibilities include:~~

~~1. Ensuring the person's airway is established and maintained~~

~~1. Ensuring adequate cardiac compressions are performed.~~

~~1. Overseeing the CPR procedure.~~

~~1. Assess the other physical needs of the client.~~

~~1. Giving a report to the EMS personnel when they arrive.~~

~~A. The second person or designee shall:~~

~~1. Obtain and send copies of the following:~~

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ii. Clients face sheet containing vital information (if available).
List of Medications (if available).

A. The Code Leader/designee shall notify:

2. The person's family
3. Navajo DBHS Central Administration via Fax of the Incident Documentation Report
4. AZ DBHS via Fax of Incident Report (if AHCCCS enrolled)

v. Documentation

Document on Incident Report:

- Description of the Incident
- Emergency measures implemented including:
  - CPR
  - Time EMS notified
  - Person's response to CPR
  - Person's status prior to emergency
  - Medical forms/information sent with the client, if applicable
  - Facility the person was transferred to
  - Method of transfer
  - Name of escort, if applicable
  - Family notified and time

vi. References

American Red Cross Association Standards

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~~C. Poison Ingestion~~

~~Policy~~

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~~The Established emergency procedure shall be followed for any person who has ingested any "poisonous substances."~~

~~ii. Purpose~~

~~To establish a procedure in the case of poison ingestion~~

~~iii. Definition~~

~~Poison: For the purposes of this policy and procedure, poison is defined as any substance that can cause harmful effects in the body including excess of prescribed medication, medication that has not been prescribed, cleaning products, or other identified poisons.~~

~~iv. General Information~~

~~1. Poison Control Centers are open 24 hours, 7 days a week. The centers are staffed with a pharmacist and registered nurses who provide emergency information.~~

~~2. The most dangerous poisons include:~~

- ~~Medicines, including iron pills~~
- ~~Cleaning products that can cause burns like drain cleaners, oven cleaners, toilet bowl cleaners, rust remover~~
- ~~Antifreeze~~
- ~~Windshield washer solution~~
- ~~Hydrocarbons: furniture polish, lighter fluid lamp oil, kerosene, turpentine, paint thinner~~
- ~~Carbon Monoxide~~
- ~~Pesticides~~
- ~~Wild mushrooms~~

~~2. The Poison Control Emergency Number is maintained with each staff member's telephone, in the DBHS P & P Manual, First Aid kit, and the agency vehicles.~~

~~2. See Toxic Substance Policy and Procedure for Storage of Toxic Substances~~

~~v. Procedure~~

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~~1. Once it has been identified that a person has ingested any poisonous substance, the person is immediately transported to the local IHS Emergency Room or the nearest emergency medical services are called.~~

~~When emergency services are not available, call the Poison Control Center and follow directions. Seek emergency treatment as soon as possible.~~

~~vi. Documentation~~

~~1. Complete Incident Documentation Report including:~~

~~2. The name of the "poison", if known~~

~~3. The amount ingested, if known~~

~~4. Emergency procedures implemented.~~

~~vi. Reference~~

~~American Association of Poison Control Center, Inc.,~~

~~Preventing Poisonings in the Home~~

~~d. Enacting the Health Civil Commitment Act of 2005 and Amending Title 13 of the Navajo Nation Code~~

~~i. Policy~~POLICY

~~It is Policy of the Navajo Nation that a~~Any individual who, due to a physical or mental illness or disorder, is a threat to the health or safety of themselves or others should receive appropriate treatment in the least restrictive environment.

~~ii. Purpose~~ PURPOSE

~~The purpose of the Navajo Health Commitment Act of 2005 is t~~To establish statutory provisions for the Health Civil Commitment of individuals for treatment in the least restrictive environment as part of community coordinated response to their mental or physical illness or disorders.

~~iii. Definitions~~DEFINITIONS

A. Evaluation

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An assessment consisting of an individual patient's history, corroborating information, presenting signs and symptoms, and physical exam, to include a mental status assessment, as well as necessary laboratory or psychological testing, or both, which results in an opinion on a patient's condition and treatment recommendations by a health care professional.

A. **Health Commitment Act of 2006**

B.

To balance the interests of the individual and the community where an individual is suffering from physical or mental illness(es) or disorder(s) and the untreated consequences of the physical or mental illness(es) or disorder(s) presents a reasonable likelihood of serious harm to the health or safety of the afflicted individual or the community, or both.

C. ~~**Treatment in the l**~~**Least Rrestrictive environment****Treatment Procedure**:

A course of treatment that provides maximum freedom to the individual while protecting that individual and ~~others~~others from the individual's behavior, ~~illness~~illness, or disorder. Treatment in the least restrictive environment does not include detainment in any treatment in a facility, as close to his or her home as possible.

D. **Least Restrictive Environment**

1. Each patient committed solely on the ground that there is a reasonable likelihood that he or she will cause harm to himself or herself, or to suffer substantial mental or physical deterioration shall be placed in the most appropriate and therapeutic setting available, and a setting in which treatment provides the patient with a reasonable opportunity to improve and which is no more restrictive of his or her physical or social liberties than is believed conducive to the most effective treatment for the patient, and;
2. Each patient committed solely or in part on the ground that there is a reasonable likelihood that he or she will cause harm to others shall be placed in a setting in which treatment is available and the risks of physical injury or property damage posed by such placement are warranted by the proposed plan of treatment. Treatment in the least restrictive environment does not include detainment in any correctional facility as a result of alleged or adjudicated criminal behavior. An individual shall receive treatment in a home or community setting or in a local medical or treatment facility as close to the individual's home as possible.

E. **Likelihood of serious harm:**

a~~A~~nyone of the following descriptions constitutes likelihood of serious harm:

1. A substantial risk of physical harm in the near future to the individual, as manifested by evidence of threats of, or attempts at, suicide or serious physical harm; or
2. A substantial risk of physical harm in the near future to another individual, as manifested by evidence of homicidal or other violent behavior, or evidence that others are placed in reasonable fear of violent behavior and serious harm; or

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3. A substantial, serious of physical impairment or injury in the near future to the individual as manifested by evidence that such individual's judgement is so impaired that he or she is unable to protect him or herself in the community; or
4. A substantial, serious threat of spread in the near future of an infectious illness which has life-threatening consequences for a significant number of people exposed, which spread can be prevented by reasonable precautions and illness management and where the infected person either refuses, or is unable to comply with voluntary treatment or confinement procedures, as necessary to protect the public health; or
5. A pregnant woman whose ongoing substance abuse presents a substantial risk to the unborn child.

F. **"Individual" or "Person"**:
An adult or minor child under eighteen (18) years of age.

IV. iv. General InformationRULES

A. The following is the Amendment of Title 13 of the Navajo Nation Code.

1. 1. Any adult family member, legal guardian, or employee of governmental agency suspecting that an individual suffers from an illness or disorder, and as a result presents a likelihood of serious harm, may apply to the Navajo Nation family court may then for an ex parte order an individual to undergo further requiring the individual to be held in the least restrictive environment and to undergo medicalan evaluation or a course of treatment, or both as defined in §2104 (H).
2. 2. The evaluation shall be completed within five seven (75) working days after the entry of the court order.
3. 3. The application shall contain such information and facts as shown by clear and convincing evidence that the individual's behavior(s), illness(es) or disorder(s) presents a likelihood of serious harm and warrants an evaluation.

b.a. *Petition:* The petition for treatment of any individual shall contain the following information, which may be obtained pursuant to a Family Court-ordered evaluation pursuant to Section 2104:

i. Name and address of the individual to be treated;treated.
ii. NamPetitioners name(s) and a, address(es), of the person(s) filing the petition;petition.
iii. The type of illness or disorder from which the individual suffers;suffers.
iv. A brief statement of observations describing the individual's communications, behaviors, or actions occurring as a result of the illness or disorder which present a likelihood of serious harm;harm.
v. A statement of the least restrictive treatment procedures available; and

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vi. ~~Affidavits~~ A signed evaluation by one health care professional ~~by two health care professionals familiar with the individual's condition~~who has conducted the evaluation and a second health care professional who has concurred in the evaluation. In cases where an individual is a danger because of mental illness, one of the two health care professionals shall ~~of the two statements by a health care professional shall be by a~~be a clinical psychologist or a psychiatrist. No liability will be attached for any such ~~statement~~ evaluation statement so long as it is made in good faith and with reasonable professional judgement.

~~c.~~*b.* *Scheduling Order: Upon receipt of the petition that meets the above requirements, the Family Court will schedule a hearing on the merits to be heard on an expedited basis. The Family Court may immediately order the individual to be held in the least restrictive environment ~~in order to~~to protect the public or the individual from him or herself. This temporary hold order may be for a period of up to ~~five~~ seven (75) working days, ~~during which time the individual will be evaluated in an appropriate facility. The Family Court will schedule a hearing on the merits on the petition.~~, and may be extended.*

~~d.~~*c.* *Petition Hearing:*

i. During the petition hearing, the petitioner shall have the burden of proving, through clear and convincing evidence, that the individual suffers from an illness or condition, and as a result presents a likelihood of serious harm.

ii. The individual has the right to counsel during the petition hearing and, if necessary, the Family Court shall appoint counsel on the same basis as other pro bono appointments.

iii. The individual shall be present for the present for the petition hearing, shall be afforded due respect and dignity, and shall be entitled to participate in his or her best interest, unless the Family Court makes the determination that the individual would be disruptive or has a communicable disease, and no reasonable accommodation is available to facilitate his or her participation. The family court shall require clear and convincing evidence that the individual should not be present at the hearing for such reasons and, upon such a finding, may proceed with the hearing in the individual's absence.

iv. Hearings on petitions for health treatment are closed to the public and court records shall be sealed at the discretion of the court. However, the court may permit the family of the individual to be present.

~~e.~~*d.* *Independent Evaluation: If requested by the individual who is the subject of the petition, the Family Court may order a petition hearing to allow an independent evaluation of the individual as defined in §2104(~~GH~~), at the individual's expense. The Family Court shall ensure that the individual is informed of available resources to pay for the independent evaluation. During the stay, the Family Court ~~shall~~ (may) extend its temporary holding order to*

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protect the individual and others, or both. During the period of the temporary holding order, the individual shall be held in the least restrictive environment.

~~f.~~e. *The Navajo Nation Rules of Civil Procedure and Rules of Evidence shall apply to all health civil commitment proceedings; unless they are inconsistent with this Act, until such time as the Navajo Supreme Court shall develop rules of court consistent with this Act.*

~~g.~~f. *§2107. Health Civil Commitment Order.*

~~ii.~~i. After the petition hearing, and upon a finding based on clear and convincing evidence, that the individual is suffering from an illness or disorder that causes the individual to present a likelihood of serious harm, the Family Court may order that the individual undergo a court of treatment.

~~iii.~~ii. The coursets of treatment ordered must be in the least restrictive treatment procedure available and include traditional healing methods to the extent advisable. The commitment order shall comply with all certification requirements of the receiving facility or agency that are ~~not inconsistent~~consistent with the sovereignty of the Navajo Nation.

~~iv.~~iii. The order shall provide for transportation of the individual and the development of a long-term discharge or other treatment plan which may include subsequent telephone conferences with the Family Court.

~~v.~~iv. In issuing its order, the Family Court shall receive information from the ~~turn to the~~Executive Director of the Navajo Nation Division of Health and Executive Director of the Division of Social Services, regarding available resources for the course of treatment developed by the Navajo Nation and other ~~as a resource for the course of treatment developed by the Navajo Nation, other available resources identified by the parties, and other agreements between Navajo Nation and other governments~~governments, if the facility or agency of another government is to be used.

~~vi.~~v. The order shall specify when ~~it will be reviewed by the Family Court~~the Family Court will review it, but at a minimum every 120~~90~~ days. The order shall not be in effect for longer than 120~~90~~ days without review by the Family Court.

~~vii.~~vi. The Family Court's review must conform to the standards of the ~~orginial~~original petition hearing, ~~and~~hearing and include a substantive review of treatment and the opinion(s) of the treating health care professional(s) or providers. Unless the Family Court is convincing upon clear and convincing evidence that the individual continues to present a likelihood of serious harm to himself

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or herself or others, the individual shall be released, despite the need for further treatment.

~~viii.~~vii. The individual ~~shall~~ can be released before the regularly scheduled ~~F~~family ~~c~~Court review upon the determination of the treating~~his or her~~ treating health care professional(s) ~~or provider~~ that commitment is no longer necessary, or upon expiration of the order. Upon such a determination, the treating health care professional ~~or provider~~, the individual, or the individual's counsel shall inform the Family Court that the individual has been released and no further court proceedings are necessary to allow the release.

~~ix.~~viii. At any time, with or without the concurrence of the individual's guardian or conservator, the individual who is the subject of the health civil commitment order may petition the Family Court for release.

~~h.~~*g. §2108. Guardianship:*

~~i.~~The Family Court may, as part of a health civil commitment order, appoint a person, preferably a person acceptable to the individual subject to the order or a willing family member, to serve as guardian for the individual, or conservator

~~ii.~~i. for his or her property, upon a showing, by the preponderance of evidence (clear and convincing evidence), that the individual is also no longer capable of protecting him or herself, of his or her property.

~~iii.~~ii. The guardian or conservator shall act in a fiduciary capacity for the individual or property of the individual he or she has been appointed to ~~serve, and~~serve and shall ~~take action~~act into the individual's benefit. The Family Court may make either a general or limited appointment for a specific ~~purpose, but~~purpose but shall limit the guardianship to the specific needs of the individual and require a ~~regular~~regular accounting.

~~iv.~~iii. The Court shall specify a date on which the guardianship or conservatorship will expire. A guardianship or conservatorship ordered under this section shall not extend beyond the period of commitment ordered under 13 N.N.C. § 2107. ~~der section 2106, above.~~

~~v.~~iv. The guardian shall be required to be involved in all medical discussions and decisions made for the individual's benefit.

~~i.~~*h. §2109. Emergency Protective Custody:*

i. In the event that an individual presents a reasonable likelihood of serious harm outside the regular hours of Family Court operations, or for emergency care, the individual may be held in protect custody by the Navajo Nation Division of Public Safety for a maximum of 72 hours in the least restrictive environment, during which an application or

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petition must be filed and a temporary holding order issued ~~(sought)~~ pursuant to section 2105~~4~~ and 2106~~5~~.

ii. To the extend necessary to protect safety, an individual held in law enforcement custody, or an individual who come to the emergency room or treatment room of a health care facility on their own, may be entrusted to appropriate health care professionals or providers to take those actions that are necessary while waiting for appropriate law enforcement personnel to take custody of the individual.

iii. Health care professionals and providers shall not be held personally liable for actions taken when the actions are professionally responsible and clinically appropriate.

~~j.~~*i. Emergency Involuntary Mental Health Admissions:*

i. A law enforcement officer may detain and transport an individual for emergency mental health evaluation and care in the absence of a Family Court order, only if~~:~~

1. The individual is otherwise subject to lawful arrest, or
2. There are reasonable grounds for the officer to believe that the individual has just attempted suicide, or
3. The officer, based on his or her own observation and investigation, has reasonable grounds to believe that the individual, as a result of a mental illness or disorder, presents a likelihood of serious harm to himself or herself or to others, and requires immediate detention to prevent such harm, and
4. The officer, upon arrival at an evaluation faculty, is interviewed by the admitting health care professional or provider or his or her designee, and provides information relative to the need for emergency protective custody; and
5. A licensed health care professional or provider has certified that the individual, as a result of a mental disorder, presents a likelihood of serious harm to him or herself or to others and requires emergency detention to prevent such harm.

~~k.~~*j. §2110. Minors:*

i. In all court proceedings involving individuals under the age of eighteen (18) years, the parent(s), guardian, or legal custodian shall be notified and have the right to be present.

V. ~~v. Procedure~~PROCEDURES

A. When a person is in serious risk of hurting ~~him/herself~~themselves or others, the Clinical ~~Specialist~~Supervisor, with the assistance of the ~~health care professionals or provi~~Regional Behavioral Health Authority~~der~~, initiates the commitment procedure with the pertinent parties. ~~.~~

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~~vi. Reference~~REFERENCES

Legislation No. 0470-04 – An Act: "Relating to Health and Judiciary: Enacting the Health Commitments Act of 2005; Amending Title 13 of the Navajo Nation Code.

~~e. Seizure Tonic/Clonic (Grand Mal)~~

~~i. Policy~~

~~Any person in a Navajo DBHS facility or activity experiencing a seizure is provided seizure first aid care.~~

~~ii. Purpose~~

~~To provide employee guidelines to care for a person experiencing a seizure~~

~~iii. Definition~~

~~Grand Mal Seizure Disorder: A disorder of the brain caused by a sudden abnormal discharge of electricity in the brain, loss of consciousness, stiffening of the body (Tonic), muscle jerking and uncontrolled or aimless body movements (Clonic), and mental confusion. A seizure generally lasts only 1-2 minutes.~~

~~iv. General Information~~

1. ~~Seizure disorder is often referred to as epilepsy.~~
2. ~~In the United States of America, approximately 2 million people are affected with seizures or epilepsy.~~
3. ~~A seizure disorder may develop at any time in the life cycle of a human being but usually occurs in the first few years of life to young adulthood.~~
4. ~~Males are more likely to have epilepsy than woman because of their involvement in work and sports activities, which have a higher risk of head injuries.~~
5. ~~Epilepsy is not a contagious disease, mental illness, or sign of low intelligence.~~
6. ~~The majority of Americans have a normal life with seizures being controlled with medications.~~
7. ~~Epilepsy has a variety of forms, ranging from massive convulsions to momentary lapse of attention. There are approximately 20 different seizure disorders.~~
8. ~~Some people may recognize signs of an upcoming seizure.~~
9. ~~Signs of Seizures:~~
    a. ~~Sudden fall or cry followed by stiffness and jerking of the body~~
    b. ~~Face and eyes fixed to one side~~
    c. ~~Unawareness~~
    d. ~~Unresponsiveness/loss of consciousness~~
    e. ~~Possible loss of bladder and/or bowel control~~

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f. Excessive drooling
g. Shallow, irregular breathing

10. Precautions:
a. Do not hold the person's tongue
b. Do not put anything in his/her mouth
c. Do not give the person fluids
d. Do not hold the person to restrict movement
e. Do not hold the person down
f. Do not start CPR unless breathing has stopped
g. Do not move the person unless the area is clearly dangerous such as a busy street

11. Safety is the most important rule in caring for a person experiencing a seizure.

v. Procedure

1. Stay calm.
2. The first person to discover the client having a seizure will remain with the client and ensure his/her safety.
3. Speak calmly in regular voice, reassuring the person that you will remain with him/her.
4. As soon as possible, begin timing the seizure by noting the time seizure started (body movement starts), or when it was first noted, until the seizure ends (body movement stops).
5. If the person is standing when the seizure starts, the employee will ease the person down to the floor:
   a. Lay him/her down on the floor.
   b. Remove any harmful items on the floor away from the person and place something soft and flat under the head.
   c. Remove glasses.
   d. Loosen any clothing that may restrict breathing.
   e. ***Note:*** *If there is danger of dropping a person when he/she is moved, leave the person in the chair and administer care.*
6. Turn person's head to one side to keep airway open and allow saliva o flow out of his/her mouth (You may need to tilt face in downward direction to allow secretions to drain out).
7. Observe the person's behavior during the seizure; for example:
   a. Tongue biting
   b. General stiffening of entire body.
   c. Jerking movements of entire body.
   d. Jerking of one extremity (right side, left side)
   e. Unresponsive
   f. Blush skin color
8. Call the Emergency Medical Services, for anyone experiencing the following danger signs of seizures.
   a. Turning to blue color, especially around the mouth

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b. Respirations stop
c. If the seizure last more than 15 minutes
d. If there is multiples occurrences of seizures when multiple occurrences is not usual for this person (if known)

9. Allow the client to rest.
10. After the seizure the person is often exhausted, may have a headache, be sleepy, confused, irritable and may be unaware he/she just experienced a seizure.
    a. Be supportive of the person when he/she awakes by:
    b. Advising person that he/she just had a seizure
    c. Reassure person he/she is safe
    d. If needed, provide a place for him/her to rest (usually the person is exhausted).

vi. Documentation

1. Complete the *Incident Documentation Report.* Formatted: Font: (Default) Arial
2. Complete *Seizure Report Form* (if person is a client) Formatted: Font: (Default) Arial
3. If person is having a Grand Mal Seizure, document the following: Formatted: Font: (Default) Arial
    a. The length of the seizure Formatted: Font: (Default) Arial
    b. Tongue biting Formatted: Font: (Default) Arial
    c. General stiffening of entire body Formatted: Font: (Default) Arial
    d. Jerking movements of entire body Formatted: Font: (Default) Arial
    e. Jerking of one extremity (right side – left side) Formatted: Font: (Default) Arial
    f. Progressing Jerking Formatted: Font: (Default) Arial
    g. Unconsciousness Formatted: Font: (Default) Arial
    h. Bluish skin color Formatted: Font: (Default) Arial
4. Indicate the emergency action implemented Formatted: Font: (Default) Arial
5. Person's response after seizure Formatted: Font: (Default) Arial
6. If applicable, facility person transferred to Formatted: Font: (Default) Arial
7. Method of transfer Formatted: Font: (Default) Arial
8. Name of person's escort, if applicable Formatted: Font: (Default) Arial
9. Family notified, and time Formatted: Font: (Default) Arial
10. Medical forms/information sent with person (if applicable) Formatted: Font: (Default) Arial

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~~**Navajo DBHS Outpatient Services**~~

~~**SEIZURE RECORD**~~

~~Name (*last, first*)~~		~~Date:~~
~~Location of Seizure:~~	~~Time of Seizure:~~ ~~o am~~ ~~o pm~~	~~Duration:~~ ~~Min: Sec:~~
~~Seizure Description (*Check boxes of all symptoms observed*):~~ ~~o Tongue Biting or Unconsciousness~~ ~~o General stiffening of entire body (Tonic)~~ ~~o Jerking movements of entire body (Tonic)~~		~~o Bluish skin color (Cyanotic)~~

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o Jerking of one extremity o Right side jerking
(Specify)
o Left side jerking

o Progressive jerking – starting at one part of body and progressive to another
(Specify)
o Staring o Smacking Lips o Chewing o Mumbling o Wandering aimlessly o Head dropping
o Picking at clothes o Loss of muscle tone o Eyes rolled back

o Loss of contact for seconds
o Precipitous falling forward (Nose dive)
o Abnormal absence of movement Other
(Specify)

Action taken by staff:

EMS Notified?	Name:	Date of Notification:	Time:
o Yes o No			o am o pm

Client's Response after Seizure:
o No apparent injury
o Doctor's attention required
o No change in behavior
o Respiratory problems from aspiration
o Sleepy
o Other:

Reporting Person's Signature and Title:	Date:	Time:
Witness Signature and Title:	Date:	Time:

Medical Provider's Report

Client's Finding and Treatment Given:

Signature and Title:	Date	Time:

Client Transfer Report

Facility Client Transferred To:	Method of Transfer:	Client Escort:
Medical Forms/Information sent with Client:		

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Program Supervisor's	~~Family Notified:~~	~~Date:~~	~~Time:~~
	~~Comments:~~		
	~~Signature and Title:~~	~~Date:~~	~~Time:~~

~~f. Bomb Threat~~

~~i. Policy~~

~~All bomb threats are considered serious, safety precautions are implemented and the police are notified immediately.~~

~~ii. Purpose~~

~~To establish a procedure in case of a bomb threat~~

~~iii. Definitions~~

~~**Bomb**: An explosive device fused to detonate under specific conditions.~~

~~**Bomb Threat**: A threat that a bomb is located in the building and scheduled to detonate, generally by a telephone call, but may be delivered in person or via a note.~~

~~iv. General Information~~

~~1. All employees are required to attend the internal disaster class that reviews the bomb threat policy and procedure.~~

~~2. Evacuate the building when the bomb supposedly is timed to "go off" in a short period of time.~~

~~3. Immediately notify everyone and quietly exit and follow established evacuation plan.~~

~~4. Listen to the caller, be polite and do not argue with him/her.~~

~~v. Procedure~~

~~1. When receiving a bomb threat, maintain a calm voice, take notes, and ask the following pertinent information:~~

~~a) Prolong the conversation as long as possible.~~

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~~b) Do not interrupt the caller.~~

~~c) Document the caller's message.~~

~~d) In a calm manner request the following significant information from the caller.~~

~~i) Where is the bomb located?~~

~~ii) What time will the bomb "go off"?~~

~~iii) What will make the bomb "go off"?~~

~~iv) What king/type of bomb is it?~~

~~v) What does the bomb look like?~~

~~2. Not the following characteristics of the caller's voice:~~

~~a) Voice of the caller, i.e. male, female, loud, soft, any noted accent, approximate age, intoxicated, etc.~~

~~b) Is the voice familiar?~~

~~c) Type of speech, i.e. fast/slow slurred, lisp, distant, distorted, etc.~~

~~d) Manner of caller i.e. calm, angry, laughing, scared, emotional, crying, etc.~~

~~e) Background noise i.e. office machinery, business background, voices, party noise, quiet, etc.~~

~~f) Did the caller say anything to indicate he/she is familiar with the building?~~

~~3. Immediately contact the police, identifying self by name, title, organizations name and location, address, and telephone number.~~

~~4. Describe bomb threat and message and identified characteristics of the caller.~~

~~5. Evacuate the building.~~

~~6. Wait for police to conduct a search of the building and surrounding grounds (if applicable)~~

~~7. Follow Police instructions.~~

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~~vi. Documentation~~

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~~1) Incident Documentation Report Form~~

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~~a) Date.~~

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~~b) Time.~~

~~c) Direct quote of the caller's threat.~~

~~d) Any other significant information from the caller (see above).~~

~~e) Caller's characteristics (see above).~~

~~f) Time police notified.~~

~~g) Identify follow-up, including property searches, evacuations, etc.~~

~~h) Name, title.~~

~~i) Fax copy of form to Navajo DBHS Central Administration, Department Manager and Clinical Specialist Coordinator~~

~~j) File copy of the form at the Navajo DBHS program site.~~

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~~g. Duty to Warn~~

~~i. Policy~~ Formatted: Justified, Space After: 8 pt

~~All licensed clinical professionals have a legal duty to warn a person if a client expresses a serious intent to harm that person.~~ Formatted: Justified

~~ii. Purpose~~ Formatted: Justified, Space After: 8 pt

~~To protect a person from harm by reporting the threat to the civil authorities.~~ Formatted: Justified

~~iii. General Information~~ Formatted: Justified, Space After: 8 pt

~~In Tarasoff vs Regents of the University of California. 118 Cal., Rptr.129 P.2d 553 (1974) aff d, 131 Cal.Rptr.14 551 P.2d 334(1976), the court found that that psychiatrist had a duty to warn the person whom the client had threatened to kill, although there was not an existing relationship between the psychiatrist and the threatened person. The ruling was in spite of the fact that the doctor-client relationship communication is normally considered private and protected by law. The court considered the following factors in determining the liability: (1) the foreseeable harm to the plaintiff; (2) the suffered injury of the plaintiff; (3) the parallels of the threat and the actual injury suffered; (4) the moral blame attached to the defendant's conduct; (5) the policy of preventing future harm; (6) the burden to the defendant and consequences to the community; (7) the prevalence of insurance risk and costs. The foreseeable harm to the plaintiff was most important in determining the duty to warn.~~ Formatted: Justified

~~1. When determining to inform the potential victim and/or the authorities of a threat, the threat should be classified as either specific or nonspecific. A specific plan would include~~ Formatted: Normal, Justified, No bullets or numbering

~~a. person~~

~~b. means~~

~~c. time~~

~~d. "For example, "I'm going to shoot my mother when I get out of here." An example of a nonspecific threat is, "I'm going to kill my mother."~~

~~**iv. Procedure**~~

~~1. When a client tells a staff person that he/she wishes to harm another individual, the staff person has he professional obligation to query the client about their intentions. The query includes the following:~~

~~a. Identify the person at risk.~~

~~b. How the person will be killed.~~

~~c. When the person will be killed.~~

~~d. Identify where the person at risk live e.g. city, state, etc.~~

~~2. Once the staff person has heard the threat to warn and queried the client about his/her plan, the staff member is required to immediately inform the Clinical Specialist.~~

~~3. The employee, Clinical Specialist, and the attending, and the attending Psychiatrist will discuss and evaluate the threat.~~

~~4. When the threat is considered specific, the Clinical Specialist, and the Psychiatrist shall determine the level of the risk. If these professionals determine the level of risk as significant, the civil authorities within the area where the intended victim lives, are to be notified. The civil authorities will notify the potential victim.~~

~~**v. Documentation**~~

~~*Incident Documentation Report:* Document the components of the query.~~

~~**h. Child and Adolescent Abuse and Neglect**~~

~~**i. Policy**~~

~~Any suspected abuse or neglect of a child and an adolescent should be immediately reported to Navajo Division of Social Services and appropriate Law Enforcement Agency. A parallel report is then made to the Clinical Specialist Coordinator at Navajo DBHS Central Administration.~~

~~**ii. Purpose**~~

~~To protect the children of Navajo Nation from abuse and neglect.~~

~~**iii. Definitions**~~

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Abuse: Any intentional infliction of physical harm; any injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault. Abusive treatment includes physical, emotional, and programmatic abuse. The definitions of abuse are based on the A.R.S. s 546; s 13-3623; s 36-569 and s 46-451.

Signs/symptoms of physical abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:

- Bruises
- Welts
- Lacerations
- Puncture wounds
- Dehydration
- Malnutrition
- Fractures
- Signs of over-medication
- Burns
- Poor hygiene
- Lack of needed medical attention
- Multiple injuries in various stages of healing
- Injuries inconsistent with explanation
- Injuries during pregnancy.

Physical abuse: The infliction of pain or injury to an individual including kicking, hitting, slapping, pulling hair, or any sexual advances or abuse.

Emotional abuse: The verbal expressions of demeaning, ridiculing, making derogatory or cussing someone.

Programmatic abuse: The use of aversive stimuli techniques, which has not been approved by ISP team. Aversive stimuli include the use of isolation and/or restraint.

Child, youth, juvenile: Any person who is under the age of 18 years.

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Exploitation: An illegal or improper act designed to "take advantage" of an adult person who is incapacitated or vulnerable. The exploiter plans to benefit from the act of exploitation by gaining resources or profit.

Incapacity: A person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication or other causes to render an inability to sufficiently understand or communicate informed decisions concerning his/her business.

Neglect: A Pattern of "lack of care" for a person. Lack of care may include: the deprivation of food, water, medication, medical services, cooling, heating, or other services necessary to maintain minimum physical or mental health. Examples include:

- Lack of attention to physical needs such as toileting, bathing, meals, and safety.
- Intentional failure to carry out a prescribed treatment plan for a person.

Physical Injury: Injuries which include: skin bruising, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to internal organs or any condition which imperils health and/or welfare.

Serious physical injury: Injury, which causes a reasonable risk of death or serious permanent disfigurement, or serious impairment of health or protracted impairment of the function of any bodily organ or limb.

v. General Information

1. Abuse and Neglect is prohibited at Navajo Nation Behavioral Health Outpatient Services. Anyone found guilty of abuse and/or neglect is subject to immediate disciplinary action up to and including termination.

2. Any employee aware of any abuse and neglect who does not report the action to administration is subject to disciplinary action.

3. All suspected cases of neglect or abuse for children and adolescent shall be reported to the Navajo Nation Division of Social Services Child Protective Services.

4. Doctors, Nurses Practitioners, Nurses and other health care professionals are required by law to report any suspected abuse or neglect.

vi. Procedure

1. Anyone identifying or suspecting any potential abuse or neglect shall immediately report this observation to his/her supervisor. In the case that a parent is inflicted the abuse or neglect on a client, the employee shall immediately inform the Clinical Specialist. If the Clinical Specialist is not available, the person delegated as the acting Clinical Specialist will be informed.

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~~2. The Clinical Specialist shall report all alleged abuse and/or neglect to the Navajo Nation Division of Social Services. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. Any information that may be helpful in establishing the cause of the injury or the neglect.~~

~~3. The child/adolescent will be taken to the local Indian Health Services for a medical evaluation.~~

~~4. The Clinical Specialist will oversee all investigations of the suspected neglect and/or abuse case, and will delegate a coordinator to conduct an internal investigation.~~

~~5. The Clinical Specialist or designee shall report any confirmation of abuse or neglect to the parent, guardian, or responsible person.~~

~~vii. Documentation~~

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~~*Incident Documentation Report*~~

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~~i. Recognizing and Reporting Dependent Adult/Elder Abuse/Neglect~~

~~i. Policy~~

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~~The Navajo DBHS provides for the protection of the elderly and/or dependent adults and acts in conjunction with the appropriate Navajo Nation abuse reporting laws.~~

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~~ii. Purpose~~

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~~The protection adults and elders from abuse and neglect.~~

~~iii. Definition~~

~~"Dependent Adult"~~: ~~Any person residing on the Navajo Nation, over the age of 18, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights, including, but limited to, persons who have physical or developmental disabilities or who physical or mental abilities have diminished because of age.~~

~~Type of Abuse:~~

~~Physical Abuse~~: ~~Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:~~

- ~~Bruises~~
- ~~Welts~~
- ~~Lacerations~~
- ~~Puncture wounds~~
- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over-medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries of various stages of healing~~
- ~~Injuries inconsistent with explanation~~
- ~~Injuries during pregnancy~~

~~Sexual Abuse~~: ~~Unwanted sexual advances made toward the adult or elder client.~~

~~Fiduciary Abuse~~: ~~A situation in which a person who in a position of trust with the abused individual willfully steals the money or property or appropriates money or property for any use or purpose not in the due and lawful execution of his/her trust.~~

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Financial Abuse: includes lack of money to buy food or medication, someone consistently visiting around the first of the month when Social Security checks are received and/or checks written to strangers.

Neglect includes:

- Failure to assist in personal hygiene or providing food and clothing for an individual
- Failure to provide medical care for the individual's physical and mental health needs; a person voluntarily seeking spiritual prayer or traditional medicine in lieu of medical treatment does not constitute neglect
- Failure to protect an individual from health and safety hazards
- Failure to prevent an individual from suffering malnutrition

Abandonment: Abandonment is when a person who has the care of custody of an elder deserts or willfully forsakes the individual under circumstances in which a reasonable person would continue to provide care or custody.

iv. General Information

1. Sexual abuse: it is the responsibility of the licensed employee who suspects the abuse to initiate the reporting process by contacting the Navajo Nation Division of Social Services by telephone.

2. Recognizing and reporting elder abuse and/or neglect.

a. By law all licensed practitioners are required to report suspected elder or dependent adult abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.

b. The licensed personnel will not incur any civil or criminal liability as a result of making this report.

c. Any suspected abuse should be reported immediately.

3. Any employee who suspects any type of abuse shall immediately report this observation to the Navajo Nation Division of Social Services.

v. Procedure

1. Any social worker, counselor, etc., identifying or suspecting any possible abuse or neglect shall immediately report this observation to his/her supervisor.

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~~2. When the suspecting employee reports the alleged abuse and/or neglect to the Navajo Nation Division of Social Service. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. For adults, the nature of the exploitation.~~

~~f. Any information which may be helpful in establishing the cause of the injury or the neglect.~~

~~3. If applicable, the client will be taken to the local Indian Health Services for a medical evaluation.~~

~~vi. Documentation~~

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~~*Incident Documentation Report*: Include information reported to the Navajo Nation Division of Social Services.~~

~~I.~~

~~X. Emergency Procedures~~

~~a. Emergency Telephone Numbers~~

~~IV.~~I. ~~Policy~~POLICY

All licensed clinical professionals have a legal duty to wam a person and/or the authorities if a client expresses a serious intent to harm ~~that person~~them or others.

II. ~~ii. Purpose~~PURPOSE

To protect a person from harm by reporting the threat to the ~~civil~~ authorities.

III. DEFINITIONS

RESERVED

IV. ~~iii. General Information~~RULES

A. In Tarasoff vs Regents of the University of Califomia. 118 Cal., Rptr.129 P.2d 553 (1974) aff d, 131 Cal.Rptr.14 551 P.2d 334(1976), the court found that that psychiatrist had a duty to warn the person whom the client had threatened to kill, although there was not an existing relationship between the psychiatrist and the threatened person. The ruling was in spite of the fact that the doctor-client relationship communication is normally considered private and protected by law. The court considered the following factors in determining the liability:

1. ~~(1) the~~The foreseeable harm to the ~~plaintiff;~~plaintiff.
2. ~~(2) the~~The suffered injury of the ~~plaintiff;~~plaintiff.
3. ~~(3) the~~The parallels of the threat and the actual injury ~~suffered;~~suffered.
4. ~~(4) the~~The moral blame attached to the defendant's ~~conduct;~~conduct.
5. ~~(5) the~~The policy of preventing future ~~harm;~~harm.
6. ~~(6) the~~The burden to the defendant and consequences to the ~~community;~~community.
7. ~~(7) the~~The prevalence of insurance risks and costs. The foreseeable harm to the plaintiff was most important in determining the duty to wam.

~~I.~~B. When determining to inform the potential victim and/or the authorities of a threat, the threat should be classified as either specific or nonspecific. A specific plan would include:

~~a.~~1. ~~P~~person
~~b.~~2. ~~M~~means
~~c.~~3. ~~Ti~~times
~~d.~~4. "For example. "I'm going to shoot my mother when I get out of here." An example of a nonspecific threat is, "I'm going to kill my mother."

V. ~~iv. Procedure~~PROCEDURES

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A. When a client tells aan employee staff person that he/shethey wishes to harm another individual, the staff employee person has the professional obligation to query ask the client about their intentions. The query includinges the following:
   a.1. Identify the person at risk.
   b.2. How the person will be killedharmed.
   c.3. When the person will be killedharmed.
   d.4. Identify where the person at risk lives, e.g. e.g., city, state, etc.

B. Once the staff personemployee has heard the threat to warn and queried asked the client about theirhis/her plan, the staff memberemployee is required to immediately inform the Clinical SpecialistSupervisor.

B.

C. The employee and Clinical Supervisor will discuss and evaluate the threat.

D. The Clinical Supervisor will inform Law Enforcement, and the person threatened, of the threat to prevent any harm.

C. The counselor will collaborate with the client and Clinical Supervisor to re-evaluate their treatment plan and determine whether the client needs a higher level of care. The employee, Clinical Specialist, and the attending, and the attending Psychiatrist will discuss and evaluate the threat.

D. When the threat is considered specific, the Clinical Specialist, and the Psychiatrist shall determine the level of the risk. If these professionals determine the level of risk as significant, the civil authorities within the area where the intended victim lives, are to be notified. The civil authorities will notify the potential victim.

v. Documentation

Incident Documentation Report: Document the components of the query.

h. Child and Adolescent Abuse and Neglect

i. Policy

Any suspected abuse or neglect of a child and an adolescent should be immediately reported to Navajo Division of Social Services and appropriate Law Enforcement Agency. A parallel report is then made to the Clinical Specialist Coordinator at Navajo DBHS Central Administration.

ii. Purpose

To protect the children of Navajo Nation from abuse and neglect.

iii. Definitions

Abuse: Any intentional infliction of physical harm; any injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault. Abusive treatment includes physical, emotional, and programmatic abuse. The definitions of abuse are based on the A.R.S. s 546; s 13-3623; s 36-569 and s 46-451.

Signs/symptoms of physical abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:

- Bruises
- Welts
- Lacerations

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- ~~Puncture wounds~~
- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over-medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries in various stages of healing~~
- ~~Injuries inconsistent with explanation~~
- ~~Injuries during pregnancy.~~

~~Physical abuse: The infliction of pain or injury to an individual including kicking, hitting, slapping, pulling hair, or any sexual advances or abuse.~~

~~Emotional abuse: The verbal expressions of demeaning, ridiculing, making derogatory or cussing someone.~~

~~Programmatic abuse: The use of aversive stimuli techniques, which has not been approved by ISP team. Aversive stimuli include the use of isolation and/or restraint.~~

~~Child, youth, juvenile: Any person who is under the age of 18 years.~~

~~Exploitation: An illegal or improper act designed to "take advantage" of an adult person who is incapacitated or vulnerable. The exploiter plans to benefit from the act of exploitation by gaining resources or profit.~~

~~Incapacity: A person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication or other causes to render an inability to sufficiently understand or communicate informed decisions concerning his/her business.~~

~~Neglect: A Pattern of "lack of care" for a person. Lack of care may include: the deprivation of food, water, medication, medical services, cooling, heating, or other services necessary to maintain minimum physical or mental health. Examples include:~~

- ~~Lack of attention to physical needs such as toileting, bathing, meals, and safety.~~
- ~~Intentional failure to carry out a prescribed treatment plan for a person.~~

~~Physical Injury: Injuries which include: skin bruising, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to internal organs or any condition which imperils health and/or welfare.~~

~~Serious physical injury: Injury, which causes a reasonable risk of death or serious permanent disfigurement, or serious impairment of health or protracted impairment of the function of any bodily organ or limb.~~

~~v. General Information~~

1. ~~Abuse and Neglect is prohibited at Navajo Nation Behavioral Health Outpatient Services. Anyone found guilty of abuse and/or neglect is subject to immediate disciplinary action up to and including termination.~~
2. ~~Any employee aware of any abuse and neglect who does not report the action to administration is subject to disciplinary action.~~
3. ~~All suspected cases of neglect or abuse for children and adolescent shall be reported to the Navajo Nation Division of Social Services Child Protective Services.~~

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4. Doctors, Nurses Practitioners, Nurses and other health care professionals are required by law to report any suspected abuse or neglect.

vi. Procedure

1. Anyone identifying or suspecting any potential abuse or neglect shall immediately report this observation to his/her supervisor. In the case that a parent is inflicted the abuse or neglect on a client, the employee shall immediately inform the Clinical Specialist. If the Clinical Specialist is not available, the person delegated as the acting Clinical Specialist will be informed.
2. The Clinical Specialist shall report all alleged abuse and/or neglect to the Navajo Nation Division of Social Services. The report shall include:

a. Name and address of the abused or neglected person.
b. Name and address of the parents, guardians, or responsible person.
c. Age of the victim.
d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.
e. Any information that may be helpful in establishing the cause of the injury or the neglect.

3. The child/adolescent will be taken to the local Indian Health Services for a medical evaluation.
4. The Clinical Specialist will oversee all investigations of the suspected neglect and/or abuse case, and will delegate a coordinator to conduct an internal investigation.
5. The Clinical Specialist or designee shall report any confirmation of abuse or neglect to the parent, guardian, or responsible person.

vii. Documentation

Incident Documentation Report

i. Recognizing and Reporting Dependent Adult/Elder Abuse/Neglect

i. Policy

The Navajo DBHS provides for the protection of the elderly and/or dependent adults and acts in conjunction with the appropriate Navajo Nation abuse reporting laws.

ii. Purpose

The protection adults and elders from abuse and neglect.

iii. Definition

"Dependent Adult": Any person residing on the Navajo Nation, over the age of 18, who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights, including, but limited to, persons who have physical or developmental disabilities or who physical or mental abilities have diminished because of age.

Type of Abuse:

Physical Abuse: Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:

- Bruises
- Welts

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- ~~Lacerations~~
- ~~Puncture wounds~~
- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over-medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries of various stages of healing~~
- ~~Injuries inconsistent with explanation~~
- ~~Injuries during pregnancy~~

~~**Sexual Abuse**: Unwanted sexual advances made toward the adult or elder client.~~

~~**Fiduciary Abuse**: A situation in which a person who in a position of trust with the abused individual willfully steals the money or property or appropriates money or property for any use or purpose not in the due and lawful execution of his/her trust.~~

~~**Financial Abuse**: includes lack of money to buy food or medication, someone consistently visiting around the first of the month when Social Security checks are received and/or checks written to strangers.~~

~~**Neglect includes:**~~

- ~~Failure to assist in personal hygiene or providing food and clothing for an individual~~
- ~~Failure to provide medical care for the individual's physical and mental health needs; a person voluntarily seeking spiritual prayer or traditional medicine in lieu of medical treatment does not constitute neglect~~
- ~~Failure to protect an individual from health and safety hazards~~
- ~~Failure to prevent an individual from suffering malnutrition~~

~~**Abandonment**: Abandonment is when a person who has the care of custody of an elder deserts or willfully forsakes the individual under circumstances in which a reasonable person would continue to provide care or custody.~~

~~**iv. General Information**~~

~~1. Sexual abuse: it is the responsibility of the licensed employee who suspects the abuse to initiate the reporting process by contacting the Navajo Nation Division of Social Services by telephone.~~

~~2. Recognizing and reporting elder abuse and/or neglect.~~

~~a. By law all licensed practitioners are required to report suspected elder or dependent adult abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.~~

~~b. The licensed personnel will not incur any civil or criminal liability as a result of making this report.~~

~~c. Any suspected abuse should be reported immediately.~~

~~3. Any employee who suspects any type of abuse shall immediately report this observation to the Navajo Nation Division of Social Services.~~

~~**v. Procedure**~~

~~1. Any social worker, counselor, etc., identifying or suspecting any possible abuse or neglect shall immediately report this observation to his/her supervisor.~~

~~2. When the suspecting employee reports the alleged abuse and/or neglect to the Navajo Nation Division of Social Service. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

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~~b. Name and address of the parents, guardians, or responsible person.~~
~~c. Age of the victim.~~
~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~
~~e. For adults, the nature of the exploitation.~~
~~f. Any information which may be helpful in establishing the cause of the injury or the neglect.~~
~~3. If applicable, the client will be taken to the local Indian Health Services for a medical evaluation.~~
~~**vi. Documentation**~~

E. ~~*Incident Documentation Report*: Include information reported to the Navajo Nation Division of Social Services.~~

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~~X. Emergency Procedures~~

~~a. Emergency Telephone Numbers~~

I. ~~i. Policy~~POLICY

To adhere to mandated reporting laws by reporting incidents of alleged abuse and neglect and addressing incidents in a therapeutic manner to the greatest extent possible.

~~Any suspected abuse or neglect of a child and an adolescent should be immediately reported to Navajo Division of Social Services and appropriate Law Enforcement Agency. A parallel report is then made to the Clinical Specialist Coordinator at Navajo DBHS Central Administration.~~

II. ~~ii. Purpose~~PURPOSE

To protect the ~~children~~ rights and welfare of clients of ~~Navajo Nation from alleged~~ abuse and neglect.

III. ~~iii. Definitions~~DEFINITIONS

A. **Physical Abuse**
Behaviors toward any person including, but not limited to willful or impulsive acts of aggression or punishment such as striking, kicking, hair pulling, and causing bodily harm.

B. **Emotional Abuse**
Behaviors toward any persons including, but not limited to, emotional deprivation, verbal assaults, belittling, demeaning, and vilifying.

C. **Sexual Abuse**
Behaviors toward any persons that are sexual in nature including, but not limited to, physical sexual activity (touching, kissing, fondling, intercourse), sexualized behaviors (voyeurism, exhibitionism), and violations of normal boundaries in a sexualized manner (sexualized conversations or verbalizations, sexual exploitation) without consent.

D. **Neglect**
Behaviors toward any person that results in failure to provide for basic needs including, but not limited to, failure to provide a safe environment, adequate supervision, and adequate nutritional/medical care.

E. **Emergency**
When a person faces an immediate risk of abuse or neglect that could result in death or serious harm.

~~**Abuse:** Any intentional infliction of physical harm; any injury caused by negligent acts or omissions; unreasonable confinement; sexual abuse or sexual assault. Abusive treatment includes physical, emotional, and programmatic abuse. The definitions of abuse are based on the A.R.S. s 546; s 13-3623; s 36-569 and s 46-451.~~

~~**Signs/symptoms of physical abuse:** Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:~~

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- ~~Dehydration~~
- ~~Malnutrition~~
- ~~Fractures~~
- ~~Signs of over-medication~~
- ~~Burns~~
- ~~Poor hygiene~~
- ~~Lack of needed medical attention~~
- ~~Multiple injuries in various stages of healing~~
- ~~Injuries inconsistent with explanation~~
- ~~Injuries during pregnancy.~~

~~**Physical abuse:** The infliction of pain or injury to an individual including kicking, hitting, slapping, pulling hair, or any sexual advances or abuse.~~

~~**Emotional abuse:** The verbal expressions of demeaning, ridiculing, making derogatory or cussing someone.~~

~~**Programmatic abuse:** The use of aversive stimuli techniques, which has not been approved by ISP team. Aversive stimuli include the use of isolation and/or restraint.~~

~~**Child, youth, juvenile:** Any person who is under the age of 18 years.~~

~~**Exploitation:** An illegal or improper act designed to "take advantage" of an adult person who is incapacitated or vulnerable. The exploiter plans to benefit from the act of exploitation by gaining resources or profit.~~

~~**Incapacity:** A person who is impaired by reason of mental illness, mental deficiency, mental disorder, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication or other causes to render an inability to sufficiently understand or communicate informed decisions concerning his/her business.~~

~~**Neglect:** A Pattern of "lack of care" for a person. Lack of care may include: the deprivation of food, water, medication, medical services, cooling, heating, or other services necessary to maintain minimum physical or mental health. Examples include:~~

- ~~Lack of attention to physical needs such as toileting, bathing, meals, and safety.~~
- ~~Intentional failure to carry out a prescribed treatment plan for a person.~~

~~**Physical Injury:** Injuries which include: skin bruising, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to internal organs or any condition which imperils health and/or welfare.~~

~~**Serious physical injury:** Injury, which causes a reasonable risk of death or serious permanent disfigurement, or serious impairment of health or protracted impairment of the function of any bodily organ or limb.~~

IV. ~~v.~~ ~~General Information~~RULES

A. Any staff member who has a reasonable suspicion that abuse, or neglect has occurred, is required under tribal and applicable state law to report the abuse to the appropriate authorities.

B. DBMHS will cooperate fully with any police, social service, child, or adult protective services abuse investigation within guidelines established by Navajo Nation and applicable Federal confidentiality laws and regulations.

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~~1. Abuse and Neglect is prohibited at Navajo Nation Behavioral Health Outpatient Services. Anyone found guilty of abuse and/or neglect is subject to immediate disciplinary action up to and including termination.~~

~~2. Any employee aware of any abuse and neglect who does not report the action to administration is subject to disciplinary action.~~

~~3. All suspected cases of neglect or abuse for children and adolescent shall be reported to the Navajo Nation Division of Social Services Child Protective Services.~~

~~4. Doctors, Nurses Practitioners, Nurses and other health care professionals are required by law to report any suspected abuse or neglect.~~

V. ~~vi. Procedure~~PROCEDURES

A. When a staff member believes they have reasonable suspicion of abuse which occurred outside of the DBMHS program, the following steps must be taken:
   1. Alleged abuse and/or neglect is staffed with the Behavioral Health Director (BHD), Clinical Specialist/Clinical Director (CS/CD) and Primary Counselor what information is known and determines that a reasonable suspicion exists. For example, general information about the type of abuse, perpetrator, location, and approximate time of the abuse is usually needed to make a report.
   2. If any person may be in an emergency, contact law enforcement having jurisdiction over the location where the alleged abuse occurred and report the incident immediately.
   3. If there is no indication of immediate danger, the Primary Counselor or other appropriate clinician should attempt to involve the client in making their own report if developmentally and clinically appropriate, with support and assistance from the counselor.
   4. As mandated reporters, DBMHS staff will call and report to the appropriate hotline:
      a. Child Abuse Hotline at 1-888-767-2445 (1-888-SOS-CHILD),
      b. Adult Protective Services at 1-877-SOS-ADULT for Arizona, and 1-866-654-3219 for New Mexico.,
      c. Law-enforcement officers having the authority where the alleged abuse or neglect occurred in an emergency.
   5. If the client is unable for any reason to participate in reporting, then the staff member provides a report to the Navajo Division of Social Services. Follow-up will be made with the appropriate child or adult protective services.
   6. All information reported is documented in the EHR.
   7. If the client reports recent physical injury or sexual assault, the client is immediately referred to Indian Health Services (IHS) for a medical evaluation.

B. When a staff member believes they have reasonable suspicion of abuse which occurred during a client's services from DBMHS (i.e., perpetrated by a staff, client, or visitor to the facility), the following steps must be taken:
   1. Discuss with the BHD, CS/CD and Primary Counselor known information, and determine if reasonable suspicion exists. For example, general information about the type of abuse, perpetrator, location, and approximate date of the abuse is required to make a report.

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2. A DBMHS Incident Report is completed by the staff member, including verbatim any statements made by the client about the abuse.
3. The staff member provides a copy of the DBMHS Incident Report to the appropriate child or adult protective services.
4. The client is taken to IHS for a medical evaluation. The interviewing physician will determine, based on the interview and other information, if a full medical exam or rape kit is recommended.
5. Primary Counselor or other appropriate clinician addresses any therapeutic issues with the client.
6. CS/CD proceeds with incident reporting, internal investigation, and any necessary personnel actions in accordance with DBMHS policy and Navajo Nation Personnel Policies.
7. The alleged offender is removed from direct client contact until the matter is investigated and resolved. The CS/CD takes appropriate steps to ensure the safety of clients and staff.
8. The parents/legal guardian are notified and informed of the steps taken to address the allegation.
9. All actions taken with the client and family are documented in the EHR.
10. The appropriate state regulatory body is informed of any suspected abuse, neglect or exploitation of a residential client. However, any investigation will be conducted by entities with legal authority on the Navajo Nation, and the state entity will be informed of the investigation outcome in accordance with DBMHS policy.

REFERENCES

~~A. 7.20.11.17 NMACAnyone identifying or suspecting any potential abuse or neglect shall immediately report this observation to his/her supervisor. In the case that a parent is inflicted the abuse or neglect on a client, the employee shall immediately inform the Clinical Specialist. If the Clinical Specialist is not available, the person delegated as the acting Clinical Specialist will be informed.~~

~~B. The Clinical Specialist shall report all alleged abuse and/or neglect to the Navajo Nation Division of Social Services. The report shall include:~~

~~a. Name and address of the abused or neglected person.~~

~~b. Name and address of the parents, guardians, or responsible person.~~

~~c. Age of the victim.~~

~~d. The extent of the victims' injury or physical neglect including any previous injuries or physical neglect.~~

~~e. Any information that may be helpful in establishing the cause of the injury or the neglect.~~

~~C. The child/adolescent will be taken to the local Indian Health Services for a medical evaluation.~~

~~D. The Clinical Specialist will oversee all investigations of the suspected neglect and/or abuse case, and will delegate a coordinator to conduct an internal investigation.~~

~~E. The Clinical Specialist or designee shall report any confirmation of abuse or neglect to the parent, guardian, or responsible person.~~

~~vii. Documentation~~

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~~*Incident Documentation Report*~~

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~~a. Managing Agitated Clients~~

I. POLICY

DBMHS ~~Outpatient~~ does not utilize time out, seclusion, or restraint interventions although, when a person is "out-of-control" and is ~~in~~ a danger to self or others, the Crisis ~~Intervention~~ Prevention Institute (~~Technique (CIT~~CPI) ~~may be used to control the person in emergency situations~~will be used to de-escalate the situation.

II. PURPOSE

To establish procedures to ensure the safety of clients and staff through managing the behavior of aggressive clients.

III. DEFINITIONS

A. **Crisis**
An unanticipated circumstance that may place the person or others at serious threat, violence, or risk of injury if no intervention occurs.

~~A.~~B. **Crisis Prevention Institute ~~Intervention Technique (CPIT)~~**
A non-violent crisis intervention program based on de-escalation and physical management of aggressive people.

C. **De-Escalation**
A preventive intervention to decrease the emotional, physical, and mental stress levels by using verbal or non-verbal techniques that help lessen potential conflict.

~~B. Emergency Situation~~
~~An unanticipated behavior that places the person or others at serious threat, violence, or risk of injury if no intervention occurs.~~

~~C. Personal Signaling Device~~
~~An item small enough to be carried on the staff's person and used to alert the rest of the staff to the need for assistance. This could include a whistle or other noise maker.~~

IV. RULES

A. Currently, ~~the Navajo DBHS~~DBMHS Outpatient uses an intercom (where available) alarm system, or ~~is a~~ personal **"whistle"** ~~or other "personal signaling device"~~ for each employee.
B. Physical holds may only be used by **trained** and **certified** staff when a person is of "a danger to self or others".
C. ~~Only staff that is certified in~~The ~~Crisis Intervention~~ CPI Ttechnique ~~may~~ will be utilized in crisis situations ~~emergency physical interventions~~.

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D. ~~Law enforcement will be called in the event of a crisis situation~~a crisis. ~~Emergency physical interventions are limited to the amount of time it will take law enforcement, safety, or emergency service providers to arrive at the identified location. This time frame shall not exceed 45 minutes.~~

D.

E. At least one person is required to observe the physical hold procedure.

F. Every 15 minutes, the involved employee (holding the person) reviews and evaluates the situation to determine the continued need for the physical hold.

V. PROCEDURES

A. In the event of an emergency the following color codes are alerted over the intercom:

Color	Meaning
Amber	Missing Person
Yellow	High Alert/Possible External Threat
Orange	Evacuation
Red	Fire/Gas/Smoke Detected
Blue	Medical Emergency
Black	Bomb Threat
Purple	Lock Down
Silver	Hostile Individual/ Violent Situation
Green	All Clear

B. At sites where an intercom system is unavailable, a whistle alert system will be used:

Signal	Meaning
One Blast	Evacuation
Two Blasts	Medical Emergency
Three Blasts	I need help!

A.C. When a person begins to exhibit aggressive behavior, ~~Navajo DBHS~~DBMHS employee(s) ~~will~~ use de-escalating interventions appropriate to their level of training and based on either the ~~CIT~~ CPI protocol or the general instructions for dealing with aggressive clients.

~~B.~~D. ~~Navajo DBHS~~DBMHS employees will encourage the client to try alternative behaviors including leaving the organization, processing one-to-one with a staff member, taking a timeout for re-focusing, and/or going for a walk.

~~C.~~E. When the client behavior continues to escalate, staff will use Code Silver, or three blasts with their whistle to alert staff members of the situation. ~~and there are staff~~Staff members ~~present who are~~ trained in ~~CIT~~CPI will assist as follows:

~~a.~~ The staff member will implement CPI strategies to de-escalate: ~~DBHS employee will call a "Show of Force" by initiating the alarm system. All available employees are required to come to the area and stand around the "out-of-control" person to exhibit a "show of force" and support.~~

1.

a. Be supportive to reduce ~~anxiety;~~anxiety.
b. Be more directive to manage ~~defensiveness;~~defensiveness.
c. Implement safety intervention to reduce risk behavior ~~i.e.~~ i.e., clear the ~~area;~~area.

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b.d. Apply therapeutic rapport for tension reduction.A lead employee asks the client to calm down or leave the facility or activity.

c. If the client refuses to "calm down" or leave the facility or activity, the lead employee will advise the client that the police will be called.

d.2. If the client refuses to "calm down" or leave the facility or activity, an employee will call the police.

3. If there is clear, and imminent danger to the aggressive client, or others, physical intervention may be used as a last resort.
   a. Physical interventions should not be used to compel compliance, to punish, or as the most convenient method for staff.
   b. In a circumstance in which a physical intervention is used, it should be discontinued once the acting-out person has regained control.

4. Once the crisis has been de-escalated, the identified employee leader and other staff members will review the effectiveness of the intervention and the possible ways to improve the intervention etc.The aggressive client, to the extent possible, will be contained within the area where the incident startedstarted.

5. Staff should place themselves where they can leave the area, if needed, and let the client leave if they choose to.

6. If the client chooses to leave, no one, under any circumstance will attempt to stop them or follow beyond the building entranceentrance.

7. The clinician engaging the client will maintain physical distance from the individual, and under no circumstance make physical contact with the client.

8. Once the crisis has been de-escalated, the identified employee leader and other staff members will review the effectiveness of the intervention and the possible ways to improve the intervention etc.

e.

D. If no one present is certified in CIT, then the staff will:
   1. Use their common sense to protect all clients who are present and staff.
   2. All aggressive clients will be engaged by the senior clinician who is present at the time
   3. Unless there is no one senior clinician present, the situation will be managed by the clinical staff
   4. When the client in question begins to escalate the person with greatest access to the phone will notify appropriate Law Enforcement
   5. The senior clinician will clear the area of all individuals who might be present.
   6. The aggressive client, to the extent possible, will be contained within the area where the incident started
   7. Staff should place themselves where they can leave the area if need to and let the client leave if they choose to.
   8. If the client chooses to leave no one will under circumstances attempt to stop them or to follow beyond the building entrance
   9. The clinician engaging the client will:
      a. Maintain as great a physical distance as is practical from the client
      b. Speak in a slow, quiet, and even voice tone in order to de-escalate the emotional intensity of the situation
      c. Under no circumstances make physical contact with the client

E.F. As soon as the situation is de-escalated, and the client has left, then all individuals who have first hand knowledge ofwho were involved in the situation will

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immediately write an incident report and submit it to the ~~Clinical Specialist and Program Supervisor~~Clinical Supervisor.

~~F.~~G. Following the completion of the written report, ~~the staff will be debriefed with the Clinical Specialist~~involved staff will debrief with the Clinical Supervisor.

~~G. If a client is expressing a suicidal plan, the situation is a police emergency, and if the client has taken action to hurt self, it is a medical emergency and, in either case,~~ tThe appropriate agencies authorities must be called immediately ~~to take charge of the situation~~if a client is expressing a suicidal plan, or if the client has acted to hurt themselves. ~~:~~

~~H. Documentation~~

~~1. The primary counselor will complete an *Incident Report* and include:~~

~~a. Date~~

~~b. Time incident started~~

~~c. Time incident was completed~~

~~d. Name of person (if known)~~

~~e. Identify the "out-of-control" behavior that was of danger to self or others~~

~~f. Identify the de-escalation techniques that were utilized~~

~~g. The amount of time the client was in the CIT hold~~

~~h. Time police were called and arrived~~

~~i.~~H. ~~Disposition of the "out-of-control" person~~

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~~IX. Accessibility, Health, Safety, and Transportation~~

~~a. Navajo DBHS Incident Reports~~

~~i.~~ I. ~~Policy~~POLICY

~~I.~~ To identify, document, review, and report all incidents involving danger, harm or injury to clients, employees, visitors, or property. ~~Any identified incident that places a client, visitor, employee, or property in potential danger or injury is documented on an incident report documentation form and forwarded to the Program Supervisor.~~

~~ii.~~ II. ~~Purpose~~PURPOSE

~~II.~~ To care for clients in an environment that meets high standards of safety and where special precautions are taken to prevent harm or injury. ~~To investigate documented safety incident reports within the organization, and take corrective actions to prevent further occurrences.~~

~~iii.~~ III. ~~Definitions~~DEFINITONS

~~Incident — An unusual or extraordinary event that has resulted in or could result in injury to client, visitor, employee or property.~~

~~A.~~

A. **Client Incident**

Any event that occurs during clients' course of service, at a DBMHS facility or program-sponsored activity, involving potential or actual danger, harm, or injury to client(s), including mental or emotional harm. Examples of Client Incidents include the following:

1. Death: a client's death, not the result of suicide or homicide.
2. Suicide: a client's death as a result of their intentional actions.
3. Suicide attempt: a client's attempt to kill themselves, requiring emergency room treatment, hospitalization, or medical intervention.
4. Homicide: a client's death as a result of another person's actions.
5. Assault: violent physical attack or attempt to inflict physical harm on another person.
6. Self-Abuse: a client inflicting harm or injury to self that does not appear to be a suicide attempt, including any self-inflicted action that causes a break in the skin or leaves a mark or bruise.
7. Physical Abuse/Allegation: infliction or report of physical pain or injury or disfigurement to a client as caused by another person (perpetrator may be client, staff or other).
8. Sexual Abuse/Allegation: infliction or report of sexual misconduct, assault, molestation, or harassment involving a client (perpetrator may be staff, client, or other).
9. Inappropriate staff/client relationship: staff exceeding professional boundaries in the staff/client relationship, including but not limited to borrowing/lending, giving gifts, exchanging favors, horseplay, fraternizing, becoming emotionally or physically intimate, leering, stalking, verbal, or physical grooming for future additional boundary violations.
10. Client/family complaint.
11. Human Civil Rights Violation: client's rights are violated in one or more of the following areas:

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a. Neglect: lack of care to client, including but not limited to, physical, medical, psychological, and psychiatric care.
b. Exploitation/Commercial Exploitation: client's services or property being used for another person's gain.
c. Mistreatment: reckless or negligent actions that expose a client to a serious risk of physical or emotional harm
d. Corporal Punishment
e. Unreasonable Use of Force/Threat of Force: use and/or degree or threat of force toward a client that is not governed by reason or is beyond reasonable limits to change a client's behavior or state of mind.
f. Mental/Verbal Abuse: serious emotional maltreatment of client by name-calling, shouting, ridicule, etc.
g. Threat of Transfer/Transfer for Punishment: penalizing client by changing services, providers, or clinical team.
h. Retaliatory Acts Against a client: negative consequences levied against client for reporting violations of rights or services.
i. Medication as Punishment: the giving or withholding of medications to penalize a client.
j. Use of Seclusion or Restraint as Punishment: physical, mechanical, or pharmacological restraint or seclusion of client as a form of punishment.
k. Use of Seclusion or Restraint for Convenience of Staff: physical, mechanical, or pharmacological restraint of client for the convenience of staff.
l. Mistreatment of client Incited or Encouraged: provocation or encouragement to mistreat a client.

12. Staff Misconduct: staff behavior or actions toward a client that is contrary to Navajo Nation Policy, prevailing clinical standards or applicable laws.
13. Client Misconduct: a client's behavior that causes a disruption to their treatment or the treatment environment, including but not limited to possession/use of alcohol, drugs, weapons, or other contraband. May also include misconduct by a family member or other person visiting the client on program premises.
14. Alleged criminal activity by a client.
15. Violence: a client's act of violence toward another person, may fall into two categories:
    a. Police/ER intervention required.
    b. No police/ER intervention required.
16. Client Medical Emergency (911 call).
17. Other: any other incident that involves emergency personnel (police, EMT) or appears to be significant in terms of risk for client harm or program liability.
18. "Highly Unusual Incident" is a designation for incidents involving clients who have an unusual clinical, social, economic, or legal circumstance, which may warrant or attract public media attention.

B. **Facility Incidents**

Non-client incidents that involve DBMHS property, employees, or other parties visiting DBMHS property or employees who are not directly involved with clients (e.g., vendors). Examples of Facility Incidents are as follows:

1. Life Safety/Physical Facility Incidents.
2. Contagious diseases requiring quarantine.
3. Fire.
4. Natural Disaster, or Emergency Condition.

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5. Utility/Electrical/Gas/Water Outage.
6. Security Incident: problems with alarm system, keys, locks, intruders, and other security incidents.
7. Employee Accident/Injury.
8. Visitor Accident/Injury.
9. Motor Vehicle Accident.
10. DBMHS property loss or damage.
11. Theft of Property.
12. Harassment or stalking of an employee.
13. Other non-client incidents that involve emergency personnel (police, EMT) or appear to be significant in terms of program liability.

C. **Property**
Includes all items inventoried by Navajo Nation Property Management; any DBMHS program facility or office, including grounds and parking areas; program vehicles; and other property including rented or interdepartmental storage space.

D. **Critical Incident**
May be either a client incident or a facility incident, and includes any incident falling specifically within any of the following categories:

1. Environmental Hazard – Unsafe conditions which create an immediate threat to life or safety, or create structural damage to the facility, or pose health hazards. Including, but not limited to, fire or contagious diseases requiring quarantine.
2. Abuse – Any act or failure to act, performed intentionally, knowingly, or negligently that causes or is likely to cause harm to a client, including:
    a. physical contact that harms or is likely to harm a client.
    b. inappropriate use of physical restraint, isolation, or medication that harms or is likely to harm a client.
    c. inappropriate use of restraint, medication, or isolation as punishment or in conflict with a physician's order.
    d. inappropriate conduct that causes or is likely to cause physical harm to a client.
    e. inappropriate conduct that causes or is likely to cause great psychological harm to a client.
    f. an unlawful act, a threat, or menacing conduct directed toward a client that results and might be expected to result in fear, emotional or mental distress to a client.
    g. abuse as defined in applicable tribal, state, or federal laws.
3. Neglect – Subject to the client's right to refuse treatment and subject to the caregiver's right to exercise sound discretion. The following apply:
    a. failure to provide any treatment, service, or care that is necessary to maintain the health or safety of a client.
    b. failure to take any reasonable precaution that is necessary to prevent damage to the health or safety of a client.
    c. any neglect or abuse as defined in applicable tribal, state, or federal laws.
4. Financial Exploitation – The act or process, performed intentionally, knowingly, or recklessly, of using a client's property for another person's profit, advantage, or benefit without legal entitlement to do so.
5. Natural/Expected Death – Death caused by condition known to client, family, and/or treatment provider.
6. Unexpected Death – Death occurring in any setting (e.g., suicide, homicide, medical cause).

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7. Sexual Behavior – With other client, staff, or third party, whether consensual or not, while in a treatment program (i.e., sexual contact of any type, sexual abuse, sexual assault, rape, attempted rape, touching, or indecent exposure).
8. Assaultive Behavior – physical harm to self or others (e.g., attempted murder, actual assault or any attack requiring *urgent* or *emergency* treatment).
9. Emergency Services – Unanticipated admission to a hospital or other psychiatric facility; or the provision of emergency services that results in medical care which is unanticipated for this individual and which would not routinely be provided by a primary care provider.
10. Law Enforcement Involvement – The arrest or detention of a client by law enforcement, placement of a client in a detention or correctional facility, protective custody, or involvement of law enforcement in a client specific occurrence.

~~B.~~ **~~Property – Includes facility, vehicles and other property.~~**

~~iv. Guidelines for Identifying an Incident~~

~~The following list is a guideline for identifying an incident, and is not all-inclusive.~~ Remember~~, an incident is an unusual or extraordinary event that has resulted in or could result in injury to client, visitor, employee or property. When in doubt, document that~~ incident~~.~~

General ~~Incidents:~~

- **~~Any falls or collisions with or without injury~~**
- **~~Accident with or without injury~~**
- **~~Medical transfer~~**
- **~~Medical emergency~~**
- **~~Homicide~~**
- **~~Act of violence~~**
- **~~Any incident requiring police assistance~~**
- **~~Client complaints~~**
- **~~Family complaints~~**
- **~~Agencies complaints~~**
- **~~Drugs/chemicals on the premises~~**
- **~~Weapons on the premises~~**
- **~~Damage or destruction of property~~**
- **~~Equipment malfunction~~**
- **~~Alleged criminal activity~~**
- **~~Inappropriate staff/client relationship~~**
- **~~Lost or stolen property~~**
- **~~Internal disasters~~**
- **~~Food poisoning~~**
- **~~Significant communicable diseases~~**
- **~~Staff harassment~~**
- **~~Any other serious events.~~**

~~Client Human/Civil Rights Violation/allegation:~~

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- ~~Physical abuse/allegation~~
- ~~Sexual abuse/allegation~~
- ~~Human/civil rights violation/allegation~~
- ~~Neglect~~
- ~~Exploitation~~
- ~~Mistreatment~~
- ~~Corporal punishment~~
- ~~Unreasonable use of force/threat of force~~
- ~~Mental/verbal abuse~~
- ~~Threat of client transfer for punishment~~
- ~~Retaliatory acts (against a client/staff)~~
- ~~Commercial exploitation~~
- ~~Mistreatment of client incident or encouraged~~
- ~~Use of restraint or seclusion as punishment~~
- ~~Use of restraint or seclusion for the convenience of staff.~~

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IV. General InformationRULES

A. The function of Incident Reports is to:
   1. Establish a system of identifying and reviewing incidents related to client care with the intent of improving the safety and quality of care delivered within the context of the Quality Improvement program.
   2. Provide procedures that reduce the risk of liability to the program by reporting and reviewing incidents related to client care and employee well-being.
   3. Help to ensure DBMHS compliance with the incident reporting requirements of regulatory and credentialing agencies and funding sources.
   4. Establish a system for identifying and reviewing incidents related to employee wellbeing and the safety and security of the program.
   5. Provide internal communication to identify risks to clients, visitors, employees and/or property.
   6. Provide external communication to authorized regulatory oversight entities.

B. All Incident Reports resulting in an investigation are forwarded with a confidential report and supporting documents to the DBMHS Health Services Administrator and/or designated Quality Assurance staff upon completion of the investigation.

C. All incident reports are confidential documents that are the property of DBMHS.

D. Incident reports are to be included in the EHR.

E. Incident reports are not to be photocopied except when submitted attached to a confidential investigation report or personnel action.

F. Incident reports are not to be reviewed with parents, their families, or their attorney or any other individual or party except with the permission of a DBMHS attorney.

G. All incident reports are tabulated according to category and statistically calculated to identify real and/or potential risk to clients, visitors, employees, or property. (See Quality Improvement Plan)

H. Client incident reports are maintained at the DBMHS program site for 7 years after the date of the incident.

I. All incident reports are destroyed after 7 years from the time of the incident unless they are the subject of an ongoing investigation, grievance, or litigation.

J. The act of reporting incidents, in and of itself, will not be cause for any retaliatory or disciplinary action against a DBMHS employee. However, if an employee fails to complete an incident report in accordance with this policy, disciplinary action may be taken in accordance with the Navajo Nation Personnel Policies.

K. DBMHS staff and supervisors respond to every incident in a timely manner as necessary to protect clients and employees from physical or psychological risks of which they are or should be aware, to reduce and prevent future risks.

V. PROCEDURES

A. Reporting Incidents

1. Any staff member(s) who have personal or firsthand knowledge of an incident/allegation should make a report on the Incident Report Form.
   a. On the report form, indicate if incident is a client, facility, visitor, employee, or property incident in accordance with the definitions in this policy.
   b. The staff member(s) making the report must sign and date the report.
   c. The report should be done immediately after occurrence whenever possible, but always within 24 hours in which the incident occurred. The report is forwarded to the immediate supervisor for review, then to the Behavioral Health Director and Clinical Director (CD).
2. Once written, the report is not altered, but may be amended. Any amendment is signed and dated by its author and filed with the original report.
3. Documentation on the incident report should be objective and unbiased. An accurate description of the events that occurred shall be recorded. Subjective feelings and thoughts of the writer or other unrelated events should not be included in a written account of the incident. The report clearly distinguishes between events witnessed by the reporter and statements made to the reporter.

B. Follow-up to Incident Reports

1. For all incidents, the CD or designee will initiate a response, as soon as possible but no later than three (3) business days, obtaining input from staff and witnesses as required. Follow-up actions or recommendations should be attached to the Incident Report by the CD or designee.
2. For any of the following incidents, the CS/CD will immediately notify the DBMHS Director or designee to determine an action plan guiding investigation, reporting, and response.
   a. Death
   b. Suicide
   c. Homicide
   d. Report of suspected child abuse/neglect occurring within a DBMHS facility
   e. Any "Highly Unusual Incident" as defined in this policy.
   f. Any "human civil rights violation" as defined in this policy.
   g. Any "Critical Incident" as defined in this policy.

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C. Incident reports are regularly reviewed by designated quality management/quality improvement personnel for recommended changes in treatment processes and/or operations.
D. Client incident reports are considered confidential. Incident reports are stored in the EHR and are available for review by the CD and other authorized DBMHS management staff.
E. Any follow-up necessary to resolve client or family concerns regarding a client incident will be conducted by the CD or designee. Only the CD and authorized DBMHS personnel will share information with the client/family regarding investigation or follow-up actions.
F. Required Reports to Other Agencies
    1. DBMHS reports any suspected or alleged criminal activity on program property or against program staff to the law enforcement agency that has authority over the location where the incident occurred.
    2. A written description of any "Serious Incident" or "Human Civil Rights Violation" as defined in this policy is provided to the state regulatory agencies having oversight roles in conjunction with third-party (e.g., Title XIX) funding of DBMHS treatment services.
    3. Any employee who suspects abuse, neglect, exploitation, or a violation of rights will complete an Incident Report in accordance with this policy. The person who identified the suspected abuse, neglect, or exploitation is responsible, in conjunction with their immediate supervisor, for reporting suspected abuse, neglect, or exploitation in accordance with DBMHS policy and applicable, tribal, state, and federal laws (see **Abuse and Neglect Reporting Policy**).
    4. DBMHS will furnish reports of internal investigations, dispositions, and corrective actions in response to specific incidents as requested by the state regulatory agencies having oversight roles in conjunction with third-party (e.g., Title XIX) funding of DBMHS treatment services.
    5. Additional Reporting Requirements for Deaths: Deaths are reported to the appropriate state regulatory agency immediately by telephone. In addition, any death of a client served under Title XIX must be reported to the regional office of the federal Centers for Medicare and Medicaid Services by no later than the close of business the next business day after the client's death, and must document in the client's record that the death was reported to the Centers for Medicare and Medicaid Services.

REFERENCES

N.M.A.C. 7.20.11.17.
Arizona Department of Health Services, DBHS Policy and Procedures Manual
A.R.S. § 41-1092 et Seq. ; A.R.S. Title 32, Chapter 33; 8
A.A.C. 21, Articles 3 and 4.
42 CFR Pt. 2

~~1. All Incident Reports Documentation Forms are faxed to the Navajo DBHS Quality Improvement Coordinator within 24 hours of identification of the incident.~~

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~~2. All Incident Reports are confidential documents that are the property of Navajo DBHS.~~
~~3. Incident Reports provide internal communication to identify risks to clients, visitors, employees and/or property.~~
~~4. Incident Report documents are not to be photocopied.~~
~~5. Incident Report documents are not to be included in the clients chart.~~
~~6. Incident Report documents are not to be reviewed with parents, their families, or their attorney, or any other individual or party unless authorized by the Navajo DBHS attorney.~~
~~7. All Incident Report documents are tabulated according to category and statistically calculated to identify real and/or potential risk to clients, visitors, employees, or property. (See Quality Improvement Plan).~~
~~8. All Incident Report documents are maintained at Navajo DBHS Center for 24 consecutive months after the date of the incident.~~
~~9. All Incident Report documents are shredded after 24 months from the time of the incident.~~

~~v. Required Reports to Other Agencies~~

~~1. Navajo DBHS reports any suspected or alleged criminal activity that occurs on the premises or during an outing to the appropriate law enforcement agency.~~
~~2. Any employee or volunteer who suspected abuse, neglect or exploitation or a violation of rights shall document his/her suspicions on an Incident Report Documentation Form and submit it to the Clinical Specialist or designee. The person who identifies the suspected abuse, neglect, or exploitation is responsible to report the suspicions to the Navajo Division of Social Services (See Abuse Procedure).~~

~~vi. **Procedure**~~

~~Incident Reporting Guidelines:~~

~~1. The first employee to witness or to become aware of an incident documents the incident on the *Incident Report Documentation Form*.~~
~~2. Only the Facts pertinent to the nature of the event are documented. Personal opinions or speculations about the incident are not included on the incident report.~~
~~3. The incident report is routed to the Program Supervisor.~~
~~4. The Program Supervisor conduct an investigation of the incident, or she/he may delegate clinical issues to the Clinical Specialist.~~
~~5. The Program Supervisor and/or the Clinical Specialist will determine the corrective action to be taken.~~
~~6. The Program Supervisor ensures corrective has been implemented and documents action(s) taken on the *Incident Report Documentation Form*.~~
~~7. All Incident Report Documentation Forms are faxed to the Navajo DBHS Quality Improvement Coordinator who will then forward the required information to the appropriate Department Manager and respective agencies if further actions are required.~~
~~8. All Incident Reports are compiled an analyzed. (See Quality Improvement Plan).~~

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~~vii.~~ **Documentation**

~~Complete all components of the *Incident Report Documentation Form.*~~

Division of Behavioral of Behavioral & Mental Health Services

INCIDENT REPORT FORM

Type of Incident (Check One): ☐Facility ☐Client ☐Visitor ☐Employee ☐Property

Date of Incident	Time of Incident	Name of Person(s) Involved in Incident:		
Telephone #:	Address:	City:	State:	Zip:
Description of the incident, including exact location and events leading up to the incident (attach documents as needed):				
Description of person(s) or property involved in incident (including physical and behavioral health after the incident):				
Name of individual(s) who observed the incident:				
Description of action taken by DBMHS Staff:				
Name of supervisor or on-call notified: Time of Contact:				
Type of emergency services requested (if any): Police Officer's Badge # (if any):				
Describe medical treatment obtained (if any):				
How could this type of incident be prevented in future?				
Reporting Staff Date		Witness Date		
Witness Date		Witness Date		

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Investigator Comments or Follow-up action taken:	
Immediate Supervisor Date	Safety Field Investigator/Safety Officer Date

~~Navajo DBHS Outpatient Services~~

~~INCIDENT REPORT DOCUMENTATION FORM~~

☐ ☐ ☐ ~~Visitor Employee Property~~

~~Date of Incident:~~	~~Time of Incident:~~	~~Name of Person Involved in Incident:~~	~~Telephone #:~~	
~~Birth Date:~~	~~Address:~~	~~City:~~	~~State:~~	~~Zip:~~
~~Description of the Incident, including events leading up to the incident:~~				
~~Description of person(s) involved in incident (including physical and behavioral health condition after the incident):~~				
~~Names of individuals who observed the incident:~~				
~~Description of action taken by Navajo DBHS personnel:~~				
~~Steps Taken (Check Appropriate Boxes):~~				

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☐ DBHS OTC	☐ Central DBHS	☐ AZ DBHS	☐ NN Social Services	☐ Public Safety	☐ Other
Medical Practitioner Notified:					
Findings of Medical Practitioner					
Signature of Individual Preparing Report:			Title:	Date:	
Navajo DBHS Agency:	Address		Telephone #:		
Investigator's Comments:	Signature		Title:		

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b. AZDHS/DBHS Reports of Incidents, Accidents and Deaths

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i. Policy

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Navajo DBHS ensures the timely and accurate reporting of incidents, accidents and deaths involving enrolled persons to the Arizona Department of Health Services/Divisions of Behavioral Health Services (ADHS/DBHS), the Office of Human Rights and the applicable Human Rights Committee.

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ii. Purpose

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To establish requirements for reporting incidents, accidents, and deaths of all ADHS/DBHS enrolled clients.

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iii. Definitions

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ADHS Office of Human Rights: The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision and coordination of human rights advocates. Human Rights Advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances, and coordinate and assist Human Rights Committee in performing their duties.

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Enrolled Persons: A Title XIX, Title XXI or Non-title XIX/XXI eligible person recorded in the ADHS Information System as specified by the ADHS.

~~**Incident or Accident**: Definitions include the following:~~

~~1. Deaths (including death by suicide)~~

~~2. Suicide attempts requiring medical intervention~~

~~3. Self-abuse requiring medical intervention;~~

~~4. Physical abuse and allegations of physical abuse;~~

~~5. Sexual abuse and allegations of sexual abuse;~~

~~6. Physical injuries received in a treatment setting resulting in emergency room treatment or hospitalization;~~

~~7. Accidents occurring in the treatment facility or off-site, while under the supervision of the treatment facility's staff, requiring emergency medical treatment, which are not limited to near drowning that require resuscitation;~~

~~8. Physical plant disasters, such as major fire, within the agency when clients were present or which affect areas in which care is provided; and~~

~~9. Incident or allegations of violations of the rights contained.~~

~~**Human/Civil Rights Violation/Allegation:**~~

- ~~Physical Abuse/Allegation~~
- ~~Sexual Abuse Allegation~~
- ~~Human/Civil Rights Violation/Allegation~~
- ~~Neglect~~
- ~~Exploitation~~
- ~~Mistreatment~~
- ~~Corporeal Punishment~~
- ~~Unreasonable Use of Force/Threat of Force~~
- ~~Mental/Verbal Abuse~~
- ~~Threat of Transfer/Transfer for Punishment~~
- ~~Retaliatory Act (against a client/staff)~~
- ~~Mistreatment of client incited or encouraged~~
- ~~Use of restraint or seclusion as punishment~~

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- Use of restraint or seclusion for the convenience of staff
- Commercial exploitation

Human Rights Committee: Committee established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.

Special Assistance: Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP) or the Inpatient Treatment and Discharge Plan (ITDP) process, the appeal process or the grievance or request for investigation process.

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iv.General Information

1. Navajo DBHS shall submit copies of incident and accident reports as follows:

a. Incident and accident reports concerning any enrolled person and the redacted report shall then be submitted to the appropriate Human Rights Committee.

b. Reports of incidents, accidents and deaths concerning enrolled persons with a serious mental illness who have been determined to need special assistance is submitted to the ADHS Office of Human Rights.

c. Reports concerning incidents or allegations of physical or sexual abuse of enrolled persons with a serious mental illness and reports of deaths concerning enrolled children and persons with a serious mental illness shall be provided to the ADHS/DBHS, Office of Grievance and Appeals.

d. Navajo DBHS are required to notify the ADHS/DBHS Bureau of Quality Management and provide periodic status reports regarding significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons.

e. Navajo DBHS must inform the ADHS/DBHS Bureau of Quality Management within one working day of its knowledge of significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons and provide a summary of findings and corrective actions required, if any, following investigation of the incident/accident.

2. Forward reports concerning incidents or allegations of physical or sexual abuse or deaths of persons enrolled as seriously mentally ill to the ADHS Office of Grievance and Appeals as soon as possible, but no later than three working days after its receipt.

3. Upon receipt of an Incident/Accident/Death Report, the Navajo DBHS shall:

a. Take whatever action is necessary to ensure the safety of the enrolled persons involved in the incident.

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~~b. The Quality Improvement Coordinator ensures that the information required on the report is completed as required and is legible. If the report is returned to the Navajo DBHS for additions or legibility problems, the corrected version of the report is returned to the ADHS/DBHS with 24 hours of the receipt.~~

~~4. Redact any information contained in the report regarding:~~

~~a. The enrolled person's receipt of a referral, diagnosis, or treatment from an alcohol or drug abuse program, or~~

~~b. Information concerning whether a person has had a HIV-related test or has an HIV infection, HIV related illness or required immune deficiency syndrome.~~

~~5. Submit copies of the report as soon as possible but no later than three working days after it receipt to:~~

~~a. The ADHS/DBHS Office of Human Rights for reports concerning persons enrolled as seriously mentally ill who have been determined to need special assistance. These reports should not be redacted unless stated earlier in this policy.~~

~~b. The appropriate regional Human Rights Committee for reports concerning all enrolled persons. The Navajo DBHS administration shall redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.~~

~~6. The Navajo DBHS shall distribute incident reports according to the following table:~~

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~~Incident/Accident/Summary of Distribution of Death Reports~~

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~~Type of Report~~	~~Agency/Organization~~	~~Redact Personally Identifying Information?~~	~~Redact Information re: Substance Abuse and AIDS?~~
~~Incident/accidents concerning persons with a serious mental illness who have been determined to be in need of special assistance.~~	~~ADHS Office of Human Rights~~	~~NO~~	~~YES~~
~~Incidents/accidents and deaths concerning all enrolled persons~~	~~Appropriate Regional Human Rights Committee~~	~~YES~~	~~YES~~

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Reports of allegations of physical abuse and/or sexual abuse concerning persons determined to have serious mental illness.	ADHS/DBHS Office of Grievances and Appeals	NO	NO
Reports of deaths concerning enrolled children and persons determined to have a serious mental illness.	ADHS/DBHS Office of Grievances and Appeals	NO	NO
Significant incident/ accidents involving Title XIX and Title XXI eligible and enrolled persons	ADHS/DBHS Bureau of Quality Management	NO	YES

v. Procedure

1. All incident reports are forwarded to Quality Improvement Coordinator.
2. The Quality Improvement Coordinator reviews all Incident Reports and forwards the required reportable incidents, accidents, and death incidents to the appropriate agency.

vi. References

- Reports of Incidents, Accidents, and Deaths adapted from:
- Arizona Department of Health Services Division of Behavioral Health Services
- Policy and Procedures Manual
- Additional:
- A.A.C. R9-20-203
- 9 A.A.C. 21
- AHCCCS/ADHS Contract
- ADHS/TRBHA Contract
- Legislation No.0170-04 – An Act Relating to Health and Judiciary: Enacting the Health Commitments Act of 2004; Amending Title 13 of the Navajo Nation Code.

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~~**Navajo Nation Behavioral Health Services**~~

~~**INCIDENT / ACCIDENT/ DEATHS**~~

~~**REPORT FORM**~~

~~**INSTRUCTIONS:**~~

~~1. Complete all sections of this form. Information provided must be either typed or printed.~~

~~2. Incidents, accidents and deaths occurring in facilities licensed by the ADHS Office of Behavioral Health Licensure (OBHL) must be verbally reported to OBHL (602-364-2595) within 24 hours and reported in writing to OBHL (Fax 602-364-3801) within 5 working days.~~

~~3. Incidents accidents and deaths must be reported in writing to the Navajo DBHS within 48 hours.~~

~~Behavioral Health License #: _____ Classification: _____ Tracking ID #_____~~

~~**TYPE OF REPORT: check all that apply.**~~

~~__Death~~
~~__Suicide~~
~~__Homicide~~
~~__Accident~~
~~__Other~~
~~__Medication errors/reactions~~
~~__Errors in Dispensing~~
~~__Adverse reactions to meds~~

~~Date & Time of Incident/Accident: _____~~

~~Address & Location of Incident: _____~~

~~Report's Name/Title: _____~~

~~Service Provider Name: _____~~

~~Name of Supervisor: _____ Time notified: _____ am/pm~~

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~~IX: Accessibility, Health, Safety, and Transportation~~

~~a. Navajo DBHS Incident Reports~~

~~i. Policy~~

~~I. Any identified incident that places a client, visitor, employee, or property in potential danger or injury is documented on an incident report documentation form and forwarded to the Program Supervisor.~~

~~ii. Purpose~~

~~II. To investigate documented safety incident reports within the organization, and take corrective actions to prevent further occurrences.~~

~~iii. Definitions~~

~~Incident – An unusual or extraordinary event that has resulted in or could result in injury to client, visitor, employee or property.~~

~~A.~~

~~B. Property – Includes facility, vehicles and other property.~~

~~iv. Guidelines for Identifying an Incident~~

~~The following list is a guideline for identifying an incident, and is not all-inclusive. Remember, an incident is an unusual or extraordinary event that has resulted in or could result in injury to client, visitor, employee or property. When in doubt, document that incident.~~

~~General Incidents:~~

- ~~Any falls or collisions with or without injury~~
- ~~Accident with or without injury~~
- ~~Medical transfer~~
- ~~Medical emergency~~
- ~~Homicide~~
- ~~Act of violence~~
- ~~Any incident requiring police assistance~~
- ~~Client complaints~~
- ~~Family complaints~~
- ~~Agencies complaints~~
- ~~Drugs/chemicals on the premises~~
- ~~Weapons on the premises~~
- ~~Damage or destruction of property~~
- ~~Equipment malfunction~~
- ~~Alleged criminal activity~~
- ~~Inappropriate staff/client relationship~~
- ~~Lost or stolen property~~
- ~~Internal disasters~~
- ~~Food poisoning~~
- ~~Significant communicable diseases~~
- ~~Staff harassment~~
- ~~Any other serious events.~~

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~~Client Human/Civil Rights Violation/allegation:~~

- ~~Physical abuse/allegation~~
- ~~Sexual abuse/allegation~~
- ~~Human/civil rights violation/allegation~~
- ~~Neglect~~
- ~~Exploitation~~
- ~~Mistreatment~~
- ~~Corporal punishment~~
- ~~Unreasonable use of force/threat of force~~
- ~~Mental/verbal abuse~~
- ~~Threat of client transfer for punishment~~
- ~~Retaliatory acts (against a client/staff)~~
- ~~Commercial exploitation~~
- ~~Mistreatment of client incident or encouraged~~
- ~~Use of restraint or seclusion as punishment~~
- ~~Use of restraint or seclusion for the convenience of staff.~~

~~v. General Information~~

1. ~~All Incident Reports Documentation Forms are faxed to the Navajo DBHS Quality Improvement Coordinator within 24 hours of identification of the incident.~~
2. ~~All Incident Reports are confidential documents that are the property of Navajo DBHS.~~
3. ~~Incident Reports provide internal communication to identify risks to clients, visitors, employees and/or property.~~
4. ~~Incident Report documents are not to be photocopied.~~
5. ~~Incident Report documents are not to be included in the clients chart.~~
6. ~~Incident Report documents are not to be reviewed with parents, their families, or their attorney, or any other individual or party unless authorized by the Navajo DBHS attorney.~~
7. ~~All Incident Report documents are tabulated according to category and statistically calculated to identify real and/or potential risk to clients, visitors, employees, or property. (See Quality Improvement Plan).~~
8. ~~All Incident Report documents are maintained at Navajo DBHS Center for 24 consecutive months after the date of the incident.~~
9. ~~All Incident Report documents are shredded after 24 months from the time of the incident.~~

~~vi. Required Reports to Other Agencies~~

1. ~~Navajo DBHS reports any suspected or alleged criminal activity that occurs on the premises or during an outing to the appropriate law enforcement agency.~~
2. ~~Any employee or volunteer who suspected abuse, neglect or exploitation or a violation of rights shall document his/her suspicions on an Incident Report Documentation Form and submit it to the Clinical Specialist or designee. The person who identifies the suspected abuse, neglect, or exploitation is responsible to report the suspicions to the Navajo Division of Social Services (See Abuse Procedure).~~

~~vii. Procedure~~

~~Incident Reporting Guidelines:~~

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1. The first employee to witness or to become aware of an incident documents the incident on the *Incident Report Documentation Form.*
2. Only the Facts pertinent to the nature of the event are documented. Personal opinions or speculations about the incident are not included on the incident report.
3. The incident report is routed to the Program Supervisor.
4. The Program Supervisor conduct an investigation of the incident, or she/he may delegate clinical issues to the Clinical Specialist.
5. The Program Supervisor and/or the Clinical Specialist will determine the corrective action to be taken.
6. The Program Supervisor ensures corrective has been implemented and documents action(s) taken on the *Incident Report Documentation Form.*
7. All Incident Report Documentation Forms are faxed to the Navajo DBHS Quality Improvement Coordinator who will then forward the required information to the appropriate Department Manager and respective agencies if further actions are required.
8. All Incident Reports are compiled an analyzed. (See Quality Improvement Plan).

viii. **Documentation**

Complete all components of the *Incident Report Documentation Form.*

Navajo DBHS Outpatient Services
INCIDENT REPORT DOCUMENTATION FORM

☐ Visitor ☐ Employee ☐ Property

Date of Incident:	**Time of Incident:**	**Name of Person Involved in Incident:**	**Telephone #:**	
Birth Date:	**Address:**	**City:**	**State:**	**Zip:**
Description of the Incident, including events leading up to the incident:				

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Description of person(s) involved in incident (including physical and behavioral health condition after the incident):
Names of individuals who observed the incident:
Description of action taken by Navajo DBHS personnel:
Steps Taken (Check Appropriate Boxes): ☐ DBHS OTC ☐ Central DBHS ☐ AZ DBHS ☐ NN Social Services ☐ Public Safety ☐ Other
Medical Practitioner Notified:
Findings of Medical Practitioner

Signature of Individual Preparing Report:		Title:	Date:
Navajo DBHS Agency:	Address	Telephone #:	
Investigator's Comments:	Signature	Title:	

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~~b. AZDHS/DBHS Reports of Incidents, Accidents and Deaths~~

~~i.~~I. ~~Policy~~POLICY

~~Navajo DBHS~~NRBHA ensures the timely and accurate reporting of incidents, accidents and deaths involving enrolled persons. ~~to the Arizona Department of Health Services/Divisions of Behavioral Health Services (ADHS/DBHS), the Office of Human Rights and the applicable Human Rights Committee.~~

~~ii.~~II. ~~Purpose~~PURPOSE

To establish requirements for reporting incidents, accidents, and deaths of all NRBHA ~~ADHS/DBHS~~ enrolled clients.

~~iii.~~III. ~~Definitions~~DEFINITIONS

A. **ADHS Office of Human Rights**
~~:~~The Office of Human Rights is established within ADHS and is responsible for the hiring, training, ~~supervision~~supervision, and coordination of human rights advocates. Human Rights Advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances, and coordinate and assist Human Rights Committee in performing their duties.

B. **Enrolled Persons:**
A Title XIX, Title XXI or Non-title XIX/XXI eligible person recorded in the ADHS Information System as specified by the ADHS.

C. **Incident or Accident: ~~Definitions include the following:~~**
1. Deaths (including death by suicide)
2. Suicide attempts requiring medical ~~intervention~~intervention
3. Self-abuse requiring medical ~~intervention;~~intervention
4. Physical abuse and allegations of physical ~~abuse;~~abuse
5. Sexual abuse and allegations of sexual ~~abuse;~~abuse
6. Physical injuries received in a treatment setting resulting in emergency room treatment or ~~hospitalization;~~hospitalization
7. Accidents occurring in the treatment facility or off-site, while under the supervision of the treatment facility's staff, requiring emergency medical treatment, which are not limited to near drowning that require ~~resuscitation;~~resuscitation
8. Physical plant disasters, such as major fire, within the agency when clients were ~~present~~present, or which affect areas in which care is provided; and
9. Incident or allegations of violations of the rights contained.
~~9.~~10. Clients leave the program without completing treatment.

D. **Human/Civil Rights Violation/Allegation:**
•1. Physical Abuse/Allegation •2. Sexual Abuse Allegation

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- 3. Human/Civil Rights Violation/Allegation
- 4. Neglect
- 5. Exploitation
- 6. Mistreatment
- 7. Corporeal Punishment
- 8. Unreasonable Use of Force/Threat of Force
- 9. Mental/Verbal Abuse
- 10. Threat of Transfer/Transfer for Punishment
- 11. Retaliatory Act (against a client/staff)
- 12. Mistreatment of client incited or ~~encouraged~~encouraged
- 13. Use of restraint or seclusion as punishment
- 14. Use of restraint or seclusion for the convenience of staff
- 15. Commercial exploitation

E. **Human Rights Committee:**
Committee established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.

F. **Special Assistance:**
Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP) or the Inpatient Treatment and Discharge Plan (ITDP) process, the appeal process or the grievance or request for investigation process.

~~iv.~~**IV. General InformationRULES**

A. NRBHA will submit all incidents through the AHCCCS Quality Management (QM) portal.
B. Based on severity, incidents may be reported to the Arizona Department of Health Services/Divisions of Behavioral Health Services (ADHS/DBHS).
C. NRBHA will inform clients of their right to file a complaint with the Navajo Nation Human Rights Commission if they feel that their rights were violated and/or discriminated against.
D. NRBHA will abide by all appropriate Navajo Nation laws, including the Navajo Nation Privacy and Access to Information Act.

~~1. Navajo DBHS shall submit copies of incident and accident reports as follows:~~

~~a. Incident and accident reports concerning any enrolled person and the redacted report shall then be submitted to the appropriate Human Rights Committee.~~
~~b. Reports of incidents, accidents and deaths concerning enrolled persons with a serious mental illness who have been determined to need special assistance is submitted to the ADHS Office of Human Rights.~~
~~c. Reports concerning incidents or allegations of physical or sexual abuse of enrolled persons with a serious mental illness and reports of deaths concerning enrolled children and persons with a serious mental illness shall be provided to the ADHS/DBHS, Office of Grievance and Appeals.~~
~~d. Navajo DBHS are required to notify the ADHS/DBHS Bureau of Quality Management and provide periodic status reports regarding significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons.~~
~~e. Navajo DBHS must inform the ADHS/DBHS Bureau of Quality Management within one working day of its knowledge of significant incidents/accidents involving Title XIX or Title XXI eligible and enrolled persons and provide a summary of findings~~

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and corrective actions required, if any, following investigation of the incident/accident.

2. Forward reports concerning incidents or allegations of physical or sexual abuse or deaths of persons enrolled as seriously mentally ill to the ADHS Office of Grievance and Appeals as soon as possible, but no later than three working days after its receipt.
3. Upon receipt of an Incident/Accident/Death Report, the Navajo DBHS shall:
   a. Take whatever action is necessary to ensure the safety of the enrolled persons involved in the incident.
   b. The Quality Improvement Coordinator ensures that the information required on the report is completed as required and is legible. If the report is returned to the Navajo DBHS for additions or legibility problems, the corrected version of the report is returned to the ADHS/DBHS with 24 hours of the receipt.
4. Redact any information contained in the report regarding:
   a. The enrolled person's receipt of a referral, diagnosis, or treatment from an alcohol or drug abuse program, or
   b. Information concerning whether a person has had a HIV related test or has an HIV infection, HIV related illness or required immune deficiency syndrome.
5. Submit copies of the report as soon as possible but no later than three working days after it receipt to:
   a. The ADHS/DBHS Office of Human Rights for reports concerning persons enrolled as seriously mentally ill who have been determined to need special assistance. These reports should not be redacted unless stated earlier in this policy.
   b. The appropriate regional Human Rights Committee for reports concerning all enrolled persons. The Navajo DBHS administration shall redact personally identifying information concerning the enrolled person from the report prior to forwarding to the Human Rights Committee.
6. The Navajo DBHS shall distribute incident reports according to the following table:

Incident/Accident/Summary of Distribution of Death Reports

Type of Report	Agency/Organization	Redact Personally Identifying Information?	Redact Information re: Substance Abuse and AIDS?
Incident/accidents concerning persons with a serious mental illness who have been determined to be in need of special assistance.	ADHS Office of Human Rights	NO	YES

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~~Incidents/accidents and deaths concerning all enrolled persons~~	~~Appropriate Regional Human Rights Committee~~	~~YES~~	~~YES~~
~~Reports of allegations of physical abuse and/or sexual abuse concerning persons determined to have serious mental illness.~~	~~ADHS/DBHS Office of Grievances and Appeals~~	~~NO~~	~~NO~~
~~Reports of deaths concerning enrolled children and persons determined to have a serious mental illness.~~	~~ADHS/DBHS Office of Grievances and Appeals~~	~~NO~~	~~NO~~
~~Significant incident/ accidents involving Title XIX and Title XXI eligible and enrolled persons~~	~~ADHS/DBHS Bureau of Quality Management~~	~~NO~~	~~YES~~

~~V.~~V. ~~Procedure~~PROCEDURES

~~1. All incident reports are forwarded to Quality Improvement Coordinator.~~

A. The Clinical Director reviews all Incident Reports, ensures the incident is submitted in the QM portal, and may forward the incident to the appropriate agency, if necessary.

B. Upon receipt of an Incident Report, NRBHA will:

1. Take whatever action is necessary to ensure the safety of the enrolled persons involved in the incident.
2. The NRBHA Clinical Director ensures that the information required in the report is completed as required. If the report is returned to NRBHA for additions/problems, the corrected version of the report is returned to the ADHS/DBHS within 24 hours of the receipt.
3. In the event of a death, the Clinical Director will acknowledge the incident report in the QM portal, inform the Case Manager, and notify the family.

C. Any release of client information requires a completed DBMHS Release of Information form.

D. Incidents or allegations concerning physical or sexual abuse, or deaths of persons enrolled as seriously mentally ill will be forwarded to the ADHS Office of Grievance and Appeals and the Human Rights Committee (OHR) as soon as possible, but no later than three working days after its received:

~~2.~~1. OHR will report to the appropriate regional Human Rights Committee for reports concerning all enrolled persons.~~The Quality Improvement Coordinator reviews all Incident Reports and forwards the required reportable incidents, accidents, and death incidents to the appropriate agency.~~

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~~vi.~~ ~~References~~REFERENCES

Arizona Department of Health Services, DBHS Policy and Procedures Manual

- ~~Reports of Incidents, Accidents, and Deaths adapted from:~~
  - ~~Arizona Department of Health Services Division of Behavioral Health Services~~
  - ~~Policy and Procedures Manual~~
- ~~Additional:~~

A.R.S. § 41-1092 et Seq. ; A.R.S. Title 32, Chapter 33; 8 A.A.C. 21, Articles 3 and 4.

42 CFR Pt. 2

- ~~A.A.C. R9-20-203~~
- ~~9 A.A.C. 21~~
- AHCCCS/ADHS Contract
- ADHS/TRBHA Contract
- Legislation No.0470-04 – An Act Relating to Health and Judiciary: Enacting the Health Commitments Act of ~~2004~~2005; Amending Title 13 of the Navajo Nation Code.

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~~**Navajo Nation Behavioral Health Services**~~
~~**INCIDENT / ACCIDENT/ DEATHS**~~
~~**REPORT FORM**~~
~~**INSTRUCTIONS:**~~

~~1. Complete all sections of this form. Information provided must be either typed or printed.~~
~~2. Incidents, accidents and deaths occurring in facilities licensed by the ADHS Office of Behavioral Health Licensure (OBHL) must be verbally reported to OBHL (602-364-2595) within 24 hours and reported in writing to OBHL (Fax 602-364-3801) within 5 working days.~~
~~3. Incidents accidents and deaths must be reported in writing to the Navajo DBHS within 48 hours.~~

~~Behavioral Health License #: _____ Classification: _____ Tracking ID #: _____~~

~~**TYPE OF REPORT: check all that apply.**~~

~~__Death~~
~~__Suicide~~
~~__Homicide~~
~~__Accident~~
~~__Other~~
~~__Medication errors/reactions~~
~~__Errors in Dispensing~~
~~__Adverse reactions to meds~~

~~Date & Time of Incident/Accident:~~ _____

~~Address & Location of Incident:~~ _____

~~Report's Name/Title:~~ _____

~~Service Provider Name:~~ _____

~~Name of Supervisor:~~ _____ ~~Time notified:~~ _____ ~~am/pm~~

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~~XI. Occupational Exposures~~

~~a. Occupational Exposure Control Plan~~

~~i. Policy~~
~~All clinical employees are required to follow the policies and procedures of the Occupational Exposure Control Plan.~~

~~ii. Purpose~~
~~To protect employees from potential occupational exposures~~

~~iii. Definitions~~
~~Bio-hazardous Waste: Any waste that could transmit infectious diseases from contaminated blood And blood products, including blood components such as plasma or platelets, and products made From human blood. Only amounts that are large enough to be free flowing are considered to present A significant risk.~~

~~Blood: is human blood, blood products, or blood components as defined by OSHA. Other potentially infectious materials are specified human body fluids such as saliva in dental procedures, semen, or vaginal secretion.~~

~~Blood borne Pathogens: Hepatitis B Virus (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV)~~

~~Occupational Exposure: A "reasonably anticipated" skin, eye, mucus membrane, or parenteral Contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.~~

~~iv. General Information~~
~~Occupational Safety and Health Administration (OSHA) estimates that millions of workers in health Care and public safety occupations could be potentially exposed to blood borne pathogens, Hepatitis B Virus (HBV), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV). In 1991, OSHA Passed the OSHA Blood borne Pathogen Standard, 29CF190.1030, to reduce the potential for Occupational exposure to healthcare workers from blood borne pathogens and other infectious Material and to ensure appropriate medical follow up for any person who has been exposed.~~

~~v. Occupational Control Exposure Plan~~
~~This Occupational Exposure Control Plan was developed specifically for Navajo Behavioral Health Outpatient Services to protect the employees from occupational exposures. The following measures To control occupational exposure in Navajo DBHS outpatient facilities have been identified and Implemented.~~

~~Employee Determinant:~~
~~Each outpatient employee's risk of occupational exposure has been classified according to job title to Determine his/her risk for occupational exposure. The routine use of Standard Precautions is Required for anyone falling in Categories I or II. (See Policy and Procedure on Employee Determinant)~~

~~Preventive Measure:~~

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~~**Hepatitis B Vaccination:** The Hepatitis B vaccine and vaccination series are available to all~~

~~Employees who have been determined to be at risk of an occupational exposure while performing His/her routine job responsibilities. The risk of Hepatitis B and the benefits of vaccine are reviewed with each employee during orientation. The employee is referred to Indian Health Service for Hepatitis B Immunization.~~

~~**Surveillance:**~~
~~Due to the limited number and the serious nature of occupational exposures. 100% of occupational Exposures are investigated and evaluated by the respective Navajo DBHS Program Supervisor/designee.~~

~~**Communicating Occupational Hazards to Employee:**~~
~~During orientation and annually, each employee is required to attend and occupational exposure in-Service. Employee competency is proven by a post test. Additional training is providing as needed.~~

~~**Standard Precautions:**~~
~~For the safety of Navajo DBHS employees, infectious materials shall be considered infectious Regardless of the perceived infectious status of the client. As a preventive measure, standard Precautions are observed at all times.~~

~~**Personal Protective Equipment:**~~
~~Personal protection equipment (PPE) provides a barrier between the employee and the infectious Microorganism. PPE includes gloves, gowns, and glasses. PPE is provided to the employee at no Cost. PPE is available at all outpatient facilities and vehicles. (See Standard Precaution Policy and Procedure).~~

~~**Method of Control:**~~
~~Hand washing: Hand washing is the single most important procedure for preventing the spread of infectious diseases. All employees are required to follow the recommended Hand washing procedure (See Hand Washing Procedure).~~
~~Hand washing facility: The hand washing facility is located in the employee's bathroom.~~

~~**Engineering and Work Practice Exposure Controls:**~~
~~CPR ventilation devices are available to minimize the potential exposure to blood borne pathogens When conducting cardiopulmonary resuscitation. Each fuse and kit is equipped with a CPR ventilation device.~~

~~**Bio-hazardous Waste Disposal Plan:**~~
~~All bio-hazardous waste is disposed of at the nearest HIS facility per OSHA Regulations. (See Standard Precaution Policy and Procedure)~~

~~**Post Occupational Exposure Procedure:**~~
~~Any employee who has potentially been exposed to any blood borne pathogen is referred to Indian Health Services Emergency Room or the nearest hospital for assessment, evaluation and potential Treatment. (See Occupational Exposure)~~

~~**Employee Education:**~~

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~~All employees are required to attend the blood borne pathogen in-service during orientation and annually.~~

~~**Employee Concerns:**~~
~~All employees are encouraged to express concerns when a safety concern is not corrected to the Navajo DBHS. Navajo DBHS employees will not be discriminated against for lodging a complaint. Any employee may contact the area OSHA office.~~

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~~**b. Employee Exposure Determination**~~

~~**i. Policy**~~
~~Each employee's risk of occupational exposure has been determined according to the job title.~~

~~**ii. Purpose**~~
~~To protect the Navajo DBHS employee from a potential occupational exposure~~

~~**iii. Definitions**~~

~~**Employee Exposure Determination:** Determination of employee risk occupational exposure while Performing routine job duties.~~

~~**Occupational Exposure:** OSHA defines occupational exposure as a "reasonably anticipated" skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.~~

~~**iv. General Information**~~
1. ~~Exposure determination was made for each job category without regard to personal protective clothing and equipment.~~
2. ~~The routine use of Standard Precautions is required for anyone falling Category I or II.~~

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~~Employee Determination Chart~~

~~Department~~	~~Category I~~	~~Category II~~	~~Category III~~
~~Administration~~ ~~Department Manager III~~ ~~Assistant Department Manager~~ ~~Administrative Services Officer~~			
~~Clinical~~ ~~Psychiatrist~~ ~~Clinical Specialist~~ ~~Family Therapist~~ ~~Principal Substance Abuse Counselor~~ ~~Senior Substance Abuse Counselor~~ ~~Substance Abuse Counselor~~ ~~Traditional Practitioner~~ ~~Substance Abuse Health Educator~~ ~~Case Management Specialist~~ ~~Eligibility Technician~~ ~~Case Assistant~~ ~~Public Information Officer~~ ~~Community Involvement Specialist~~			
~~Communications~~ ~~Senior Information Systems Technician~~ ~~Information Systems Technician~~ ~~Senior Computer Operator~~			
~~Finance~~ ~~Senior Accountant~~			
~~Housekeeping and Maintenance~~ ~~Custodian~~ ~~Building Maintenance Supervisor~~ ~~Building Maintenance Worker~~ ~~Senior Computer Operator~~			
~~Management~~ ~~Program Manager I~~ ~~Program Supervisor II~~ ~~Program Supervisor III~~ ~~Senior Programs and Projects Specialists~~ ~~Principle Planner~~ ~~Planner~~			
~~Personnel~~ ~~Personnel Manager~~ ~~Personnel Clerk~~			
~~Security and Transportation~~ ~~Security Guard~~ ~~Motor Coach Driver~~			
~~Support Staff~~			

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~~Administrative Assistant~~ ~~Senior Office Specialist~~ ~~Office Specialist~~ ~~Office Assistant~~ ~~Property Clerk~~			

~~Category I: Jobs which routinely involve exposure or potential exposure to blood and/or body fluids.~~
~~Category II: Jobs which occasionally involve exposure to blood and/or body fluids.~~
~~Category III: Jobs which rarely involve exposure to blood and/or body fluids.~~

~~**b. Post Blood Borne Occupational Exposure Procedure**~~

~~**i. Policy**~~
~~Any employee incurring an occupational exposure is immediately referred to IHS Emergency Room Or the nearest Emergency Room for evaluation and treatment.~~

~~**ii. Purpose**~~
~~To ensure appropriate medical evaluation and treatment for any person who has incurred an Occupational exposure.~~

~~**iii. Definitions**~~

~~**Blood:** OSHA defines blood as any human blood, blood products, or blood components. Other Potentially infectious materials are defined as human body fluids such as saliva in dental procedures, Semen, vaginal secretion, cerebrospinal, synovial, plural, pericardial, peritoneal, and amniotic fluids; Body fluids visibly contaminated with blood, unfixed human organs; HIV containing cells or tissue Cultures; HIV or HBV containing culture mediums; or other solutions.~~

~~**Occupational Exposure:** OSHA defines occupational exposure as a "reasonably anticipated skin, Eye, mucous membrane, or contact with blood or other potentially infectious materials that may result From the performance of the employee's duties."~~

~~**iv. General Information**~~
~~In 1991, OSHA passed the Blood borne Pathogen Standard 29CFR1910.1030 to reduce the potential For occupational exposures to health care workers from blood and other infectious material and to Ensure appropriate medical follow up for any person who has been occupationally exposed. The Standard ensures any employee who incurs an exposure shall be offered post exposure evaluation And follow up in accordance with the OSHA Standard.~~

~~1. Guidelines to Evaluation of a Potential Occupational Exposure~~
~~a. Was there exposure to a purchase wound (cuts, bite, etc.)?~~
~~b. Was there exposure to mucus membranes (eyes, oral or nasal mucus)?~~
~~c. Body fluid employee exposed to? How much body fluid? For how long?~~
~~2. When there is contamination with blood to a puncture wound or mucus membrane, refer the Employee to IHS Emergency Room for evaluation means and treatment.~~
~~3. The Blood borne Pathogen Exposure Report is a confidential employee health record. This Record is not to be disclosed to any individual or organization without the employee's employment plus 30 years.~~

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~~**V. Procedure**~~

~~1. When an employee has incurred an occupational exposure the following procedure shall be Followed:~~

~~a. Percutaneous and Skin:~~

~~i. Wash out exposure site (cuts, punctures, bites, etc.) with soap and water.~~

~~ii. Wash site for 5 minutes~~

~~b. Mucous Membranes:~~

~~i. Flush oral and nasal mucosa with water.~~

~~ii. Irrigate eyes with clean water,~~

~~iii. Wash for 5 minutes~~

~~2. The employee and supervisor shall complete the "Occupational Exposure Documentation Form." Include~~

~~a. Description of the employee's duties that contributed to the exposure~~

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~~b. Route of exposure~~

~~c. Circumstances of exposure~~

~~d. Employee immunity status~~

~~3. Any employee with an identified risk of an occupational exposure is referred to the emergency Room for immediate treatment. When the evaluation is unclear, the IHS emergency room is Contacted for advice.~~

~~4. The IHS Emergency Room Doctor evaluates the occupational exposure and provides Treatment that meets the OSHA standards and the CDC current recommendations.~~

~~**vi. Documentation**~~

~~1. Complete Blood borne Pathogen Exposure Report.~~

~~2. Complete Incident Documentation Report.~~

~~3. Complete Workman's Compensation Report~~

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~~Navajo DBHS Outpatient Services~~

~~BLOOD-BORNE PATHOGEN EXPOSURE REPORT~~

~~Name (Full):~~		~~Social Security Number:~~
~~Date/Time of Exposure:~~	~~Date/Time of Report:~~	~~Supervisor Notified:~~

~~**Exposure to:**~~

~~Blood~~
~~Body fluid with visible blood~~
~~Other(Explain)~~

~~**Route Leading to Exposure:**~~

~~What body fluid potentially exposed employee? How much body fluid? For how long?~~
~~Was there exposure to mucus membranes (eyes, oral or nasal mucus)?~~
~~Was there exposure to a puncture wound (cuts, punctures, bites, etc.)?~~

~~**Activity Leading to Exposure:**~~

~~**Circumstances Surrounding Exposure:**~~

~~**Job duty being performed (Explained):**~~

~~**Location of exposure (Explain):**~~

~~**Protective Equipment (check applicable PPE):**~~

~~Gloves Eye protection Gown Mask Other~~

~~**Describe exactly how exposure occurred:**~~

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Guidelines to Evaluation of Percutaneous Exposure: **Was there exposure to a puncture wound (cuts, punctures, bite, etc.)?** **Was there exposure to mucus membranes (eyes, oral or nasal mucus?** **What body fluid potentially exposed employees? How much body fluid? For how long?** **Refer: If there was exposure to puncture wounds or mucus membranes.**
Emergency Room Contracted via Telephone: Yes No Name of person contacted Emergency room: — **Emergency Room Recommendation:**
Employee Signature: — **Title**
Supervisor Signature: — **Title**

d. Standard Protections

i. Policy

Navajo DBHS requires all healthcare workers to use standard precautions when providing physical Care to a person.

i. Purpose

To protect all Navajo DBHS employees from a occupational exposure

ii. Definitions

Bio-hazardous Waste: Any waste that could transmit infectious diseases from contaminated blood And blood products, including blood components such as plasma or platelets, and products made From human blood. Only amount that are large enough to be free flowing are considered to present A significant risk.

Blood: is any human blood, blood products, or blood components as defined by OSHA. Other Potentially infectious materials are defined as human body fluids such as saliva in dental procedures, Semen, or vaginal secretion.

Occupational Exposure: A "reasonably anticipated" skin, eye, mucous membrane, or parenteral Contact with blood or other potentially infectious materials that may result from the performance of the Employee's duties.

Personal Protective Equipment (PPE): specialized equipment designed to place protective barrier Between the employee and their potential infection. Personal Protective Equipment includes gloves, Masks, gowns, ventilation devices, masks, and eye coverings, etc.

iv. General Information

1. Standard Precautions:

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~~a. For the safety of our employees, infectious regardless of the perceived status of the source individual. As a preventative measure, standard precaution shall be observed at all times in order to prevent contact with blood or other potentially infectious materials.~~

~~b. The Standard Precautions Guidelines recommends practices to follow to reduce the risk of transmission from both identified and non-identified sources of infectious microorganisms. These precautions interrupt the transmission of microorganisms from blood and all fluids, secretions, and excretions (except sweat) regardless of visible blood. Interruption of transmission is accomplished by using physical barriers between the employee and the infectious microorganism. The barriers are called Personal Protective Equipment (PPE).~~

~~c. All employees administering personal care are required to utilize standard precautions.~~

~~2. Hand washing Guidelines:~~

~~a. Washing hands is one of the most important interventions to prevent transmission of microorganisms.~~

~~b. Wash hands when contaminated with blood or body substance fluids, secretions, and excretions regardless of visible blood.~~

~~c. Wash hands before and after providing first aid care.~~

~~d. Wash hands after gloves are removed.~~

~~e. Follow Hand washing procedures (See Hand washing Policy and Procedure).~~

~~3. Personal Protective Equipment Guidelines:~~

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a. Personal Protective Equipment (PPE) is specialized equipment designed to place protective barrier between the employee and the potential infections. Personal Protective Equipment includes gloves, masks, gowns, ventilation devices, masks, and Eye covering, etc.
b. All personal protective equipment (PPE) is provided to the employee at NO COST.
c. Sound judgement shall be used when choosing PPE. The choices should be based on the anticipated exposure to blood or other potentially infectious material. The PPE shall be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes.

4. Gloves Guidelines:
   a. Gloves shall be worn when there is anticipated contact with blood, mucous Membranes, non-intact skin or potentially infectious materials for the purposes of Handling or toughing contaminated materials.
   b. Gloves shall be worn when touching blood, blood fluids, secretions, excretions, and Contaminated items.
   c. Gloves shall be worn before touching mucous membranes (mouth, vagina, etc.) and Non-intact skin (cuts, scrapes, etc.).
   d. Disposable gloves are to be thrown away after use.
   e. Disposable gloves are to be replaced when glove(s) is/are torn, punctured, or when Their ability to function as a barrier is compromised.
   f. Upon request, hypoallergenic gloves are available to employees who have a latex Allergy.
5. Face Protection (face shields, masks, eye protection, glasses, and goggles) Guidelines:
   a. Eye protection shall be used when potential contaminations by splashes or sprays to The mucous membranes of the eye are possible.
   b. A mask shall be worn to protect mucous membranes of the nose and mouth when Splashes or sprays are anticipated.
6. Gowns, Lab Coats, Etc. Guidelines:
   a. All protective clothing shall immediately be removed after completion of the task.
   b. Protect clothing with a shirt or coat when there is a possibility of contamination with
   c. Infectious microorganisms on the skin.
7. Ventilation Devices Guidelines:
   a. Ventilation devices (CPR) mouthpiece) are available for mouth-to-mouth CPR.
8. Equipment Guidelines:
   a. Equipment soiled with potentially infectious microorganisms is cleaned with a bleach and water solution (1 part bleach, 3 parts water).
9. Dietary Guidelines:
   a. Special precautions are not recommended for dishes, glasses, or eating utensils. Detergent and hot water of the dishwasher is adequate to decontaminate these items For reuse.
10. Environmental Control Guidelines:
   a. Spills or contamination of blood and/or body substances are immediately cleaned with A bleach solution (1 part bleach, 3 parts water).

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~~11. Bio-hazardous waste is typically not a problem at Navajo DBHS.~~

~~a. Bio-hazardous waste is typically not a problem at Navajo DBHS.~~

~~b. Navajo DBHS has an informal agreement with Indian Health Services to dispose of Any bio-hazardous OSHA standards.~~

~~c. Bio-hazardous waste is stored in a separate, secure area until waste can be Transferred.~~

~~d. All bio-hazardous bags are filled no more than 2/3 full and tied together securely to Prevent contamination by spilling or leakage.~~

~~12. Occupational Health Guidelines.~~

~~a. Reaction to wearing latex gloves is becoming prevalent in healthcare workers. The Two most common reactions to latex (especially latex gloves) are contact dermatitis (skin irritation) of the hands. Other symptoms that indicate a systemic allergic reaction are shortness of breath, swelling of the tongue or lips, total body hives, or wheezing after handling or using latex or rubber products.~~

~~b. Individuals with latex sensitivity generally have other allergies to foods like avocados, bananas, chestnuts, kiwi, apples, carrots, celery, papaya, potatoes, tomatoes, or melon.~~

~~c. Alternate gloves are available through the Clinical Specialist.~~

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~~Standard Precautions Guidelines~~
~~Personal Protective Equipment~~

~~Task~~	~~1 Gloves~~	~~2 Gloves~~	~~3 Masks~~	4 ~~EYE Protection~~
~~All filters (changing/cleaning)~~	~~T~~		~~T~~	~~T~~
~~Bed bath~~	~~T~~			
~~Bed pants (emptying positioning)~~	~~T~~			
~~Bleeding (applying pressure)~~	~~T~~	▲	▲	▲
~~Blood pressure~~				
~~Brush Teeth~~	~~O~~			
~~Cleaning body fluids spills~~	~~T~~	▲	▲	▲
~~Decubitus care~~	~~T~~	▲		
~~Dextrostix testing (diabetes check)~~	~~T~~			
~~Diapers, changing~~	~~T~~			
~~Drawing blood, venous~~	~~T~~			
~~Dressing change/removal~~	~~T~~	▲		
~~Ear irrigation~~	~~T~~			
~~Emptying body fluids~~	~~T~~	▲	▲	▲
~~Emptying trash~~	~~T~~			
~~Glucose monitoring (diabetes check)~~	~~T~~	▲	▲	▲
~~Incontinent (urine, feces)~~	~~T~~			
~~Injection (IM/SQ)~~	~~T~~			
~~Linens (soiled)~~	~~T~~	▲		
~~Mopping~~	▲			
~~Medications (oral)~~	~~T~~	▲		
~~Medications (suppository insertion, rectal,~~	~~T~~			
~~Medications (tropical ointment)~~	~~T~~			
~~Tube feeding~~	~~T~~			
~~Mouth care~~	~~T~~			
~~Non-intact skin care~~	~~T~~			
~~Open wounds care~~	~~T~~	▲		
~~Oral care (suction)~~	~~T~~		▲	▲
~~Physical assessment adult~~	~~T~~			
~~Plumbing~~	~~T~~			
~~Post-mortem care (care of the dead)~~	~~T~~			
~~Rectal suppository~~	~~T~~			
~~Sewage cleaning block~~	~~T~~			
~~Shaving~~	~~T~~			
~~TED nose (applying)~~	▲			
~~Temperature, oral~~	~~O~~			
~~Temperature, rectal~~	~~T~~			
~~Temperature, temporal~~	~~O~~			
~~Trash (emptying clinical area)~~	~~T~~			

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~~Urinal (emptying, positioning)~~	~~T~~			
~~Urinary catheter (insertion, discontinuing)~~	~~T~~			
~~Urinary catheter (irrigation)~~	~~T~~			
~~Vacuuming~~	~~*~~			
~~V-pads (changing, menses)~~	~~T~~			
~~Vaginal douche~~	~~T~~			

~~Legend T= Use routinely *= Use if soiling or splattering likely~~

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~~e. Hand Washing Policy~~

~~i. Policy~~
~~All Navajo DBHS employees shall follow the recommended procedure for washing their hands.~~

~~ii. Purpose~~
~~To prevent the spread of infectious disease~~

~~iii. Definition~~

~~Hand Washing: The vigorous rubbing together of the surfaces of lathered hands for 15 seconds, Followed by thorough rinsing.~~

~~iv. General Information~~
~~1. Hand washing is the single most important procedure for procedure for preventing the spread of infectious Diseases.~~
~~2. Hand washing with soap or detergent suspends microorganisms and allows them to be rinsed Off.~~
~~3. Always use soap when washing your hands. (Plain soap is an effective tool in removing Microorganisms.)~~
~~4. Hand washing helps prevent the spread of infections by limiting the potential for cross-Contamination.~~
~~5. In the absence of a true emergency, employees should always wash their hands:~~
~~a. Before handling food.~~
~~b. Before eating.~~
~~c. After physical care is provided and gloves are removed.~~
~~d. After contact with body fluids or other potentially infectious materials.~~
~~e. Immediately after accidental contact with blood, moist body fluids, mucous membranes, or non-intact skin.~~
~~f. After contact with any item or environmental surface that is soiled or contaminated with~~
~~g. After personal use of the bedroom.~~
~~h. After using a tissue used for sneezing, coughing, etc.~~
~~i. Hand sanitizer and/or hand wipes may be used when hand washing facilities are not available.~~

~~v. Equipment~~
~~1. Warm running water~~
~~2. Soap or other anti-bacterial agents~~
~~3. Paper towels~~

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~~4. Waste container~~

~~vi. **Procedure**~~

~~1. Turn on the facet with a dry paper towel held between your hand and the faucet.~~
~~2. Adjust water to a warm temperature.~~
~~3. Toss used paper towel in the trashcan.~~
~~4. Pointing hands downward under the running water, wet hands.~~
~~5. Apply soap.~~
~~6. Lather soap over hands and wrist areas.~~
~~7. Sing the following little song three times while washing your hands.~~
~~Row, row, row your boat, Gently down the stream,~~
~~Merrily, Merrily, Merrily, Life is but a dream.~~
~~8. Using friction, wash between your fingers.~~
~~9. Clean fingernails by rubbing them against them against the palm of the other hand.~~
~~10. With hands held downward, rinse hands.~~
~~11. With a clean paper towel, dry hands thoroughly.~~
~~12. Turn off water faucet with paper towel.~~
~~13. Toss used paper towel in the trash.~~
~~14. Apply hand lotion to your hands.~~

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~~**XII. Employee Health**~~

~~**a. Employee Injury**~~

~~**i. Policy**~~
~~Any Navajo DBHS employee injury is reported to the Supervisor immediately after the injury occurs or As soon as injury is identified.~~

~~**ii. Purpose**~~
~~To identify employee injuries and, as needed, to initiate their worker's compensation insurance Benefit.~~

~~**iii. Definitions**~~

~~**Employee Injury:** Any injury that occurs while the employee is on the job during the normal tour of Duty.~~

~~**Workman Compensation Insurances:** An employee insurance to assist the employee when he/she Has been injured on the job.~~

~~**iv. Procedure**~~
~~1. An Incident Documentation Report is completed on all employee injuries.~~
~~2. Any employee with an injury requiring medical attention is immediately referred to the Appropriate, local medical facility for treatment.~~
~~2. The injured employee is responsible to document their injury on the Incident Documentation Report form and a copy to the Workmen's Compensation office.~~

~~**V. Documentation**~~
~~1. Complete Incident Documentation Report.~~
~~a. Date~~
~~b. Name~~
~~c. Date of injury~~
~~d. How injury occurred~~
~~e. Medical treatment obtained~~

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~~**b. Employee Health Program**~~

~~**i. Policy**~~

~~All employees are required to participate in the Employee Health Program.~~

~~**ii. Purpose**~~

~~To provide an environment free of significant infectious disease~~

~~**iii. Definitions**~~

~~**ASAP:** As soon as possible.~~

~~**Tuberculosis (TB):** Tuberculosis is a contagious disease that is spread by a microorganism called Mycobacterium tuberculosis. Tuberculosis is commonly referred to as TB. This infectious disease is Transmitted from person to person through airborne particles called germs. The disease may be Transmitted when an infected person coughs and mobilizes these germs into the air and another Person inhales the germs into his/her lungs.~~

~~**iv. General Information**~~

~~The Employee Health Program is surveillance program which focuses on the early identification of Illness and injury, and subsequently the prevention reduction and control of these occurrences.~~

~~**v. Employee Health Program**~~

~~The Employee Health Program consists of the following components:~~

1. ~~**Tuberculosis (TB0 Screening:** All employees are screened for tuberculosis during their first 30 days of employment and annually thereafter. The local HIS clinic performs all employee Tuberculosis screening.~~
2. ~~**Evaluation of Employee's with Positive Symptoms of TB:** Any employee with positive Signs or symptoms of TB and/or a positive skin test is required to obtain a release to work Before he/she may return to work.~~
3. ~~**TP Exposure:** All employees are screened for TB after any known exposure to TB.~~
4. ~~**Hepatitis B Immunization:** All employees are encouraged to be immunized for Hepatitis B. During orientation, the risks of occupational exposure to blood borne pathogens, and the Benefits of the vaccinations are reviewed with each employee.~~
5. ~~**Occupational Exposure Plan:** An Occupational Exposure Plan has been implemented to Protect Navajo DBHS employees from an occupational exposure. (See Occupational Exposure Policy and Procedure)~~
6. ~~Employee Hygiene: Employees are responsible for their own "good" personal hygiene (See Employee Hygiene Policy and Procedure).~~
7. ~~**Work Restrictions:**~~

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~~a. Reportable Infectious to Supervisor: Employees are required to inform their immediate supervisor of any potential or identified infectious disease. The supervisor may request a release to work from any employee with an infectious disease. (See Employee Work Restrictions Policy and Procedure)~~

~~8. **Employee Injury on the Job:** Any employee who is injured on the job is encouraged to Inform their supervisor of the injury, and seek medical attention at the appropriate medical Facility as soon as possible (See Employee Injury).~~

~~9. **Employee Confidentiality:** The results of the employee's health assessment, evaluation and Treatment recommendation remain confidential.~~

~~**c. Employee Work Restrictions**~~

~~**i. Policy**~~
~~Any Navajo DBHS employee with an infectious illness is required to report the illness to the~~

~~**ii. Purpose**~~
~~To provide an environment free of significant infectious disease(s)~~

~~**iii. General Information**~~
~~1. The Center for Disease Control Summary of Suggested Work Restrictions for health care Personnel is used as a guideline to determine work restrictions for any employee with an Infectious disease.~~
~~2. The Supervisor requests a physician's "Release to Work" for any employee whose infectious Disease is significant or who has been sick three or more days.~~
~~3. When the infectious disease is of concern, the supervisor may notify a medical provider in the Infectious Disease Emergency Room Department at the local HIS facility to determine if the Employee poses a significant risk to the other clients, family, visitors or employees.~~

~~**iv. Procedure**~~
~~Any employee who has been exposed to an infectious disease or suspects he/she has been exposed~~
~~To an infectious disease is required to notify his/her supervisor.~~

I. POLICY

A comprehensive prevention policy of nosocomial infections, control of environmental infection hazards, and prompt recognition and reporting of acquired infections.

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II. PURPOSE

To provide a systematic approach to infection prevention and control.

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III. DEFINITIONS

A. **Control**

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Activities designed to support the infection control process by preventing the transmission of identified infections.

B. **Community-Acquired Infection**
An infection present or incubating at the time of admission.

C. **Contamination**
The presence of the anticipated presence of blood or other potentially infectious materials on an item or surface.

D. **Endemic**
The habitual presence of a disease within a geographic area may also refer to the usual prevalence of a given disease within such an area.

E. **Epidemic**
An outbreak in a community or region of a group of illnesses of similar nature, clearly more than normal expectancy and derived from a common or propagated source.

F. **Pandemic**
An epidemic of an infectious disease has spread across a large region i.e. multiple continents or worldwide, affecting a substantial number of individuals.

G. **Infection**
An illness produced by an infectious agent.

H. **Infection Control**
The continuing scrutiny of all those aspects of the occurrence and transmission of infections are pertinent to effective control.

I. **Nosocomial Infections**
An infection that develops during hospitalization and is not present or incubating at the time of admission to the hospital. An infection present on admission is community acquired. If incubation period is unknown, an infection is called nosocomial if it develops at any time within 72 hours after admission.

1. If a Medical Provider indicates in the medical record that a nosocomial infection is or has been present, the information is recorded unequivocally as an infection, whether additional supporting data are present in the record.
2. Nosocomial infections express themselves in Inpatients whom the infection was not present or incubating at the time of admission.
3. Nosocomial infections present on admission can be classified as nosocomial, but only if it is directly related to or in the residual of a previous admission.
4. Nosocomial infections include those with endogenous organisms carried by the client and with the organisms originating in the animate or inanimate environment of the facility.
5. The term nosocomial infection will include potentially preventable infections, as well as some infections that may be regarded as inevitable.
6. Applications of specific guidelines require that clinical and laboratory data are reliable. There must be a high degree of certainty as to when the clinical manifestations of the infection in question had their onset.
7. The appearance of the clinical infection at a new and different site, even with the same organisms as the original infection, must be considered a new nosocomial infection.

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8. The appearance in culture of new and different organisms from a previously described site of nosocomial infection if there is a coincident clinical contribution or deterioration in the client's condition. Infection Control Attack Rate will be calculated using the census on the first day of the month of the reporting period, plus all admissions for that reporting period.

J. **Universal Precautions**
A method of infection control that requires treating all human blood and certain human body fluids as if they were known to be infected with HIV, HCV, HBV, or other blood borne pathogens.

K. **Prevention**
Mechanisms designed to support the infection control process throughout the utilization of strategies designed to reduce the probability of an individual acquiring an infection i.e. hand washing, immunizations, educational activities.

L. **Surveillance**
Continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control.

IV. RULES

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A. DBMHS practices a systematic approach to infection prevention and control that requires each staff to play vital role in protecting everyone who utilizes the behavioral health facility.
B. All employees are trained at the start of employment, and annually in infection and control activities. The program and activities of the Infection Control Program will prevent, detect and control the spread of infection in DBMHS Residential facilities.
C. Objectives of the Infection Control Program
   1. To improve the quality of health care delivery through identification, prevention and control of infections.
   2. To develop, implement, and monitor a comprehensive agency-wide Infection Control Program.
   3. To establish and maintain consistent policies and procedures to implement the Infection Control Program.
   4. To collect and analyze data concerning infections and their epidemic potential and provide a profile of infection trends in the facility as part of the agency's activities.
   5. To implement orientation and education of all employees in infection surveillance, prevention, and control.
   6. Evaluate on an ongoing basis, the infection control activities and program.
D. Scope of the Infection Control Program
   1. The Infection Control Program is agency-wide for clients, employees, visitors, students, and volunteers. All agency programs and departments will work with the program to detect, prevent, and control infections. Included are direct care activities, as well as support activities such as housekeeping, dietary, laboratory service, etc. Health authorities will be contacted for consultation and reporting when indicated and required.
   2. The HSA will subcontract services for the management of the Infection Control Program.

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3. The Infection Control Program will have the responsibility for overseeing the following activities:
    a. Review the type and scope of surveillance activity and recommend corrective action based on records and reports of infections among clients and personnel to Quality Assurance Program.
    b. Periodically review retrospective reports including surveillance data for epidemics, clusters, unusual pathogens and nosocomial infections exceeding unusual baseline levels to suggest improvement on the management of the Quality Assurance program.
    c. Recommend standards of sanitation throughout the program, reviewing those standards on a periodic basis.
    d. Investigate problems related to communicable diseases within the program, suggesting methods to improve infection control management.
    e. Provide input into standard criteria for data reporting and evaluation.

V. PROCEDURES

A. Infection Control Plan
    1. Mechanisms will be established to support infection control through strategies developed to reduce the probability of an individual acquiring any infection. Included are the following prevention activities:
        a. Blood borne pathogens exposure training and reporting.
        b. Proper hand washing techniques will be utilized by all staff.
        c. Assessment of each employee's general health, and exposure incidents are managed.
        d. Employees will receive orientation and periodic on-going training in Universal Precautions – Standard Principles of Infection Prevention and Control.
            i. Hand Hygiene
            ii. Use of personal protective equipment
            iii. Safe use and disposal of sharps
            iv. Safe handling and disposal of clinical waste
            v. Spillage of blood and bodily fluids
            vi. Decontamination of equipment and environment
            vii. Safe management of linen

B. Visitor Restrictions: Visitors with known infections, which are communicable by casual or environmental contact, shall not be permitted to visit clients.
    1. Control: Activities will be designed and managed to support the Infection Control Program by preventing the spread of identified infections.
        a. Client infections: All suspected or known client infections will be reported on the "Infection Reporting Form and Tracking Record" by direct client care staff to the Registered Nurse at DBMHS, who will work in conjunction with other medical facilities. The report will include the diagnosis, where and when the infection was identified/acquired, and the action taken by the medical staff.
        b. The Registered Nurse will assess the symptoms, data and related findings, communicate with the medical facility, and follow through with medical

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recommendations.

c. The original of the "Infection Reporting Form" will be placed in the designated location in the medical record.
d. The Registered Nurse will record the assessment of the client's symptoms which will be placed in the medical record.
e. Employee infections. All employee illnesses or absences will be reported to the employee's supervisor who will follow Navajo Nation Policies and Procedures.

2. Reporting: Health care organizations are governed by the requirements for reporting set down by the Tribal, State, Federal, and Center for Disease Control guidelines. The Registered Nurse is required to report communicable diseases to the county health department within five (5) business days. Refer to the State Department of Health for a list of all communicable diseases.

C. Tuberculosis (TB) Exposure Plan
1. All DBMHS Staff will be trained in screening and prevention of tuberculosis at the time of initial employment.
2. Clients will be evaluated and cleared of TB symptoms before beginning the admission process. A TB Health Screen will be completed by the medical provider as part of the physical examination.

D. Blood-borne Pathogens Exposure Control Plan
1. DBMHS staff will receive training on several types of blood-borne pathogens to which they may be exposed. Training will include techniques on prevention and control of infection.
2. Staff will receive training on Hepatitis B (HBV) and C (HCV) Virus, and Human Immunodeficiency Virus (HIV).
3. Staff are required to notify their supervisor or the Clinical Director of any exposure incident immediately. An Incident Report Form will be completed and reported to the Behavioral Health Director as soon as possible.
   a. Employees who have exposure to blood or other potentially infectious material will be referred to the Navajo Nation Workers Compensation Program to complete the Report of Injury Form.
   b. When an exposure occurs, the staff/client can volunteer to be HIV tested at the County Health Department or the Navajo Health Education and HIV Prevention Program (NHE/HPP).
   c. The findings and diagnosis of any exposure incident will be kept confidential. DBMHS is not authorized to be informed of the results of the exposed employee testing.
4. Approaches to reduce risk of exposure to blood-borne pathogens on the job are more effective when used together, they include:
   A. Engineering control: These are physical or mechanical systems that are provided to all employees, to eliminate hazards at their source.
      i. Sharps disposal containers
      ii. Adding guardrails to prevent falls.
      iii. Ventilation limiting exposure to hazardous chemicals via ventilation.

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B. Workplace Practice Control: These are specific procedures to reduce exposure to blood-borne pathogens or infectious materials.
   i. Wear gloves
   ii. For storage and transport of specimens they should be placed in containers that prevent leakage and are marked with biohazard labels.
   iii. Make sure outside of container is not contaminated, to protect others who may manage the specimen.

C. Decontamination:
   i. Always wear gloves to clean up spills.
   ii. Wipe up spill with appropriate cleaning supply and carefully dispose of the contaminated towel.
   iii. Apply a germicide and then allow the surface to air dry completely.
   iv. Remove gloves and throw them away in a contaminated bag along with the contaminated material.

D. Personal Hygiene:
   i. When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, spattering and generation of droplets (e.g. before removing a rubber stopper from a specimen tube, cover it with gauze to reduce the chance of splatter).
   ii. Do not eat, drink, smoke, apply cosmetics, or handle contact lenses where there may be exposure to blood or potentially infectious materials.
   iii. Avoid petroleum-based lubricants that may eat through latex gloves. Applying hand cream is OK if hands are thoroughly washed first.

E. Personal Protective Equipment: Equipment that protects a person from contact with potentially infectious materials including gloves, masks, disposable gowns, protective eyewear, mouthpieces, resuscitation bags, ventilation device for resuscitation. The appropriate type of protective equipment for a given task depends on the degree of exposure anticipated.
   1. Splashes, sprays, spatters, or droplets of infectious materials require the use of masks, gloves, eye protection, or gowns.
   2. Appropriate protective equipment is provided to all employees.
   3. Employees must follow these rules to ensure that protective equipment is effective.
      a. Be trained to use equipment.
      b. Protective equipment must be appropriate for the task.
      c. Equipment must be free of physical flaws that could compromise safety.
      d. If equipment is penetrated by blood or other potentially infectious materials, review it as soon as possible.
      e. All protective equipment must be removed prior to leaving the work area and placed in the designated area or container for washing, decontamination, or disposal.
      f. Resuscitation Devices: Mechanical emergency respiratory devices and pocket masks are types of personal protective equipment designed to isolate from contact with a victim's saliva during resuscitation. Since the client may

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expel saliva, blood or other fluids during resuscitation, unprotected mouth-to-mouth resuscitation must be avoided.

g. Gloves: Gloves are the most widely used form of personal protective equipment. They function as a primary barrier between a person's hands and blood-borne pathogens. Latex or nylon gloves are used in medical or laboratory procedures. Heavy-duty utility gloves may be used for housekeeping duties.
   i. Gloves must fit properly.
   ii. Gloves must be worn when anticipating hand contact with blood, potentially infectious materials, mucous membranes or non-intact skin.
   iii. If a person is allergic to latex or nylon gloves, hypo-allergenic gloves, powder less gloves or another alternative will be provided.
   iv. Some gloves can be torn or punctured by sharps. Bandage any cuts before being gloved.
   v. Replace disposable single-use gloves, such as surgical or examination gloves, as soon as possible if contaminated, torn, punctured or damaged in any way. Never wash or decontaminate for reuse.
   vi. Utility gloves may be decontaminated and reused unless they are cracked, peeling, torn, punctured and no longer provide barrier protection.
   vii. Glove Removal. Employees must follow a safe procedure for glove removal, being careful that no substances from the soiled gloves contact their hands.
      a) With both hands gloved, peel one glove off from the bottom and hold it in the gloved hand.
      b) With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
      c) Dispose of the entire bundle properly.
      d) Remove gloves when they become contaminated, damaged or before leaving the work area.
      e) Wash hands thoroughly.

F. Housekeeping: The following housekeeping procedures should be followed.
1. Wipe down all exposed surface areas regularly with an approved tuberculocidal cleaner.
2. All equipment and work surfaces that may have become contaminated with blood or infectious material shall be cleaned and disinfected immediately.
3. Any protective coverings, such as plastic wrap, aluminum foil, and imperviously packed absorbent paper used to cover equipment or surfaces, shall be removed and replaced when overtly contaminated but no later than the end of the work shift.
4. Broken glass shall not be picked up by hand but shall be swept up with a broom or picked up with tongs.
5. Handle contaminated laundry as little as possible and with minimal agitation. Place

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soiled laundry in labeled or color-coded leak-proof bags or containers without sorting or rinsing.

6. Bags to be used for contaminated waste are red, designating biohazard, and labeled with a sign or tag, which shall be affixed to the bag.
7. All regulated waste shall be placed in impermeable leak-proof containers.
8. Hazardous warning labels shall be affixed to all regulated waste prior to removal from the facility and disposed of in accordance with the applicable County Health Department or State Department of Environmental Quality regulations.
9. Telephone receivers will be cleaned with the approved disinfectant by the contracted housekeeping service.
10. Dishes will not be shared with others.

G. Universal Precautions

Because it if often not possible to know when an individual may be infected with a blood-borne pathogen, all DBMHS staff are required to use universal precautions when contact with blood or body fluids is likely, to prevent accidental exposure to infection.

The following steps are based on recommendations from the Center for Disease Control, OSHA (Occupational Safety and Health Administration), and the State Department of Health. Training is provided in new employee Orientation and on an ongoing basis.

The effectiveness of universal precautions depends on vigilant compliance on the part of everyone; Universal Precautions rely on the individual to take responsibility for their own potential exposure. For this reason, effective training and enforcement of these protective measures are essential.

1. Barrier Precautions: To be used when health care workers care in contact with blood or other body fluids.
    a. Gloves are to be worn when touching blood or body fluids or handling objects or materials containing blood or body fluids.
    b. Disposable gowns are to be worn if it is likely that an employee will be soiled with blood or body fluids.
    c. Masks or protective eyewear are to be worn if there is a possibility of blood or body fluids splattering on a person's face.
2. Washing: Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or immediately after gloves are removed.
3. Procedures for Sharps: All sharp items should be placed in puncture resistant containers for disposal.
4. Resuscitation: Mouth guards are provided, which are located at the front desk.
5. Removal of staff: Staff who have exudative lesions or weeping dermatitis are to refrain from all direct client care, and handling client care equipment until the condition resolves.
6. Pregnant Workers: Although pregnant staff are not known to be at greater risk of contracting HIV or HBV infection, they should especially be familiar with and strictly adhere to the universal precautions to reduce their own risk of infection and therefore their infants'.

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7. Urine/Mouth Swab Specimen Precautions: To be used for all specimens obtained.
    a. Specimens are to be obtained using the proper procedure for obtaining a urine specimen.
    b. Work surfaces are to be decontaminated with germicide solution if a spill of blood or body fluids occurs.
    c. Contaminated equipment will be decontaminated through use of a germicide before the equipment is sent for repairs.
    d. Hands are to be washed and protective equipment and clothing removed before leaving the area.
8. Housekeeping Precautions:
    a. Chemical germicides, which are approved as agency disinfectants, are to be used for routine cleaning of all surfaces and of areas that are visibly soiled.
    b. Gloves should be worn during cleaning and decontamination.
    c. Large spills of infectious waste are to be flooded with liquid germicide before cleaning, wiped up, and then decontaminated with fresh germicide.
9. Laundry Precautions:
    a. Soiled laundry is to be bagged at the location where it was used. It is not to be sorted or reused in client care areas.
    b. Linen soiled with blood or body fluids is to be placed in red plastic bags that are then tied shut.
    c. Linen will be replaced every 2 years regardless of condition.
    d. Mattresses will be replaced every 10 years or depending on the condition.
10. Infectious Waste:
    a. Blood by-products are to be carefully poured into the toilet and flushed or placed in the red infectious bag.
    b. Soiled sanitary napkins or tampons are to be placed in a small plastic biohazard bag.
    c. Dressings (including bandages) are to be placed in a puncture-proof container or a plastic bag, which is then sealed.

H. Hand Washing Procedures
1. When to wash hands:
    a. Before starting work
    b. After managing soiled articles
    c. After removing gloves
    d. After direct contact with blood
    e. Between clients when giving client care
    f. After each visit to the toilet
    g. After using and discarding tissue or handkerchief for cough or sneeze
    h. Before and after meals
    i. Before and after preparing medicines
2. When preparing to wash hands, see that there is:
    a. Clean lavatory
    b. Adequate supply of disposable towels
    c. Sud creating action cleaning agent.

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3. How to Wash Hands:
    a. Turn on the water.
    b. Wet hands
    c. Add cleaning agent.
    d. Washing with suds well for 20 seconds above the wrist with careful attention to fingernails and in between fingers.
    e. Rinse thoroughly to remove all soap.
    f. Dry hands with paper towel
    g. Turn off the water faucet with a paper towel.
    h. Discard paper towel

I. Employee Infection Control Training
    1. DBMHS will orient all new employees to the importance of Infection Control, personal hygiene, and infection prevention.
        a. The orientation program will include:
            i. Infection Control Plan
            ii. TB Exposure Control Plan
            iii. OSHA Bloodborne Pathogen Standards & Exposure Control Plan
            iv. Infectious Disease Update: Acquired Immune Deficiency Syndrome (AIDS), Hepatitis
            v. Universal Precautions
            vi. Hand washing
            vii. Employee Health Program: Pre-employment Requirements, Annual Requirements, Work Related Injuries
            viii. Employee Illness
        b. Additional In-service programs will be held regularly on various aspects of infection control or infectious diseases. Impromptu In-service Trainings will be held as client populations or situations indicate.

J. Employee Health
    1. DBMHS will follow Navajo Occupational Safety and Health Administration (NOSHA) standards for employees to protect employees from hazards.
        a. Prior to returning to work, after an infectious illness or injury, the employee is required to submit a medical clearance report to the Behavioral Health Director.
        b. The Behavioral Health Director will follow appropriate protocol for filing industrial claims and will notify the Navajo Nation Workers Compensation Program of infections or injuries, in personnel, which require work restrictions or exclusions from work.

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~~e. Hand Washing Policy~~

~~i. Policy~~

~~All Navajo DBHS employees shall follow the recommended procedure for washing their hands.~~

~~ii. Purpose~~

~~To prevent the spread of infectious disease~~

~~iii. Definition~~

~~Hand Washing: The vigorous rubbing together of the surfaces of lathered hands for 15 seconds, Followed by thorough rinsing.~~

~~iv. General Information~~

~~1. Hand washing is the single most important procedure for procedure for preventing the spread of infectious~~

~~Diseases.~~

~~2. Hand washing with soap or detergent suspends microorganisms and allows them to be rinsed Off.~~

~~3. Always use soap when washing your hands. (Plain soap is an effective tool in removing Microorganisms.)~~

~~4. Hand washing helps prevent the spread of infections by limiting the potential for cross-Contamination.~~

~~5. In the absence of a true emergency, employees should always wash their hands:~~

~~a. Before handling food.~~

~~b. Before eating.~~

~~c. After physical care is provided and gloves are removed.~~

~~d. After contact with body fluids or other potentially infectious materials.~~

~~e. Immediately after accidental contact with blood, moist body fluids, mucous~~

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~~membranes, or non-intact skin.~~

~~f. After contact with any item or environmental surface that is soiled or contaminated with~~

~~g. After personal use of the bedroom.~~

~~h. After using a tissue used for sneezing, coughing, etc.~~

~~i. Hand sanitizer and/or hand wipes may be used when hand washing facilities are not available.~~

~~v.~~ **~~Equipment~~**

~~1. Warm running water~~

~~2. Soap or other anti-bacterial agents~~

~~3. Paper towels~~

~~4. Waste container~~

~~vi.~~ **~~Procedure~~**

~~1. Turn on the facet with a dry paper towel held between your hand and the faucet.~~

~~2. Adjust water to a warm temperature.~~

~~3. Toss used paper towel in the trashcan.~~

~~4. Pointing hands downward under the running water, wet hands.~~

~~5. Apply soap.~~

~~6. Lather soap over hands and wrist areas.~~

~~7. Sing the following little song three times while washing your hands.~~

~~Row, row, row your boat, Gently down the stream,~~

~~Merrily, Merrily, Merrily, Life is but a dream.~~

~~8. Using friction, wash between your fingers.~~

~~9. Clean fingernails by rubbing them against them against the palm of the other hand.~~

~~10. With hands held downward, rinse hands.~~

~~11. With a clean paper towel, dry hands thoroughly.~~

~~12. Turn off water faucet with paper towel.~~

~~13. Toss used paper towel in the trash.~~

~~14. Apply hand lotion to your hands.~~

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~~**XII. Employee Health**~~

~~**a. Employee Injury**~~

I. ~~i. Policy~~POLICY

~~Any Navajo DBHS employee injury is~~Employee injuries are documented and reported to the Supervisor immediately ~~after the injury occurs or~~
~~As soon as injury is identified~~.

II. ~~ii. Purpose~~PURPOSE

To identify employee injuries, and~~, as needed, to~~ initiate their worker's compensation insurance
~~B~~benefit, as needed.

III. ~~iii. Definitions~~DEFINITIONS

A. **Employee Injury:~~**~~
Any injury that occurs while the employee is on the job during the normal tour of ~~D~~duty.

B. **Workman Compensation Insurances:~~**~~
An employee insurance to assist the employee when they have~~he/she~~ ~~Has~~ been injured on the job.

IV. ~~iv. Procedure~~PROCEDURES

A. ~~1.~~ An Incident ~~Documentation~~ Report is completed on all employee injuries.
~~2.~~ Any employee with an injury requiring medical attention is immediately referred to the
B. ~~a~~Appropriate~~,~~ local medical facility for treatment.
~~1. The injured employee is responsible to document their injury on the Incident Documentation Report form and a copy to the Workmen's Compensation office.~~

V. ~~V. Documentation~~RULES

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A. The injured employee is responsible for documenting their injury on the Incident Report form, completing: ~~1. Complete Incident Documentation Report:~~

~~a. Date~~

1. ~~b. Name~~Name
2. Date
3. ~~c. Date of injury~~incident
4. ~~d. How injury~~ incident occurred
5. ~~e. Medical treatment obtained~~obtained.

B. Completed forms are to be sent to Workman's Compensation Department.

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~~**b. Employee Health Program**~~

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~~**i. Policy**~~

~~All employees are required to participate in the Employee Health Program.~~

~~**ii. Purpose**~~

~~To provide an environment free of significant infectious disease~~

~~**iii. Definitions**~~

~~**ASAP:** As soon as possible.~~

~~**Tuberculosis (TB):** Tuberculosis is a contagious disease that is spread by a microorganism called~~

~~Mycobacterium tuberculosis. Tuberculosis is commonly referred to as TB. This infectious disease is~~

~~Transmitted from person to person through airborne particles called germs. The disease may be~~

~~Transmitted when an infected person coughs and mobilizes these germs into the air and another~~

~~Person inhales the germs into his/her lungs.~~

~~**iv. General Information**~~

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~~The Employee Health Program is surveillance program which focuses on the early identification of~~

~~Illness and injury, and subsequently the prevention reduction and control of these occurrences.~~

~~**v. Employee Health Program**~~

~~The Employee Health Program consists of the following components:~~

~~1. **Tuberculosis (TB0 Screening:** All employees are screened for tuberculosis during their first 30 days of employment and annually thereafter. The local HIS clinic performs all employee Tuberculosis screening.~~

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~~2. **Evaluation of Employee's with Positive Symptoms of TB:** Any employee with positive~~

~~Signs or symptoms of TB and/or a positive skin test is required to obtain a release to work~~

~~Before he/she may return to work.~~

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~~3. **TP Exposure:** All employees are screened for TB after any known exposure to TB.~~

~~4. **Hepatitis B Immunization:** All employees are encouraged to be immunized for Hepatitis B.~~

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~~During orientation, the risks of occupational exposure to blood borne pathogens, and the~~

~~Benefits of the vaccinations are reviewed with each employee.~~

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~~5. **Occupational Exposure Plan:** An Occupational Exposure Plan has been implemented to~~

~~Protect Navajo DBHS employees from an occupational exposure. (See Occupational~~

~~Exposure Policy and Procedure)~~

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~~6. Employee Hygiene: Employees are responsible for their own "good" personal hygiene (See~~

~~Employee Hygiene Policy and Procedure).~~

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~~7. **Work Restrictions:**~~

~~a. Reportable Infectious to Supervisor: Employees are required to inform their immediate supervisor of any potential or identified infectious disease. The supervisor may request a release to work from any employee with an infectious disease. (See Employee Work Restrictions Policy and Procedure)~~

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~~8. **Employee Injury on the Job:** Any employee who is injured on the job is encouraged to~~

~~Inform their supervisor of the injury, and seek medical attention at the appropriate medical~~

~~Facility as soon as possible (See Employee Injury).~~

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~~9. **Employee Confidentiality:** The results of the employee's health assessment, evaluation and Treatment recommendation remain confidential.~~

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~~c. **Employee Work Restrictions**~~

~~i. **Policy**~~

~~Any Navajo DBHS employee with an infectious illness is required to report the illness to the~~

~~ii. **Purpose**~~

~~To provide an environment free of significant infectious disease(s)~~

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~~iii. General Information~~

~~1. The Center for Disease Control Summary of Suggested Work Restrictions for health care Personnel is used as a guideline to determine work restrictions for any employee with an Infectious disease.~~

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~~2. The Supervisor requests a physician's "Release to Work" for any employee whose infectious Disease is significant or who has been sick three or more days.~~

~~3. When the infectious disease is of concern, the supervisor may notify a medical provider in the Infectious Disease Emergency Room Department at the local HIS facility to determine if the Employee poses a significant risk to the other clients, family, visitors or employees.~~

~~iv. Procedure~~

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~~Any employee who has been exposed to an infectious disease or suspects he/she has been exposed~~

~~To an infectious disease is required to notify his/her supervisor.~~

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~~XIV. Housekeeping~~

~~a. Cleaning Facility Procedure/Cleaning Schedule~~

~~i.~~I. ~~Policy~~POLICY

All ~~Navajo DBHS~~DBMHS ~~facilities~~ Centers are cleaned according to the pre-set schedule, and as needed.

~~ii.~~II. ~~Purpose~~PURPOSE

To maintain a clean, professional environment.

III. DEFINTIONS

RESERVED

~~iii.~~IV. ~~General Information~~RULES

~~The Program Supervisor determines the facilities cleaning schedule. He/she~~The Supervisor assigns cleaning responsibilities to designated employee(s) and ensures facilities are cleaned per policy and
A. procedure.

V. PROCEDURES

Title	Equipment	Procedure
Change Light Bulbs	• Ladder • Light Bulbs	1. Turn on electricity to determine if light is functional. 2. Turn off electricity when changing bulb. 3. If needed, set up stepladder (ensure ladder is on a level surface and locked open before climbing onto it). 4. Replace "burned out" light bulbs as needed. 5. Dispose of "burned out" light bulbs. 6. Replace equipment.
Clean Baseboards All baseboards are to be cleaned monthly and as needed.	• Cleaning solution • Bucket with clean water • Drop cloths • Cleaning cloths • Putty Knife • Gloves	1. According to manufacturer's recommendations, prepare one bucket with clean warm water and add cleaning solution and one bucket with clean warm water. 2. Move all furniture and equipment away from baseboard areas.

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		3. Place drop cloth on the floor to protect floor or carpet. 4. Apply gloves. 5. Wet a cleaning cloth in the cleaning solution, wring it out and wipe a section of the baseboard. 6. Use the rinse cloth and rinse the same section of the baseboard with the clean water. 7. Continue the process until task is completed. 8. Empty buckets. 9. Replace cleaning equipment 10. Remove and dispose of gloves.
Clean Bathrooms	• Cleaning solution • 2 cleaning cloths • Toilet bowl brush • Glass cleaner • Nonabrasive cleaner • Sponge • Plastic bag • Mop • Mop bucket • Gloves	**General Cleaning:** 1. Clean baseboards 2. Clean doors and door jams 3. Clean interior window (if applicable) 4. Clean light fixtures 5. Clean Mirror 6. Clean/mop floor 7. Clean paper towel dispenser 8. Clean vents **Clean Sink** 1. Apply a nonabrasive cleaner and scrub with sponge to remove stains. 2. Rinse with water. 3. Wipe faucets with a cleaning cloth. 4. Dry all metal fixtures to avoid spotting. 5. Wipe the plumbing fixtures with germicidal solution. **Clean Toilet** 1. Apply gloves 2. Flush toilet 3. Apply germicidal cleaning solution in the interior of the toilet. Scrub the inside of the toilet bowl with a toilet brush (be sure to clean the underside of the rim). 4. Dampen a cloth with germicidal solution and wipe the outside surface of the toilet including

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		the base of the toilet (be sure to clean the underside of the rim). 5. Return equipment and remove and dispose of gloves.
Clean Doors and Door Jams	• 2 buckets containing warm water. • Cleaning solution • Bucket with clean water • Cleaning cloths • Step ladder (if needed) • Drop cloth • Gloves	1. Prepare bucket with clean warm water and add cleaning solution (according to manufacturer's recommendations) 2. Apply gloves. 3. Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it). 4. Wet and wring out a cleaning cloth in the cleaning solution. 5. Wipe all surfaces of the door, including the door jam, starting at the top and working down to the floor. (If the door is wooden, wipe with the grain of the wood to prevent smearing). 6. Wet and wring out a cleaning cloth with clean water. 7. Wipe cleaned surface. 8. Continue the process until the task is completed. 9. Empty buckets. 10. Return cleaning equipment. 11. Remove and dispose of gloves.
Clean Exterior Entrance Areas	• Broom	1. Shake out doormat. 2. Sweep the entrance areas (front and back) 3. Pick up any litter in the area. 4. Replace burned out light bulbs. 5. Return cleaning equipment.
Clean Furniture	• Vacuum cleaner and attachments • Cleaning cloths • Furniture polish	1. Remove pillows from the upholstered furniture. 2. Vacuum all surfaces and crevices of furniture thoroughly. 3. Vacuum and return pillows to the upholstered furniture. 4. Dust any wooden areas on furniture. 5. Return equipment.
Clean Interior and Exterior Windows	• Step ladder (if needed) • Glass cleaner	1. Clean windowsills. 2. Open draperies or blinds.

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	• Cleaning cloth (lint free) or paper towels	3. If ladder is needed, set up ladder (ensure the ladder is on a level surface and it is locked open before climbing onto it). 4. Wash the window frame with a damp cloth and dry. 5. Spray the window liberally with glass cleaner. Using a cleaning cloth or paper towel, clean the window. Begin at the top of the window and work toward the bottom. Repeat as necessary. 6. Return the draperies or blinds to their original position. 7. Return cleaning equipment.
Clean Light Fixtures	• Bucket containing water and cleaning solution • Cleaning cloth • Stepladder	1. Prepare a bucket with clean warm winter and add cleaning solution (according to manufacturer's recommendations). 2. Turn off the light switch 3. Apply gloves 4. Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it). 5. Wet a cleaning cloth in the cleaning/germicidal solution and wring out excessive fluids from cleaning cloth. 6. Clean light fixture by wiping the inside and outside of the cover or shade. 7. Carefully dry the fixture with a clean, dry cloth. 8. Return cleaning equipment. 9. Remove and dispose of gloves.
Clean Mirrors	• Glass cleaner • Clean cloth (lint free) or paper towels	1. Spray glass with glass cleaner. 2. Clean area with cleaning cloth or paper towel. 3. Dispose of used paper towels. 4. Return cleaning equipment.
Clean/Mop Floors	• Wet mop head and handle • Double mop bucket with wringer • All-purpose cleaner	1. Sweep the entire area prior to mopping. 2. Fill the mop bucket with hot water. 3. Mix cleaner water solution (according to manufacturer's recommendations). 4. Move furniture out of the way. 5. Remove gum or other sticky objects with a putty knife.

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	• "Caution: Wet Floor" sign • Putty knife • Gloves	6. Wet the mop in the mop bucket and wring it out (be careful not to apply too much water onto the floor). 7. Clean around the baseboards first with the mop, paying particular attention to the room corners. 8. Mop by making overlapping strokes on the open areas of the floor. Turn the mop head over frequently (every 5 or 6 strokes or sooner, as needed). 9. When mop head is dirty, return the mop to the mop bucket and rinse the mop. 10. Move the mop around in the bucket to remove dirt and debris and then wring the mop head (in mop bucket) as dry as possible. 11. Re-mop the area to absorb as much water as possible. 12. Repeat the same process until the floor is completed. 13. Rinse with clean water. 14. After the floor has dried, check for streaks or areas that have been missed and re-mop as necessary. 15. Empty water from mop bucket. 16. Return cleaning equipment and remove and dispose of gloves.
Clean Offices	• Bucket • Cleaning solution • Mop • Broom • Vacuum • Cleaning cloth • Furniture polish • Glass cleaner • Gloves	**General Cleaning** 1. Clean door and doorjambs. 2. Clean baseboards. 3. Clean interior windows (if applicable). 4. Clean light fixtures. 5. Clean mirror. 6. Clean/mop floor. 7. Clean vents 8. Dust
Clean Vent(s)	• Bucket containing water • Cleaning solution • 2 clean cloths • Stepladder	1. Apply gloves 2. Fill cleaning bucket with warm water. 3. Mix cleaning solution (prepare per manufacturer's instructions) with warm water. 4. Remove the vent.

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	• Vacuum cleaner and attachments • Gloves	5. Use the vacuum cleaner to remove the loose dust. 6. Wipe the vent with a cleaning cloth to remove dirt/dust. 7. Carefully dry and replace the vent. 8. If the vent cannot be removed, wipe the vent with a cleaning cloth. 9. Return cleaning equipment. 10. Remove and dispose of gloves.
Clean walls and Ceilings	• Bucket with wringer • Cleaner solution • 2 clean cloths • Stepladder • Gloves	1. Sweep off any dirt, dust and cobwebs from walls and ceilings. 2. Fill the bucket with warm water and approved cleaner solution (prepare per manufacturer's instructions). 3. Move furniture and pictures away from walls. 4. Set up the stepladder. 5. Wring out excessive water from cloth. Spot clean heavily soiled areas and stains with cleaning cloth. 6. Rinse and dry the area spot cleaned with a clean cloth. 7. Wash all wall and ceiling fixtures with cleaning cloth (making sure area is clean, dry and free of spots and streaks). 8. Return any furniture, etc., to its original place. 9. Return cleaning equipment. 10. Remove and dispose of gloves.
Dust Furniture	• Furniture polish • Cleaning cloth	1. Remove items off of shelves, etc. 2. Apply furniture polish. 3. Dust shelves. 4. Dust items on shelves, etc. 5. Damp dust telephone and receiver with a cleaning cloth saturated with cleaning solution. 6. Wipe off all metal furniture. 7. Return cleaning equipment.
Vacuum	• Vacuum cleaner	1. Move furniture that may be moved and obstructs the area.

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		2. Begin vacuuming in a far corner and move toward the door. Use a push-pull motion and overlap passes to cover the entire floor. 3. Be sure to vacuum under all items that can be moved. 4. Replace moved furniture to its proper location. 5. Return cleaning equipment.
Cleaning Garbage and Trash Container	• Trash containers • Plastic Liners • Cleaning solution • Bucket with clean water • Cleaning cloth • Scrub brush • Gloves	1. Apply gloves 2. Tie top of trash bag closed and dispose of waste per procedure. 3. Prepare bucket of water and add cleaning solution (per manufacturer's instructions) 4. Wet the cleaning cloth in approved germicidal solution and wipe the inside and outside, including the lid of the waste container. (Scrub with a scrub brush if necessary) 5. Allow container to dry. 6. Clean all trash containers when soiled. 7. Line trash containers with plastic liners. 8. Empty trash containers at the end of each day by removing the plastic liner and tying the ends together. 9. Dispose of in the trash bins. 10. The trash collector collects and disposes of trash per established agreement. 11. Place a clean bag liner in waste container. 12. Return cleaning equipment. 13. Remove gloves.

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~~Navajo DBHS Outpatient Services~~Division of Behavioral and Mental Health Services

Office Cleaning Checklist

	Mon	Tue	Wed	Thu	Fri

Daily						
Dust furniture, desks, chairs, credenzas and cabinets						
Empty waste containers and remove trash to the designated area						
Spot Clean entrance and interior glass and doors						
Vacuum designated carpeted areas						
Dust mop ceramic and resilient floor areas						
Weekly						
Dust window ledges, tops of partitions						
Dust and remove debris from metal entrance thresholds						
Clean and sanitize telephones						
Fully damp mop ceramic and resilient floors						
Monthly						
Dust high reach areas including shelves, ledges, vents and HVAC grills						
Dust venetian blinds						
Remove cobwebs						
Clean baseboards, carpet edges and corners						
Vacuum/Clean upholstered furniture						
KITCHEN AND BREAK ROOM AREA (Daily to Weekly):						
Damp wipe table tops, counters, and exteriors of cabinets						
Empty trash containers and remove to the designated areas						
Damp wipe exterior and interior microwave ovens						
Vacuum carpeted areas						
Sweep or dust mop and damp mop resilient flooring						
Clean and sanitize sinks						
Wipe exterior refrigerator						
RESTROOM AREAS (Daily to Weekly):						
Restock toilet paper, paper towels, hand soap, and other supplies						
Empty trash containers and remove to the designated areas						
Sweep or dust mop, and wet mop and sanitize floors						
Clean and sanitize restrooms						
Clean and polish mirrors, glass and chrome						

~~CLEANING SCHEDULE~~

~~Area~~	~~M~~	~~T~~	~~W~~	~~Th~~	~~F~~	~~As~~

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~~Mow Grass~~						
~~Pull Weeds~~						
~~Outside Entrance~~						
~~Sweep~~						
~~Reception Area~~						
~~Empty Trash~~						
~~Clean Trash~~						
~~Containers~~						
~~Dust~~						
~~Sweep~~						
~~Mop~~						
~~Clean Windows~~						
~~Clean Walls~~						
~~Clean Baseboards~~						
~~Hallway~~						
~~Sweep~~						
~~Mop~~						
~~Clean Walls~~						
~~Clean Baseboards~~						
~~Bathroom~~						
~~Empty Trash~~						
~~Clean Trash~~						
~~Container~~						
~~Clean Mirror~~						
~~Clean Sink~~						
~~Stool~~						
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~~Empty Trash~~						
~~Clean Trash~~						
~~Container~~						
~~Dust~~						
~~Sweep~~						
~~Mop~~						
~~Clean Window~~						
~~Clean Baseboard~~						
~~Clean Wall~~						
~~Office 2~~						
~~Empty Trash~~						
~~Clean Trash~~						
~~Container~~						
~~Dust~~						
~~Sweep~~						
~~Mop~~						
~~Clean Window~~						
~~Clean Baseboard~~						
~~Clean Wall~~						

~~CLEANING SCHEDULE~~

Area	~~M~~	~~T~~	~~W~~	~~Th~~	~~F~~	~~*As Needed*~~
~~Office 3~~						
~~Empty Trash~~						
~~Empty Trash~~						
~~Container~~						
~~Dust~~						
~~Sweep~~						
~~Mop~~						
~~Clean Window~~						
~~Clean Wall~~						
~~Clean Baseboard~~						
~~Office 4~~						
~~Empty Trash~~						

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~~Clean Trash Container~~						
~~Dust~~						
~~Sweep~~						
~~Mop~~						
~~Clean Window~~						
~~Clean Wall~~						
~~Clean Baseboard~~						
~~**Sweat Lodge**~~						
~~Empty Trash~~						
~~Empty Trash Container~~						
~~Empty Fire Ash~~						
~~Shake and Air Rugs~~						
~~Sweep~~						
~~Pull Weeds, Etc.~~						
~~**Other**~~						
~~**Other**~~						

~~*A comfortable temperature will be maintained in each facility.*~~

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~~b. Cleaning the Facility Procedure~~

~~Title~~	~~Equipment~~	~~Procedure~~
~~Change Light Bulbs~~	~~• Ladder~~ ~~• Light Bulbs~~	~~• Turn on electricity to determine if light is functional.~~ ~~• Turn off electricity when changing bulb.~~ ~~• If needed, set up stepladder (ensure ladder is on a level surface and locked open before climbing onto it).~~ ~~• Replace "burned out" light bulbs as needed.~~ ~~• Dispose of "burned out" light bulbs.~~ ~~• Replace equipment.~~
~~Clean Baseboards~~ ~~All baseboards are to be cleaned monthly and as needed.~~	~~• Cleaning solution~~ ~~• Bucket with clean water~~ ~~• Drop cloths~~ ~~• Cleaning cloths~~ ~~• Putty Knife~~ ~~• Gloves~~	~~• According to manufacturer's recommendations, prepare one bucket with clean warm water and add cleaning solution and one bucket with clean warm water.~~ ~~• Move all furniture and equipment away from baseboard areas.~~ ~~• Place drop cloth on the floor to protect floor or carpet.~~ ~~• Apply gloves.~~ ~~• Wet a cleaning cloth in the cleaning solution, wring it out and wipe a section of the baseboard.~~ ~~• Use the rinse cloth and rinse the same section of the baseboard with the clean water.~~ ~~• Continue the process until task is completed.~~ ~~• Empty buckets.~~ ~~• Replace cleaning equipment~~ ~~• Remove and dispose of gloves.~~
~~Clean Bathrooms~~	~~• Cleaning solution~~	~~• General Cleaning:~~

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	~~• 2 cleaning cloths • Toilet bowl brush • Glass cleaner • Nonabrasive cleaner • Sponge • Plastic bag • Mop • Mop bucket • Gloves~~	~~Follow established policies and procedures: 1. Clean baseboards 2. Clean doors and door jams 3. Clean interior window (if applicable) 4. Clean light fixtures 5. Clean Mirror 6. Clean/mop floor 7. Clean paper towel dispenser 8. Clean vents • **Clean Sink** 1. Apply a nonabrasive cleaner and scrub with sponge to remove stains. 2. Rinse with water. 3. Wipe faucets with a cleaning cloth. 4. Dry all metal fixtures to avoid spotting. Wipe the plumbing fixtures with germicidal solution. • **Clean Toilet** 1. Apply gloves 2. Flush toilet 3. Apply germicidal cleaning solution in the interior of the toilet. Scrub the inside of the toilet bowl with a toilet brush (be sure to clean the underside of the rim). 4. Dampen a cloth with germicidal solution and wipe the outside surface of the toilet including the base of the toilet (be sure to clean the underside of the rim). 5. Return equipment and remove and dispose of gloves.~~
~~**Title**~~	~~**Equipment**~~	~~**Procedure**~~
~~**Clean Doors and Door Jams**~~	~~• 2 buckets or containers containing warm water • Cleaning solution • Bucket with clean water~~	~~• Prepare bucket with clean warm water and add cleaning solution (according to manufacturer's recommendations) • Apply gloves • Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it).~~

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	• ~~Cleaning cloths~~ • ~~Step ladder (if needed)~~ • ~~Drop cloth~~ • ~~Gloves~~	• ~~Wet and wring out a cleaning cloth in the cleaning solution.~~ • ~~Wipe all surfaces of the door, including the doorjam, starting at the top and working down to the floor. (If the door is wooden, wipe with the grain of the wood to prevent smearing).~~ • ~~Wet and wring out a cleaning cloth with clean water.~~ • ~~Wipe cleaned surface.~~ • ~~Continue the process until task is completed.~~ • ~~Empty buckets.~~ • ~~Return cleaning equipment.~~ • ~~Remove and dispose of gloves.~~
~~Clean exterior Entrance Areas~~	• ~~Broom~~	• ~~Shake out doormat.~~ • ~~Sweep the entrance areas (front and back)~~ • ~~Pick up any litter in the area.~~ • ~~Replace burned out light bulbs.~~ • ~~Return cleaning equipment.~~
~~Clean Furniture~~	• ~~Vacuum cleaner and attachments~~ • ~~Cleaning cloths~~ • ~~Furniture polish~~	• ~~Remove pillows from the upholstered furniture.~~ • ~~Vacuum all surfaces and crevices of furniture thoroughly.~~ • ~~Vacuum and return pillows to the upholstered furniture.~~ • ~~Dust any wooden areas on furniture.~~ • ~~Return equipment.~~
~~Clean Interior and Exterior Windows~~	• ~~Step ladder (if needed)~~ • ~~Glass cleaner~~ • ~~Cleaning cloth (lint free) or paper towels~~	• ~~Clean windowsills.~~ • ~~Open draperies or blinds.~~ • ~~If ladder is needed, set up ladder (ensure the ladder is on a level surface and it is locked open before climbing onto it).~~ • ~~Wash the window frame with a damp cloth and dry.~~ • ~~Spray the window liberally with glass cleaner. Using a cleaning cloth or paper towel, clean the window. Begin at~~

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		~~the top of the window and work toward the bottom. Repeat as necessary.~~ • ~~Return the draperies or blinds to their original position.~~ • ~~Return cleaning equipment.~~
~~**Clean Light Fixtures**~~	• ~~Bucket containing water and cleaning solution~~ • ~~Cleaning cloth~~ • ~~Stepladder~~	• ~~Prepare a bucket with clean warm winter and add cleaning solution (according to manufacturer's recommendations).~~ • ~~Turn off the light switch~~ • ~~Apply gloves~~ • ~~Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it).~~ • ~~Wet a cleaning cloth in the cleaning/germicidal solution and wring out excessive fluids from cleaning cloth.~~ • ~~Clean light fixture by wiping the inside and outside of the cover or shade.~~ • ~~Carefully dry the fixture with a clean, dry cloth.~~ • ~~Return cleaning equipment.~~ • ~~Remove and dispose of gloves.~~
~~**Title**~~	~~**Equipment**~~	~~**Procedure**~~
~~**Clean Mirrors**~~	• ~~Glass cleaner~~ • ~~Clean cloth (lint free) or paper towels~~	• ~~Spray glass with glass cleaner.~~ • ~~Clean area with cleaning cloth or paper towel.~~ • ~~Dispose of used paper towels.~~ • ~~Return cleaning equipment.~~
~~**Clean/Mop Floors**~~	• ~~Wet mop head and handle~~ • ~~Double mop bucket with wringer~~ • ~~All purpose cleaner~~ • ~~"Caution: Wet Floor" sign~~ • ~~Putty knife~~ • ~~Gloves~~	• ~~Sweep the entire area prior to mopping.~~ • ~~Fill the mop bucket with hot water.~~ • ~~Mix cleaner water solution (according to manufacturer's recommendations).~~ • ~~Move furniture out of the way.~~ • ~~Remove gum or other sticky objects with a putty knife.~~ • ~~Wet the mop in the mop bucket and wring it out (be careful not to apply too much water onto the floor).~~

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		• ~~Clean around the baseboards first with the mop, paying particular attention to the room corners.~~ • ~~Mop by making overlapping strokes on the open areas of the floor. Turn the mop head over frequently (every 5 or 6 strokes or sooner, as needed).~~ • ~~When mop head is dirty, return the mop to the mop bucket and rinse the mop.~~ • ~~Move the mop around in the bucket to remove dirt ad debris and then wring the mop head (in mop bucket) as dry as possible.~~ • ~~Re-mop the area to absorb as much water as possible.~~ • ~~Repeat the same process until the floor is completed.~~ • ~~Rinse with clean water.~~ • ~~After the floor has dried, check for streaks or areas that have been missed and re-mop as necessary.~~ • ~~Empty water from mop bucket.~~ • ~~Return cleaning equipment and remove and dispose of gloves.~~
~~Clean Offices~~	• ~~Bucket~~ • ~~Cleaning solution~~ • ~~Mop~~ • ~~Broom~~ • ~~Vacuum~~ • ~~Cleaning cloth~~ • ~~Furniture polish~~ • ~~Glass cleaner~~ • ~~Trash liners~~ • ~~Gloves~~	• ~~General Cleaning~~ ~~Follow established policies and procedures.~~ ~~1. Clean door and doorjams.~~ ~~2. Clean baseboards.~~ ~~3. Clean interior windows (if applicable).~~ ~~4. Clean light fixtures.~~ ~~5. Clean mirror.~~ ~~6. Clean/mop floor.~~ ~~7. Clean vents~~ ~~8. Dust~~
~~Clean Paper Towels Dispensers~~	• ~~Cleaning solution~~ • ~~Paper towels~~	• ~~Open paper towel dispenser.~~ • ~~Remove the paper towels and wipe the inside of the dispenser with cloth saturated with cleaner solution.~~

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	~~• Cleaning cloths~~	~~• Refill the dispenser with paper towels.~~ ~~• Close the dispenser securely, and ensure the dispenser is functioning properly.~~ ~~• Wipe the outside of the dispenser with a cleaning cloth saturated in germicidal solution.~~ ~~• Dry with paper towel.~~ ~~• Return cleaning equipment.~~

~~Title~~	~~Equipment~~	~~Procedure~~
~~Clean Vent(s)~~	~~• Bucket containing water~~ ~~• Cleaning solution~~ ~~• 2 clean cloths~~ ~~• Stepladder~~ ~~• Vacuum cleaner and attachments~~ ~~• Gloves~~	~~• Apply gloves~~ ~~• Fill cleaning bucket with warm water.~~ ~~• Mix cleaning solution (prepare per manufacturer's instructions) with warm water.~~ ~~• Remove the vent.~~ ~~• Use the vacuum cleaner to remove the loose dust.~~ ~~• Wipe the vent with a cleaning cloth to remove dirt/dust.~~ ~~• Carefully dry and replace the vent.~~ ~~• If the vent cannot be removed, wipe the vent with a cleaning cloth.~~ ~~• Return cleaning equipment.~~ ~~• Remove and dispose of gloves.~~
~~Clean walls and Ceilings~~	~~• Bucket with wringer~~ ~~• Cleaner solution~~ ~~• 2 clean cloths~~ ~~• Stepladder~~ ~~• Gloves~~	~~• Sweep off any dirt, dust and cobwebs from walls and ceilings.~~ ~~• Fill the bucket with warm water and approved cleaner solution (prepare per manufacturer's instructions).~~ ~~• Move furniture and pictures away from walls.~~ ~~• Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it).~~

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		• ~~Wring out excessive water from cloth. Spot clean heavily soiled areas and stains with cleaning cloth.~~ • ~~Rinse and dry the area spot cleaned with a clean cloth.~~ • ~~Wash all wall and ceiling fixtures with cleaning cloth (making sure area is clean, dry and free of spots and streaks).~~ • ~~Return any furniture, etc., to its original place.~~ • ~~Return cleaning equipment.~~ • ~~Remove and dispose of gloves.~~
~~**Dust Furniture**~~	• ~~Furniture polish~~ • ~~Cleaning cloth~~	• ~~Remove items off of shelves, etc.~~ • ~~Apply furniture polish.~~ • ~~Dust shelves.~~ • ~~Dust items on shelves, etc.~~ • ~~Damp dust telephone and receiver with a cleaning cloth saturated with cleaning solution.~~ • ~~Wipe off all metal furniture.~~ • ~~Return cleaning equipment.~~
~~**Vacuum**~~	• ~~Vacuum cleaner~~	• ~~Move furniture that may be moved and obstructs the area.~~ • ~~Begin vacuuming in a far corner and move toward the door. Use a push-pull motion and overlap passes to cover the entire floor.~~ • ~~Be sure to vacuum under all items that can be moved.~~ • ~~Replace moved furniture to its proper location.~~ • ~~Return cleaning equipment.~~

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~~c. Cleaning and Maintenance of Garbage and Trash Containers~~

~~Title~~	~~Equipment~~	~~Procedure~~
~~Cleaning Garbage and Trash Container~~	~~• Trash containers~~ ~~• Plastic Liners~~ ~~• Cleaning solution~~ ~~• Bucket with clean water~~ ~~• Cleaning cloth~~ ~~• Scrub brush~~ ~~• Gloves~~	~~• Apply gloves~~ ~~• Tie top of trash bag closed and dispose of waste per procedure.~~ ~~• Prepare bucket of water and add cleaning solution (per manufacturer's instructions)~~ ~~• Wet the cleaning cloth in approved germicidal solution and wipe the inside and outside, including the lid of the waste container. (Scrub with a scrub brush if necessary)~~ ~~• Allow container to dry.~~ ~~• Clean all trash containers when soiled.~~ ~~• Line trash containers with plastic liners.~~ ~~• Empty trash containers at the end of each day by removing the plastic liner and tying the ends together.~~ ~~• Dispose of in the trash bins.~~ ~~• The trash collector collects and disposes of trash per established agreement.~~ ~~• Place a clean bag liner in waste container.~~ ~~• Return cleaning equipment.~~ ~~• Remove gloves.~~

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~~XV. Maintenance~~

~~a. Maintenance Requests~~

I. ~~i.Policy~~POLICY

~~Navajo DBHS~~DBMHS~~ facility maintenance~~ provides a safe and healthy environment for employees and clients, by addressing preventative maintenance, maintenance, and repairs at each treatment center site~~problems are identified, maintenance requests are submitted, and repairs are done in a timely manner~~.

II. ~~ii.Purpose~~PURPOSE

~~To established a procedure to identify, request, and fix maintenance problems~~ ensure compliance with applicable laws for maintenance, improvements, and repairs.

III. ~~iii.General Information~~RULES

~~A. Each treatment center will maintain maintenance records and work orders. A binder with copies of all requests made and the request forms are maintained at a central location in the Navajo in the Navajo DBHS facility.~~

A. ~~.~~

B. Employees will complete the Maintenance Request Form for maintenance or repairs, requests must be approved and issued through the Supervisor.

~~1. Any Navajo DBHS employee may request that a maintenance problem to be fixed by documenting documenting the problem, and submitting the request to the Program Supervisor.~~

IV. ~~iv.Procedure~~PROCEDURES

A. ~~1.~~ Document maintenance request on the *Maintenance Request Form*, indicating details of the issue(s). ~~.~~

B. When work is completed, the Administrative Support Staff at the treatment center site will review the completed work and sign off on the request form. Any additional issues or concerns related to the maintenance request can be addressed to the DBMHS Property Section.

C. ~~2. When a maintenance problem is corrected, a note is made in comment section.~~ The request form will be signed and completed by the DBMHS Building Maintenance staff when the work is completed, and the issue resolved.

D. ~~3.~~ The Program Supervisor ~~review~~ will review all maintenance requests monthly and follows~~-~~up on any unresolved problems.

E. Any maintenance or repairs will be documented in the Treatment Center site's action plan.

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~~b. Environmental Guidelines~~

~~i. Policy~~

~~Navajo DBHS provides a safe, clean environment for the clients served, families, visitors and DBHS staff.~~

~~ii. Purpose~~

~~To provide a safe, clean environment for DBHS clients, families, visitors, and employees~~

~~iii. General Information~~

~~1. Any arts and craft materials, tools, etc., which may present a safety hazard are locked in a cabinet except during use.~~

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~~2. Firearms, explosives, and any potential weapon are prohibited on the premises.~~

~~3. Smoking is prohibited within the facility.~~

~~4. All employees are required to attend a safety orientation and annual in-service.~~

~~5. All electrical cords are checked quarterly, and replaced as necessary.~~

~~6. The Program Supervisor is responsible for periodic inspections of the buildings and surrounding structures and areas.~~

~~Title~~	Equipment	~~Procedure~~
~~Air Conditioning and Ventilation~~	~~• Air Conditioner~~ ~~• Screened windows~~	~~• During the summer months, the air temperature a teach facility is maintained between 68 degrees F and 82 degrees F.~~ ~~• Annually all air condition equipment is inspected by a licensed plumber.~~ ~~• Copies of the manufactures operating instructions are maintained in the administration office.~~ ~~• Screened windows may be used for ventilation.~~
~~Electrical Equipment~~	~~• Electrical space heaters~~	~~• Electrical space heaters may be used with the approval of the Program Supervisor.~~

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		• Electrical heater cords are checked every 6 months.
Fans	• Electrical fans	• All electrical fans, except ceiling paddle fans, shall e screened and placed in a safe location.
Heating	• Furnace filter • Wood stoves	• The air temperature in each facility during the winter months is maintained between 65 degrees F and 75 degrees F. • Portable open flame and kerosene space heaters are prohibited. • The use of un-vented or open flame space heaters is prohibited. • A license plumber inspects annually all heating equipment. • The filters of the furnace are changed annually and PRN. • Heating varies from facility to facility. • Copies of the manufactures operating instructions are maintained in the administration office.
Water Temperature		• The temperature of the water supply for client use is maintained between 90 degrees F and 115 degrees F. • The Program Supervisor checks the water temperature at each faucet no less than quarterly to ensure proper water temperature.

Navajo DBHS Outpatient Services

MAINTENACE REQUEST FORM

Requester's Name:	Date:
Department:	Phone:

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~~Maintenance Request~~

~~Comments:~~

~~Completion Date:~~

~~Requester's Signature:~~

~~Maintenance Request Form~~

~~Requester's Name:~~	~~Date:~~
~~Department:~~	~~Phone:~~

~~Maintenance Request~~

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~~MANAGING AN INTERNAL DISASTER~~

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~~Title~~	~~Equipment~~	~~Procedure~~
~~Water Problem~~		~~• The Navajo Tribal Utility Authority provides water.~~ ~~• If the problem is structural, consider calling a licensed plumber.~~ ~~• Remove important records.~~ ~~• Consider closing the facility until problem is repaired.~~ ~~• When water supply problems are unable to be fixed in a timely manner and present a potential health problem consider closing the facility.~~
~~Sewage Problems~~		~~• The Navajo Tribal Utility Authority provides sewage services. In case of an emergency, they can be reached~~

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		~~7 days a week, 24 hours a day at 800-528-5011.~~ • ~~When plumbing problems are unable to be fixed in a timely manner an present a potential health problem, consider closing the facility until this problem is fixed.~~
~~Gas Supply Problems~~		• ~~NTUA provides gas services. In case of an emergency, they can be reached 7 days a week, 24 hours a day at 800-528-5011.~~ • ~~During winter months when heat is inadequate to provide a healthy environment, consider closing the facility until the problem is rectified.~~

~~Navajo DBHS Outpatient Services~~

~~Annual Safety Assessment~~

~~Directions: Please check appropriate column to make a general statement after each item listed, identify any potential safety issues at your facility.~~

~~Key:~~

~~1=Exceed Standards 2=Meets Standards 3=Does NOT Meet Standards~~

~~Emergency Parking Only Zone:~~

~~No Parking Zone~~

~~Loading Zone~~

~~Handicap Parking Space~~

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	Structural Management	~~1~~	~~2~~	3	Initials	Comments
	~~Structure of the building:~~ ~~Occupancy Permit:~~ ~~NN Building Permit:~~ ~~Sanitization Permit:~~ ~~Security Alarm:~~					
~~Interior~~	~~Walls:~~					
	~~Flooring:~~ ~~Carpet:~~ ~~Flooring Tile:~~					
	~~First Aid Kit:~~					
	~~Outside the Building:~~ ~~Propane location:~~ ~~Landscape:~~ ~~Fencing:~~ ~~Side Walks:~~ ~~Inside the building:~~					
	~~Traditional Healing Grounds:~~ ~~Hogan:~~ ~~Sweat lodge:~~ ~~Fire Pit:~~ ~~Fire Wood:~~					

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~~Exterior~~	~~Separate Dressing Area:~~ ~~Cooking Area:~~					
	~~Treatment Center Sign (Billboard):~~ ~~Hours of Operation:~~ ~~Type of Facility:~~ ~~Telephone Number:~~					
	~~Parking:~~					
	~~Outside Lighting~~ ~~Street Lights:~~ ~~Motion Lights~~					
	~~Foundation:~~					
	~~Roof:~~					
	~~Entrance:~~ ~~Side Walks:~~					
	~~Windows:~~ ~~Screens~~ ~~Bars:~~					

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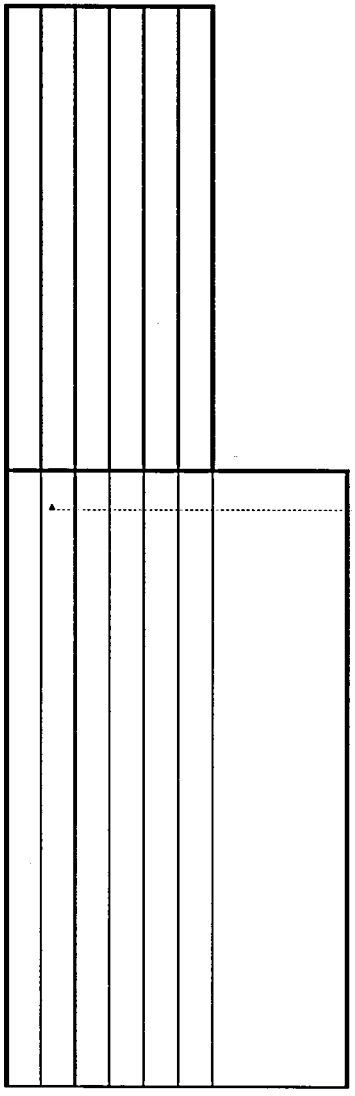

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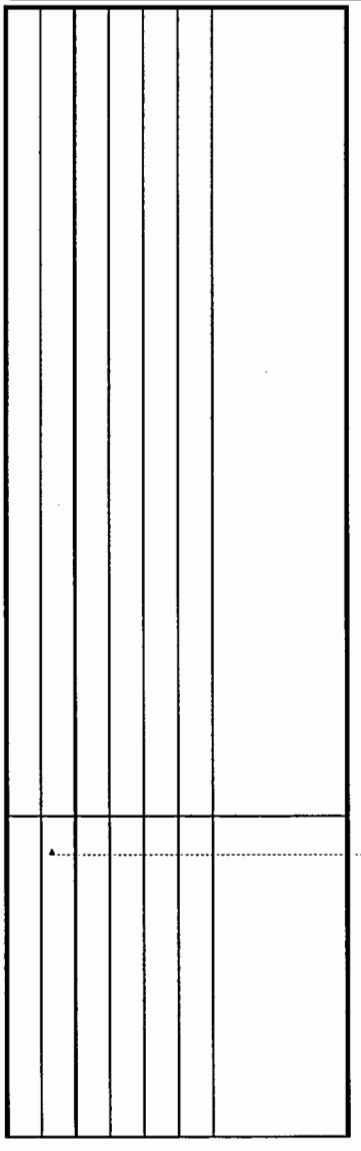

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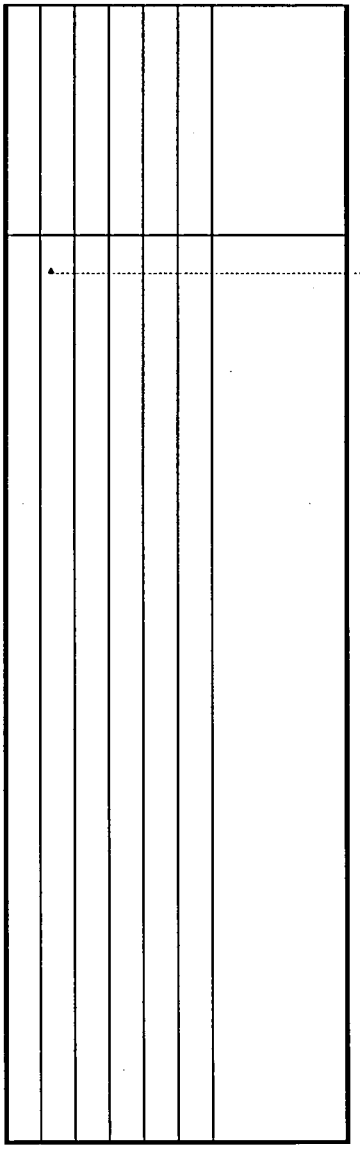

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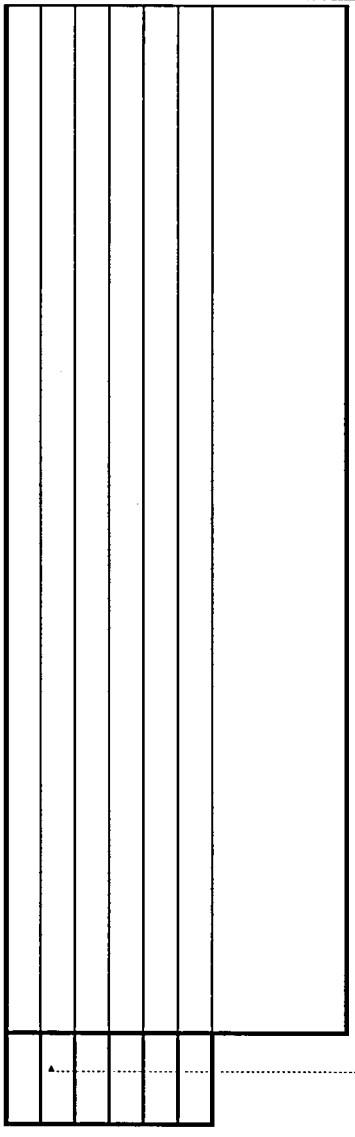

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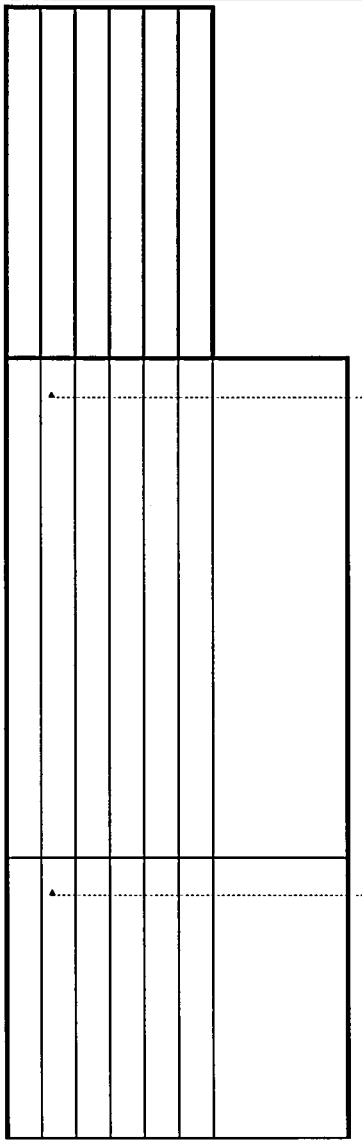

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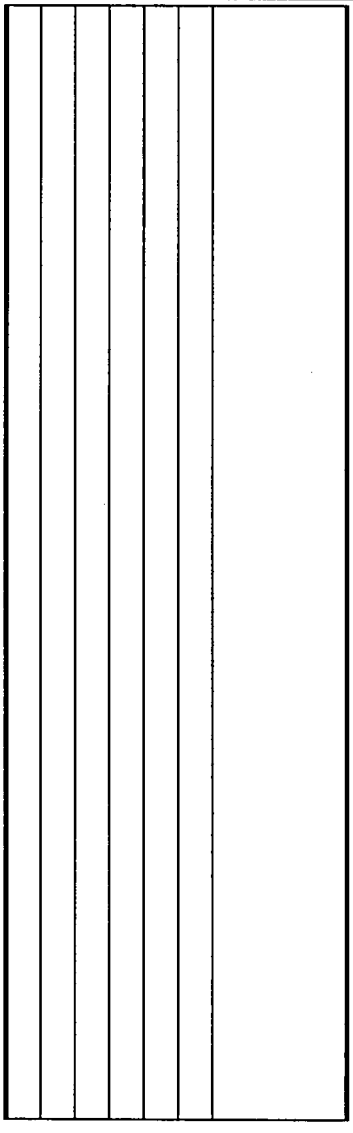

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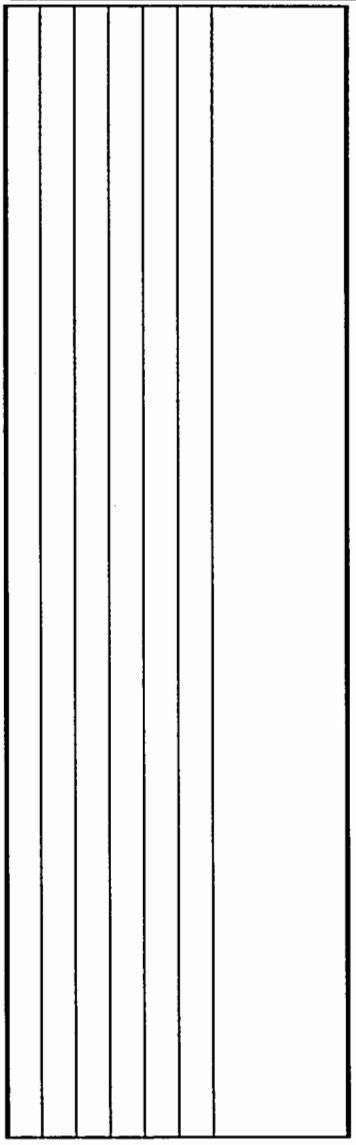

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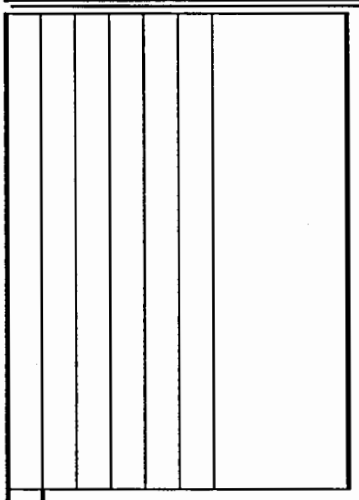

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Division of Behavioral and Mental Health Services

Maintenance Request Form

Requester's Name:	**Date:**
Site/Section:	**Phone:**
Maintenance Request:	

Requester's Signature: **Admin Signature:**

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DBMHS Property Staff Only	
Completed By:	**Date:**
Comments:	

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~~XV. Maintenance~~

~~a. Maintenance Requests~~

I. ~~i.Policy~~POLICY

~~Navajo DBHS~~DBMHS ~~facility maintenance~~ provides a safe and healthy environment for employees and clients, by addressing preventative maintenance, maintenance, and repairs at each treatment center site~~problems are identified, maintenance requests are submitted, and repairs are done in a timely manner~~.

II. ~~ii.Purpose~~PURPOSE

To ~~established a procedure to identify, request, and fix maintenance problems~~ ensure compliance with applicable laws for maintenance, improvements, and repairs.

III. ~~iii.General Information~~RULES

~~A.~~ Each treatment center will maintain maintenance records and work orders. ~~A binder with copies of all requests made and the request forms are maintained at a central location in the Navajo in the Navajo DBHS facility.~~

A.

B. Employees will complete the Maintenance Request Form for maintenance or repairs, requests must be approved and issued through the Supervisor.

~~1. Any Navajo DBHS employee may request that a maintenance problem to be fixed by documenting documenting~~
~~the problem, and submitting the request to the Program Supervisor.~~

IV. ~~iv.Procedure~~PROCEDURES

A. ~~1.~~ Document maintenance request on the *Maintenance Request Form*, indicating details of the issue(s). ~~-~~

B. When work is completed, the Administrative Support Staff at the treatment center site will review the completed work and sign off on the request form. Any additional issues or concerns related to the maintenance request can be addressed to the DBMHS Property Section.

C. ~~2. When a maintenance problem is corrected, a note is made in comment section. The~~ request form will be signed and completed by the DBMHS Building Maintenance staff when the work is completed, and the issue resolved.

D. ~~3.~~ The Program Supervisor ~~review~~ will review all maintenance requests monthly and follows ~~-~~up on any unresolved problems.

E. Any maintenance or repairs will be documented in the Treatment Center site's action plan.

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~~b. Environmental Guidelines~~

~~i. Policy~~

~~Navajo DBHS provides a safe, clean environment for the clients served, families, visitors and DBHS staff.~~

~~ii. Purpose~~

~~To provide a safe, clean environment for DBHS clients, families, visitors, and employees~~

~~iii. General Information~~

1. ~~Any arts and craft materials, tools, etc., which may present a safety hazard are locked in a cabinet except during use.~~
2. ~~Firearms, explosives, and any potential weapon are prohibited on the premises.~~
3. ~~Smoking is prohibited within the facility.~~
4. ~~All employees are required to attend a safety orientation and annual in-service.~~
5. ~~All electrical cords are checked quarterly, and replaced as necessary.~~
6. ~~The Program Supervisor is responsible for periodic inspections of the buildings and surrounding structures and areas.~~

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~~Title~~	~~Equipment~~	~~Procedure~~
~~Air Conditioning and Ventilation~~	~~• Air Conditioner~~ ~~• Screened windows~~	~~• During the summer months, the air temperature a teach facility is maintained between 68 degrees F and 82 degrees F.~~ ~~• Annually all air condition equipment is inspected by a licensed plumber.~~ ~~• Copies of the manufactures operating instructions are maintained in the administration office.~~ ~~• Screened windows may be used for ventilation.~~
~~Electrical Equipment~~	~~• Electrical space heaters~~	~~• Electrical space heaters may be used with the approval of the Program Supervisor.~~

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		• Electrical heater cords are checked every 6 months.
Fans	• Electrical fans	• All electrical fans, except ceiling paddle fans, shall e screened and placed in a safe location.
Heating	• Furnace filter • Wood stoves	• The air temperature in each facility during the winter months is maintained between 65 degrees F and 75 degrees F. • Portable open flame and kerosene space heaters are prohibited. • The use of un-vented or open flame space heaters is prohibited. • A license plumber inspects annually all heating equipment. • The filters of the furnace are changed annually and PRN. • Heating varies from facility to facility. • Copies of the manufactures operating instructions are maintained in the administration office.
Water Temperature		• The temperature of the water supply for client use is maintained between 90 degrees F and 115 degrees F. • The Program Supervisor checks the water temperature at each faucet no less than quarterly to ensure proper water temperature.

Navajo DBHS Outpatient Services

MAINTENACE REQUEST FORM

Requester's Name:	Date:
Department:	Phone:

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~~Maintenance Request~~

~~Comments:~~

~~Completion Date:~~

~~Requester's Signature:~~

~~Maintenance Request Form~~

~~Requester's Name:~~	~~Date:~~
~~Department:~~	~~Phone:~~

~~Maintenance Request~~

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~~Comments:~~

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~~MANAGING AN INTERNAL DISASTER~~

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~~Title~~	~~Equipment~~	~~Procedure~~
~~Water Problem~~		~~• The Navajo Tribal Utility Authority provides water.~~ ~~• If the problem is structural, consider calling a licensed plumber.~~ ~~• Remove important records.~~ ~~• Consider closing the facility until problem is repaired.~~ ~~• When water supply problems are unable to be fixed in a timely manner and present a potential health problem consider closing the facility.~~
~~Sewage Problems~~		~~• The Navajo Tribal Utility Authority provides sewage services. In case of an emergency, they can be reached~~

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		~~7 days a week, 24 hours a day at 800-528-5011.~~ ~~• When plumbing problems are unable to be fixed in a timely manner an present a potential health problem, consider closing the facility until this problem is fixed.~~
~~Gas Supply Problems~~		~~• NTUA provides gas services. In case of an emergency, they can be reached 7 days a week, 24 hours a day at 800-528-5011.~~ ~~• During winter months when heat is inadequate to provide a healthy environment, consider closing the facility until the problem is rectified.~~

~~**Navajo DBHS Outpatient Services**~~

~~**Annual Safety Assessment**~~

~~Directions: Please check appropriate column to make a general statement after each item listed, identify any potential safety issues at your facility.~~

~~**Key:**~~

~~**1=Exceed Standards 2=Meets Standards 3=Does NOT Meet Standards**~~

~~Emergency Parking Only Zone:~~

~~No Parking Zone~~

~~Loading Zone~~

~~Handicap Parking Space~~

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~~Structural Management~~		~~1~~	~~2~~	~~3~~	~~Initials~~	~~Comments~~
~~Interior~~	~~Structure of the building:~~ ~~Occupancy Permit:~~ ~~NN Building Permit:~~ ~~Sanitization Permit:~~ ~~Security Alarm:~~					
	~~Walls:~~					
	~~Flooring:~~ ~~Carpet:~~ ~~Flooring Tile:~~					
	~~First Aid Kit:~~					
	~~Outside the Building:~~ ~~Propane location:~~ ~~Landscape:~~ ~~Fencing:~~ ~~Side Walks:~~ ~~Inside the building:~~					
	~~Traditional Healing Grounds:~~ ~~Hogan:~~ ~~Sweat lodge:~~ ~~Fire Pit:~~ ~~Fire Wood:~~					

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~~Exterior~~	~~Separate Dressing Area:~~ ~~Cooking Area:~~					
	~~Treatment Center Sign (Billboard):~~ ~~Hours of Operation:~~ ~~Type of Facility:~~ ~~Telephone Number:~~					
	~~Parking:~~					
	~~Outside Lighting~~ ~~Street Lights:~~ ~~Motion Lights~~					
	~~Foundation:~~					
	~~Roof:~~					
	~~Entrance:~~ ~~Side Walks:~~					
	~~Windows:~~ ~~Screens~~ ~~Bars:~~					

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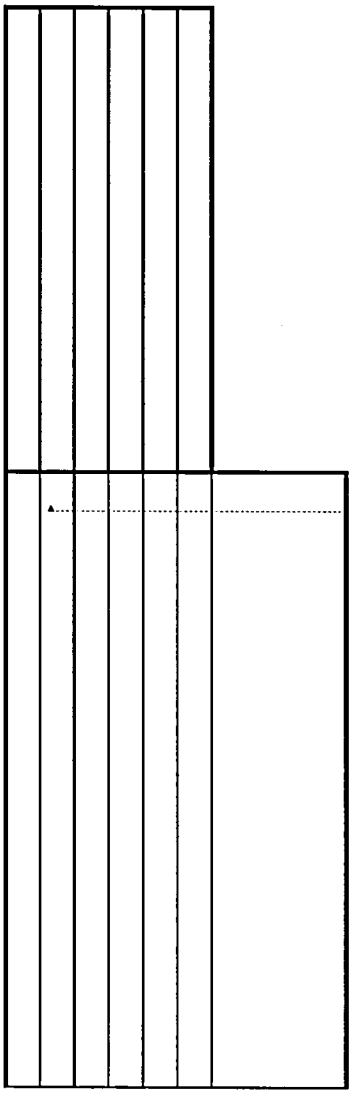

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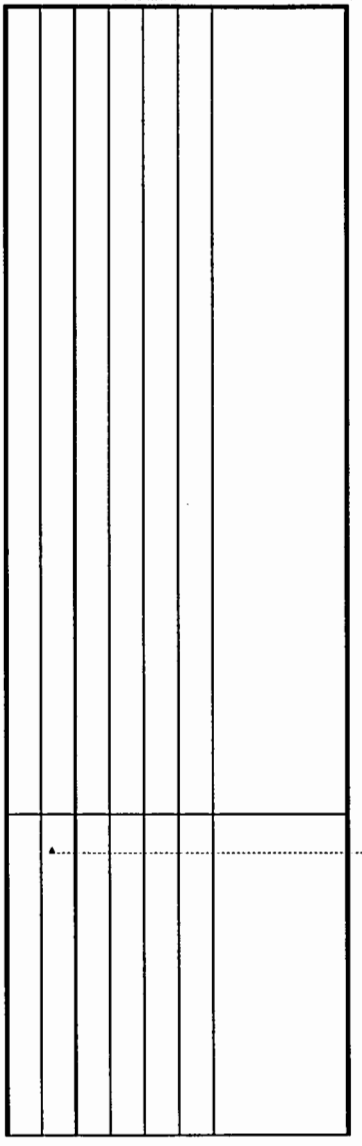

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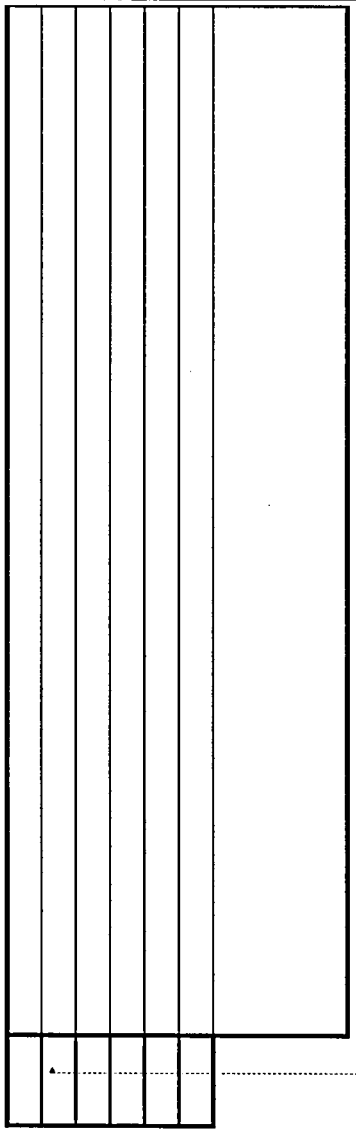

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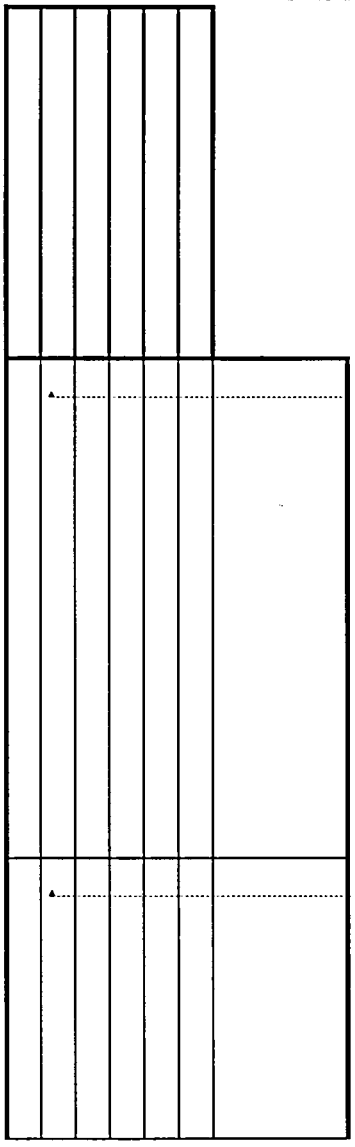

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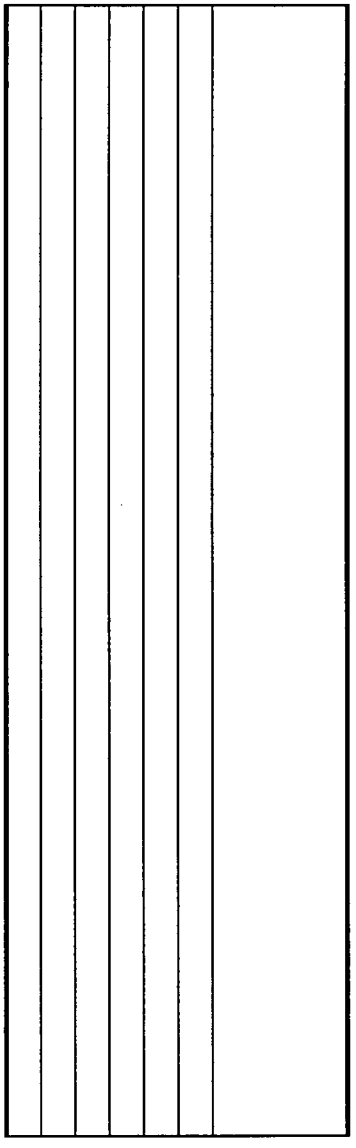

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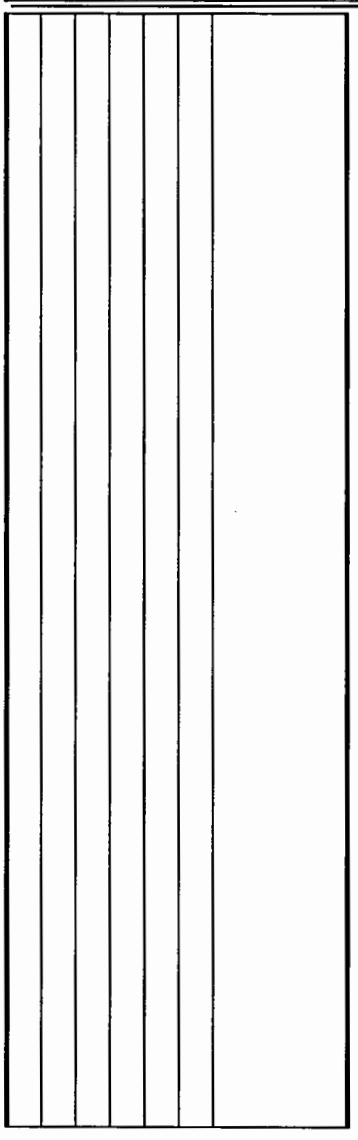

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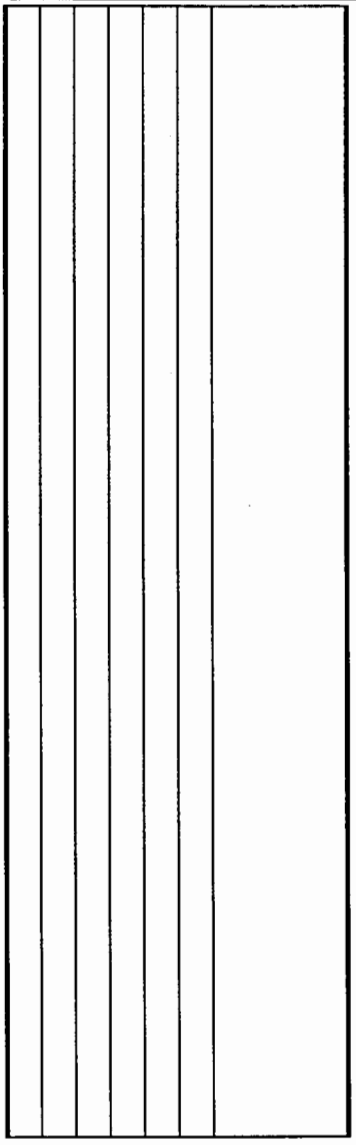

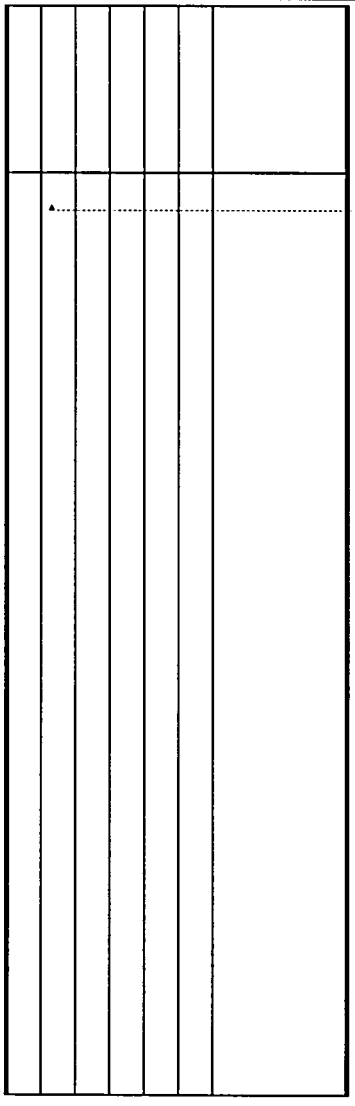

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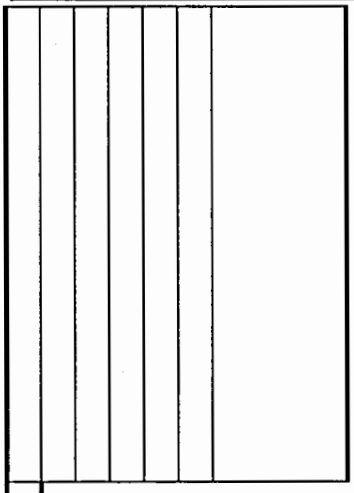

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Division of Behavioral and Mental Health Services

Maintenance Request Form

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Site/Section:	**Phone:**
Maintenance Request:	

Requester's Signature: **Admin Signature:**

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DBMHS Property Staff Only	
Completed By:	**Date:**
Comments:	

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~~OHR/HRC Contact Name and Number:~~ _____

~~**PART C (to be completed by the Navajo RBHA or provider and faxed to OHR at 602-364-4590):**~~

~~As of the following _____ date, the above referenced client is no longer in need of special assistance.~~

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AZ: REQUEST FOR SPECIAL ASSISTANCE

A person deemed by a qualified clinician, case manager, clinical team or Navajo RBHA to need special assistance is to be identified regardless of whether or not the program believes it is accommodating the person's need(s). An individual should be determined to need special assistance if, due to any one or more of the following: cognitive ability; intellectual capacity; sensory impairment; language barriers and/or medical condition, he/she is unable to communicate preferences for services and/or participate in service planning and/or the grievance/appeal process.

PART A (to be completed by the Navajo RBHA or provider and faxed to Office of Human Rights at (602) 364-4590:

The following person may in need special assistance in participating in the Individual Service Planning process or in understanding and participating in the appeal, grievance, or investigating process:

NAME: _____

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ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

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CLINICAL LIAISON/CASE MANAGER: _____

PROVIDER/NAVAJO RBHA: _____ PHONE/FAX: _____

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Please list specifically what services are needed to enable the client to participate in the ISP, appeal, grievance, or investigation processes (e.g., He/she has a developmental disability and has trouble understanding the grievance process):

_____
_____
_____

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What, if any, services are currently being arranged/provided to accommodate the special assistance need.

_____
_____
_____
_____

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Is the person aware that you have requested special assistance for him/her?
Yes _____ No _____ (Explain) _____
_____
_____
_____

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PART B (to be completed by OHR and faxed to originator of request):

What assistance will be provided by the Office of Human Rights, or the Human Rights Committee; include the date when assistance will be provided? _____
_____
_____
_____

~~A.R.S. 36-107, 36-504, 36-509, 36-517.01 9 A.A.C 21 (AZ)~~

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3. Navajo RBHA and Navajo DBHS shall submit the Request for Special Assistance Form (Attachment 1) to the Office of Human Rights within three working days of identifying a person as in need of special assistance. If the special assistance is needed immediately, the request shall be submitted immediately.
4. The Office of Human Rights will respond to the Navajo RBHA and/or Navajo DBHS within three working days of receipt of a Request for Special Assistance Form and will identify how the request for special assistance will be accommodated. Special assistance may be provided by the Office of Human Rights or through the local Human Rights Committee.
5. The Request for Special Assistance Form is maintained in the person's comprehensive clinical record. The Office of Human Rights will provide the name of the person, the location of the person and the nature of the special assistance that is needed to the appropriate Human Rights Committee. The Office of Human Rights and members of the Human Rights Committees must obtain written authorization for release of information in order to gain access to person specific clinical information. Navajo RBHA and Navajo DBHS provides access to the person's clinical records to representatives of the Office of Human Rights and Human Rights Committees who have written authorization from the person or the person's legal guardian. A copy of the written authorization shall be provided to the Navajo RBHA and/or the Navajo DBHS for placement in the person's comprehensive clinical record.
6. The Office of Human Rights will provide the Navajo RBHA with copies of signed confidentiality agreements for all members of the Navajo RBHA regional Human Rights Committees.
7. The Office of Human Rights, the Human Rights Committees, the Navajo RBHA and the Navajo DBHS shall maintain open communication during the time special assistance is being provided, including the specific types of assistance being provided, planned interventions and outcomes of interventions.
8. The Office of Human Rights will maintain:
    a. A current list of all persons determined to have a serious mental illness that have been identified as needing special assistance; and
    b. A separate list of all persons for whom the Office of Human Rights is directly providing special assistance.
9. The Office of Human Rights will provide the lists to each Navajo RBHA on a quarterly basis and to the Human Rights Committees monthly basis.
10. If a Navajo RBHA or subcontracted provider fails to submit required information to the Office of Human Rights, the Office of Human Rights will notify the Navajo RBHA Director and the Deputy Director of ADHS/DBHS in writing. ADHS/DBHS will follow up with the Navajo RBHA and may require specific corrective action.
11. When a qualified clinician, case manager, clinical team or Navajo RBHA determines that a person who has been designated to be in need of special assistance is no longer in need of special assistance, the Navajo RBHA shall notify the person and the Office of Human Rights within 10 days of the determination. The notification shall include the reasons for the determination that the person is no longer in need of special assistance (Attachment 1, Part C). The Office of Human Rights or a Human Rights Committee representative may continue to assist the person with the person's consent.

vi. References

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Human Rights Committees: Human Rights Committees are established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.

Special Assistance: Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP), the appeal process, or the grievance, or request for investigation process.

iv. General Information

1. A person is determined to need special assistance if the person is unable to communicate preferences for services and/or participate in service planning and/or the grievance, appeal and/or investigation process due to any one or more of the following:
    a. Cognitive ability.
    b. Intellectual capacity.
    c. Sensory impairment.
    d. Language barriers (which does not include speaking a foreign language), including but not limited to deaf, hard of hearing, mute or developmental delay in language development; and/or
    e. Medical condition.
2. Navajo RBHA must ensure:
    a. Identification of persons in need of special assistance.
    b. Notification to the Office of Human Rights and the appropriate Human Rights Committee of each person identified to be in need of special assistance including the specific need(s) via a monthly report;
    c. Provision of training to applicable Navajo RBHA and provider staff of requirements related to special assistance; and
    d. Monitoring of the provision of special assistance to those persons identified to be in need.
3. The Office of Human Rights maintains a tracking of all people identified as needing special assistance and will assure provision of special assistance as needed.
4. Human Rights Committees must make regular visits to the residential environments of people in need of special assistance to ensure that the person's needs are being met and to determine the person's satisfaction with the care.

v. Procedures

1. Navajo RBHA and Navajo DBHS are required to periodically assess whether a person determined to have a serious mental illness is in need of special assistance. Minimally, the need for special assistance should be considered in the following situations:
    a. Discharge planning.
    b. Service planning; and
    c. Appeal, grievance, or investigation process.
2. The Office of Human Rights provides assistance when a person or other involved person or agency initiates a request. In such situations, the TRBHA and Navajo DBHS will be advised of the Office of Human Rights involvement and the obligation to assess the person's need for special assistance.

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e. AZ: Seriously Mentally Ill Adults in Need of Special Assistance

i. Policy

A person determined to have a serious mental illness and deemed to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's needs. Having a guardian or designated representative does not preclude the need for special assistance. The need for special assistance may be deemed by any of the following:

1. A qualified clinician,
2. A case manager,
3. A clinical team of a Navajo RBHA,
4. Navajo RBHA,
5. DBHS Program Supervisor, Clinical Specialist, other Navajo DBHS clinical employees,
6. The Deputy Director of the Arizona Department of Health Services, or
7. A hearing officer.

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ii. Purpose

To establish uniform guidelines for:
Identification of adults determined to have a serious mental illness that need special assistance;
Monitoring to assure that Special Assistance is provided; and Maintenance of required reports.

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iii. Definitions

ADHS Office of Human Rights: The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.

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- Division of Behavioral Health Services
- Policy and Procedures Manual
- A.R.S. S 41-1092 et seq.
- A.R.S. Title 32, Chapter 33
- 9 A.A.C. 21, Articles 3 and 4
- A.A.C. R9-1-107
- ADHS/DBHS Policy GA 3.3 Appeals Process for Persons Receiving Services
- ADHS/DBHS Policy GA 3.5, Notice Requirements
- ADHS/DBHS Policy GA 3.7, *Reporting and Investigations of Deaths of Persons with Serious Mental Illness*
- ADHS/DBHS Policy CO 1.4, Confidentiality
- ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths

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2. The original grievance/investigation request letter and the ADHS/DBHS Appeal or SMI Grievance Form.
3. Copies of all information generated or obtained during the investigation.
4. The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions and recommendations.
5. A copy of the acknowledgment letter, final decision letter and any information/ documentation generated by an appeal of the grievance decision.

xii. ADHS/DBHS and the Navajo DBHS will maintain all grievance and investigation files in a secure designated area and retain for at least five years.

xiii. The Public Log — The ADHS/DBHS, Office of Grievance and Appeals (OGA), the Navajo RBHA and the Navajo DBHS shall maintain a public log of all grievances or requests for investigation in the ADHS/DBHS OGA Database. Entry must be made within three (3) working days of each reportable event. The Public Log will contain the following information:
1. A docket numbers.
2. A description of the grievance or request for investigation issued.
3. The date of the filing of the grievance.
4. The date of the initial decision or appointment of the investigator.
5. The date of the filing of the investigator's final report.
6. The dates of all subsequent decisions, appeals or other relevant events.
7. A description of the final decision and any actions taken by the Navajo DBHS

d. Other Matters Related to the Grievance Process:

i. Pursuant to the applicable statutes and ADHS/DBHS Policy CO 1.4, Confidentiality, the Navajo DBHS shall maintain confidentiality and privacy of grievance matters and records at all times.

ii. Notice shall be given to a public official, law enforcement officer, or other person, as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.

iii. The Navajo DBHS shall notify the Deputy Director of ADHS/DBHS when:
1. A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee.
2. An employee or contracted staff files a complaint with law enforcement alleging criminal conduct against a person receiving services;
3. An employee, contracted staff, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.

v. References

Policy and Procedures adapted from:

- Arizona Department of Health Services

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vi. Within 15 days of the filing of the administrative appeal, the ADHS/DBHS Deputy Director, or designee, will review the appeal and the investigation case record and may discuss the matter with any of the persons involved or convene an informal conference, and prepare a written, dated decision which shall either:

1. Accept the investigator's report with respect to the facts as found, and affirm, modify, or reject the decision of the appropriate individual (i.e., agency director) with a statement of reasons; or

2. Reject the investigator's report for insufficiency of facts and return the matter with instructions to the Navajo DBHS for further investigation and decision. In such a case, the Navajo DBHS shall conduct further investigation and complete a revised report and decision to the ADHS/DBHS Deputy Director within ten days. The ADHS/DBHS Deputy Director, or designee, shall render a final decision within 15 days of the appropriate individual (i.e., agency director) revised decision and send copies to the appellant along with a notice of the right to request an administrative hearing within 30 days from the date of the decision; the Navajo DBHS Director; and the Office of Human Rights and the applicable human rights committee for persons who are in need of special assistance.

vii. Any grievant or person who is the subject of the grievance who is dissatisfied with the decision of the ADHS/DBHS Deputy Director may request an administrative hearing before an administrative law judge within 30 days of the date of the decision.

viii. Upon receipt of a request for a hearing, the hearing shall be scheduled and conducted according to the requirements in ARS 541-1092 et seq. and A.A.C. R9-1-107.

ix. After the expiration of the time frames for administrative appeal and administrative hearing as described above, or after the exhaustion of all appeals regarding outcome of the investigation, the Navajo DBHS Director, or the Deputy Director of the ADHS/DBHS, shall take any corrective action required and add to the record a written, dated report of the action taken. A copy of the report shall be sent to the ADHS/DBHS Office of Human Rights for persons in need of special assistance for distribution to the appropriate human rights committee.

1. Conducting Investigations of Conditions Requiring Investigation — The investigation shall be conducted in the same manner described above in section d.7 (Grievance/Request for Investigation Process) of this policy.

2. Investigations into the deaths of persons receiving services shall be conducted as described in ADHS/DBHS Policy GA-3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness.

3. Grievance Investigation Records and Tracking System — ADHS/DBHS and the Navajo DBHS will maintain records in the following manner:

x. All documentation received and mailed related to the grievance and investigation process will be date stamped on the day received.

xi. Navajo RBHA and the Navajo DBHS will maintain a grievance investigation case record for each case. The record shall include:

1. The docket number assigned according to section d.4 of this policy.

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f. Recommended actions or a recommendation for required corrective action, if indicated.

iii. Within five days of receipt of the investigator's report, the Navajo DBHS Director shall review the investigation case record and the report, and issue a written, dated decision which shall either:

1. Accept the report and state a summary of findings and conclusions and any action or corrective action required of the Navajo DBHS Director and send copies of the decision, subject to confidentiality requirements in ADHS/DBHS Policy CO-1.4, Confidentiality to the investigator, Navajo DBHS Director, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), and the ADHS/DBHS Office of Human Rights for persons deemed in need of special assistance. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the grievant by certified mail or be hand delivered.
2. Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to the Navajo DBHS Director within 10 days.

iv. The Navajo DBHS Director may identify actions to be taken, as indicated in (c)(I) above, which may include:

1. Identifying training or supervision for or disciplinary action against an individual found to be responsible for a rights violation or condition requiring investigation identified during the course of investigation of a grievance or request for investigation.
2. Developing or modifying a mental health agency's practice or protocols.
3. Notifying the regulatory entity that licensed or certified an individual according to A.R.S. Title 32, Chapter 33 of the findings from the investigation; or
4. Imposing sanctions, which may include monetary penalties, according to the terms of a contract, if applicable.

v. In the event an administrative appeal is filed, the Navajo DBHS, shall forward the full investigation case record, which includes all elements in A.A.C. R9-21-409 (D)(1), to the ADHS/DBHS Deputy Director through the ADHS/DBHS Office of Grievance and Appeals. The Navajo DBHS shall prepare and send with the investigation case record, a memo in which states:

1. Any objections the Navajo DBHS has to the timeliness of the administrative appeal,
2. The Navajo DBHS response to any information provided in the administrative appeal that was not addressed in the investigation report, and
3. The Navajo DBHS understanding of the basis for the administrative appeal.

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iii. Preliminary Disposition Response — Within seven days of a grievance or request for investigation, the Navajo DBHS Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and information to request assistance. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the ADHS/DBHS Office of Human Rights for persons who need special assistance.

c. Conducting Investigations of Grievances — Navajo DBHS shall conduct the investigation pursuant to A.A.C. R9-21-406.

i. If an extension of a time frame contained in A.A.C. R9-21-406 is needed, it may be requested pursuant to A.A.C. R9-21-410. B. Specifically:

1. A request for an extension made by a Navajo DBHS appointed investigator
2. A request for an extension made by an ADHS/DBHS appointed investigator shall be addressed to the ADHS Director or designee.

ii. For grievance investigations into allegation of rights violations, or physical or sexual abuse, the investigator shall:

1. Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation, or physical or sexual abuse.
2. If the person who is the subject of the investigation needs special assistance, the investigator shall contact the person's advocate, or if no advocate is assigned, the ADHS/DBHS Office of Human Rights, and request that an advocate be present to assist the person during the interview and any other part of the investigation process.
3. Request assistance from the ADHS/DBHS Office of Human Rights if the person identified as the subject needs assistance to participate in the interview and any other part of the investigation process.
4. Prepare a written report that contains at a minimum:
    a. A summary for each individual interviewed of information provided by the individual during the interview conducted.
    b. summary of relevant information found in documents reviewed.
    c. A summary of any other activities conducted as a part of the investigation.
    d. A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation.
    e. A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and

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7. Grievance/Request for Investigation Process
   a. Timeliness and Method For Filing Grievances
      i. Grievances or a request for investigation must be submitted to Navajo DBHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This timeframe may be extended for good cause as determined by the Navajo DBHS Director before whom the grievance or request for investigation is pending.
      ii. Navajo DBHS shall, upon request, assist a person receiving services, or their legal guardian, in making an oral or written grievance or request for investigation or direct the person to an available supervisory or managerial staff who shall assist the person to file a grievance or request for investigation.
      iii. All oral grievances and requests for investigation must be accurately reduced to writing by the Navajo DBHS personnel that receives the grievance or request, on the ADHS/DBHS Appeal or SMI Grievance Form (Attachment B).
      iv. The Navajo DBHS submits the complaint form and all subsequent correspondence concerning the case to the ADHS/DBHS Office of Grievance and Appeals, including:
         1. Whether or not the person who is the subject of the grievance or request for investigation is a person who needs special assistance, and
         2. A report of any corrective action taken as a result of the findings of the investigation.
   b. Preliminary Disposition
      i. Summary Disposition – Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may summarily dispose of a grievance or request for investigation when:
         1. The alleged violation occurred more than one year prior to the date of request.
         2. The grievance request is primarily directed to the level or type of mental health treatment provided and can be fairly and efficiently addressed through the service planning or appeal process as described in 9 A.A.C. 21, Articles 3 and 4.
      ii. Disposition without investigation – Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may resolve the matter without conducting an investigation when:
         1. There is no dispute of the facts alleged in the grievance or request for investigation.
         2. The allegation is frivolous, meaning that it:
            a. Involves an issue that is not within the scope of Title 9, Chapter 21;
            b. Could not possibly have occurred as alleged.
            c. Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated.; or
            d. Within 7 days of receipt of the grievance or request for investigation, the person filing the grievance or requesting the investigation agrees that the matter can be resolved fairly and efficiently without formal investigation.

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~~**Sexual Abuse:** Sexual misconduct caused by acts or omissions of a Navajo DBHS employee. Sexual abuse includes molestation, sexual assault, incest, or prostitution of, or with, a person receiving services.~~

~~iv. General Information~~

1. ~~Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements in ADHS/DBHS Policy GA 3.5, Notice Requirements.~~
2. ~~Navajo DBHS administration shall respond to grievances and requests for investigations in accordance with the timelines contained in 9 A.A.C. 21, Article 4.~~
3. ~~Computation of Time: In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays and legal holidays must not be included in the computation.~~
4. ~~The RBHA and/or the Navajo DBHS shall establish a unique ADHS/DBHS Docket Number for each Grievance or Request for Investigation filed. The Docket Number shall be established as follows:~~
   a. ~~The letter "B" for those issues investigated by the ADHS/DBMHS.~~
   b. ~~The letter "T" for those issues investigated by TRBHA.~~
   c. ~~The letter "NN" for those issued by the Navajo Nation.~~
   d. ~~The date of receipt of the Grievance or Request for Investigation using the MMDDYY format.~~
   e. ~~The letter code "S" designating that the person is enrolled in services for the Seriously Mentally Ill.~~
   f. ~~A four-digit sequential number.~~
5. ~~Agency Responsible for Resolving Grievances and Requests for Investigation.~~
   a. ~~Navajo DBHS administration reviews each incident report submitted as required in ADHS/DBHS Policy QM 2.5, Response of Incidents, Accidents, and Deaths to determine if a grievance issue or condition requiring investigation exists. Incidents in which a person receiving services reports that their rights have been violated or that they have been physically or sexually abused shall be treated as grievances.~~
   b. ~~Grievances involving an alleged rights violation, or a request for investigation involving an allegation that a condition requiring investigation exists, which occurred in a Navajo DBHS site, and which does not involve a client death or an allegation of physical or sexual abuse, shall be filed with and investigated by Navajo DBHS administration.~~
   c. ~~Grievances or requests for investigation involving physical or sexual abuse or death that occurred in Navajo DBHS or as a result of an action of a person employed by Navajo DBHS shall be addressed to the ADHS/DBHS and investigated by the ADHS/DBHS.~~
6. ~~The Navajo DBHS director, before whom a grievance or request for investigation is pending, immediately takes any action reasonable to protect the health, safety and security of any client, complainant, or witness.~~

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d. Conduct of Investigation Concerning Persons with Serious Mental Illness

i. Policy

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Investigations are conducted into allegations of physical abuse, sexual abuse, and violations of rights, and conditions that are dangerous, illegal, or inhumane. Investigations shall also be conducted in the event of a client death. Investigations conducted pursuant to this policy are only conducted when the person receiving services is enrolled in services for persons with serious mental illness.

ii. Purpose

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To establish procedures related to investigations conducted by the Regional Behavioral Health Authority, the Arizona State Hospital, and the ADHS/DBHS.

iii. Definitions

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Administrative Appeal: An appeal to the ADHS/DBHS of a decision made by the Navajo DBHS as the result of a grievance.

Appeal: A request for review of an action, and for a person determined to have a serious mental illness, or review of an adverse decision by Navajo DBHS or ADHS/DBHS.

Condition Requiring Investigation: An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with SMI.

Grievance or Request of Investigation: A complaint that is filed by a person with SMI or other concerned person regarding a violation of rights of the person with SMI, or a condition requiring investigation.

Physical Abuse: The infliction of physical pain, injury, impairment of body function, or disfigurement of a person receiving services and that is caused by acts or omissions of a Navajo DBHS employee.

Preponderance of Evidence: A standard of proof that it is more likely than not that an alleged event has occurred.

Special Assistance: Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the individual service plan process, the inpatient treatment and discharge plan, the appeal process, or the grievance/request for investigation process.

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Navajo DBHS Outpatient Services
Grievance Procedures Acknowledgment

As a registered Navajo DBHS client, if you feel that you have not received proper treatment, have been denied services, or placed on an unreasonable or indefinite waiting list for services, you may submit a verbal or written notification to your Primary Counselor, the Clinical Specialist, or the Program Supervisor at the Outpatient Treatment Center. If you are not comfortable presenting your grievance at the Outpatient Treatment Center, you may go in person or mail your complaint(s) to the Clinical Specialist Coordinator and Department Manager at the DBHS Central Office in Window Rock, Arizona.

Clinical Specialist/Department Manager
Department of Behavioral Health Services
P.O. Box 709
Window Rock, AZ 86515
(928) 871-6235 Fax: (928) 871-2266

The following steps will be taken to help resolve your complaint or grievance:

- Upon receipt of a complaint, the Clinical Specialist, in consultation with the Program Supervisor, will review the complaint within 24 hours and formulate a written response.
- If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.
- If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.

The report will include Steps taken to respond initially to the complaint/grievance findings, suggested resolutions, and any preliminary actions taken to resolve the issue.

This certifies that the grievance procedures acknowledgement has been read and explained to me in the language that I understand.

Client's Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Counselor's Signature _____ Date

2. A complaint may be submitted in writing to the Primary Counselor, Program Supervisor, Clinical Specialist, or directly to the Navajo DBHS Central Administration in Window Rock, Arizona, if the grievance remains unresolved.
3. Clients can request assistance in writing the complaint from staff, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.
4. If the complaint is against a program other than DBHS, the Program Supervisor or Clinical Specialist will forward the complaint to the appropriate program.
5. The Clinical Specialist or Program Supervisor will coordinate formal resolution of the complaint or grievance with the client and in coordination with the primary counselor.
6. If the complaint is clinical in nature, it will go to the Clinical Specialist and if it is programmatic in nature, it will go to the Program Supervisor.
7. Client satisfaction surveys will be conducted as part of regular discharge procedures, or at other regular intervals.
8. A suggestion box will be maintained within each facility for the purpose of obtaining consumer feedback and suggestions, to be considered for program improvement purposes.
9. Clients have the right to remain anonymous when providing feedback.
10. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.
11. Clients shall not be terminated from services, or their treatment plans altered without their consent, as a result of any complaint or suggestion they have submitted.
12. All clients are informed they can file complaints directly with the Clinical Specialist Coordinator and Department Manager at the Central Office of Navajo Behavioral Health as follows:

    Navajo Nation Behavioral Health Services
    Post Office Box 709 Window Rock, AZ 86515
    Phone: (928) 871-6235
    Fax: (928) 871-2266

13. If a client is not satisfied with the outcome through the above outlined process, he/she has the option to pursue further remedies at his/her own discretion.

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c. Client Grievance

i. Policy

All Navajo DBHS clients, parents/caregivers of minor clients, and other agencies also serving DBHS clients (e.g., referral sources) may submit complaints. Complaints will be investigated and a response will be written. Every effort will be made to use the information to improve program performance and prevent future problems.

ii. Purpose

To provide a systematic process for client grievances regarding their dissatisfaction with services, resolving problems, and to protect client rights in the process.

iii. General Information

1. The Grievance Procedure document will be posted in the front lobby area of the facility.
2. All complaint(s) shall be submitted in writing for proper documentation and will be reviewed by the Clinical Specialist in consultation with the Program Supervisor.
3. The name of the complainant or any name in the complaint is maintained as confidential and is not to be disclosed without written authorization of the client, individual, parent, or legal guardian.
4. Navajo DBHS does not discriminate in any way against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in the complaint investigation process.
5. Navajo DBHS does not discriminate in any way against any employee who advocates on behalf of the client.
6. Any client, client's parents, legal guardian, custodian, designated representative, who feels he/she has been discriminated may report their grievance to Navajo DBHS Central office to the attention of the Clinical Specialist Coordinator.
7. Navajo DBHS Client Grievance Acknowledgement is reviewed with client, client's parent, guardian, custodian, designated representative, during the admissions process.
8. The client, client's parents, guardian, custodian, designated representative, verifies that the Grievance Procedure has been reviewed with him/her by signing and dating the DBHS Client Rights form.

iv. Procedure

1. All complaints received will be handled in the following manner:
   a. Upon receipt of a complaint, the Clinical Specialist in consultation with the Program Supervisor will review the complaint within 24 hours and formulate a written response.
   b. If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.
   c. If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.

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- This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.

Date Client

Date Parent, or Guardian (if applicable)

Date Counselor/Witness

b. Restriction of Client Rights

i. Policy

Restriction of client rights may be necessary and therapeutic for client self-growth.

ii. Purpose

To establish occasions when client's rights may be restricted.

iii. General Information

1. Client rights may be restricted under emergency circumstances, e.g. confidentiality may be breached when a life is endangered by risk of suicidal or homicidal behavior, suspicion of child abuse or neglect.
1. Client rights may be restricted when a proper court order is presented.
2. Client rights may be restricted when the client is unable to comprehend the purpose for an intervention or treatment service.
3. Client rights may be restricted when client(s) are excluded from the outpatient services (see Exclusion Criteria).

iv. Procedure

- The Clinical Specialist will approve the restriction of any client's rights.
- The client will be informed on any decision regarding restriction of their rights.
- The decision will be documented in the client's progress note.

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Parent/Guardian Signature (if applicable)

Date

Staff Signature

Date**Navajo DBHS Outpatient Services**

CLIENT RIGHTS

- You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, preferences, and requirements.
- You have the right to privacy in your treatment, care, and fulfillment of your personal needs.
- You have the right to be fully informed on all services available through DBHS and accompanying charges.
- You have the right to be fully informed of your rights as a client, and all rules and regulations governing your conduct as a patient with DBHS.
- You have the right to manage your personal financial affairs, and should you desire assistance, staff will refer you to an appropriate agency.
- You have the right to know about your physical, emotional, and mental condition, and to participate in development of your treatment.
- You have the right to continuity of care. You will not be transferred or discharged except for medical reasons, your personal welfare, welfare of others, or non-participation in your treatment. Should your transfer or discharge become necessary, you will be given reasonable advance notice, except in emergent situations.
- You have the right to voice a grievance regarding services or policies of DBHS, without fear of restraint, interference, undue pressure, discrimination, or reprisal.
- You have the right to be free of physical, mental and chemical abuse. Physical and chemical restraints may be applied only when ordered by a physician in writing, and for specified, limited time, except when necessary to protect you or others from injury.
- You have the right to confidential personal and medical records. Information from these sources will not be released without your prior consent, except in your transfer to another DBHS component, or as required by law.
- You have the right to refuse to perform any service for the program or other clients, unless such service is part of your therapeutic treatment plan that you agree to.
- You have the rights of any U.S. citizen, and your participation in treatment is voluntary. Clients who are responsible to a parole or probation officer will be subject to the control such an officer may legally exercise.
- You have the right to know when tape recorders, one-way mirrors, audio-visual equipment, and cameras are being used. These items will not be used without your written consent. Your refusal to consent will not affect your treatment in any manner.

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I. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed ~~treatment;~~treatment.

J. To be offered or referred for the treatment specified in the client's treatment ~~plan;~~plan.

K. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment ~~plan;~~plan.

L. To obtain access or referral to legal entities as needed for appropriate representation.

M. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court~~.~~.

N. To be free from:

1. ~~Abuse;~~Abuse.
2. ~~Neglect;~~Neglect.
3. ~~Exploitation;~~Exploitation.
4. ~~Coercion;~~Coercion.
5. ~~Manipulation;~~Manipulation.
6. Retaliation for submitting a complaint.
7. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.
8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment ~~plan;~~plan.

O. To participate or refuse to participate in spiritual/pastoral or traditional ~~activities;~~activities.

P. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized ~~treatment;~~treatment.

Q. To receive treatment services in a smoke-free ~~environment;~~environment.

R. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and

S. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.

T. DBMHS ensures Client Rights are read and explained to the client in a language they understand, and the client acknowledges with signature.

This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.

_____ _____

_____Client Signature

__Date

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Division of Behavioral & Mental Health Services

Client Rights

All clients have the right:

C. To be treated with dignity, respect, and consideration;consideration.
D. To not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;payment.
E. To receive treatment that:
   1. Supports and respects the client's individuality, choices, strengths, and abilities;abilities.
   2. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, or by the client's general consent;consent.
   3. Is provided in the least restrictive environment that meets the client's treatment needs;needs.
   4. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdictionauthority has found that the client is unable to exercise a specific right or category of rights;rights.
   5. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation;retaliation.
   6. Allows grievances to be handledoverseen in a fair, timely, and impartial manner;manner.
   7. Allows seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense;expense.
   8. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;rights.
   9. Allows a client who is seriously mentally ill (SMI), to receive assistance in understanding, protecting, or exercising the client's rights;rights.
   10. Ensures that the client's information and records are kept confidential and released only as permitted in accordance towith regulations;regulations.
F. To have privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
   1. Photographing for identification and administrative purposes.
   2. Video recordings used for training and supervision purposes thatpurposes are maintained only on a temporary basis.
G. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist or Clinical Director.
H. To be informed that DBMHS does not require a fee for services.

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~~v. References~~REFERENCES

A.R.S. § 36-550.08

AZ Department of Health Services/Division of Behavioral Health Services Policies and Procedures

NMAC 7.20.11.22

- CARF ~~1.K~~1. K~~Arizona Department of Behavioral Health Services/Division of Behavioral Health Services Policies and Procedures~~
- ~~New Mexico Division of Health Policies and Procedures~~
- ~~Utah Department of Health Policies and Procedures~~
- ~~Legislation No. 0470-04 (S2105; S2106; S2107; S2108) Enacting the Health Commitments Act of 2004 – Amending Title 13 of the Navajo Nation Code.~~

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~~12. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and~~

~~13. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.~~

V. ~~iv. Procedures~~PROCEDURES

A. All staff are orientated on client rights and are responsible for ensuring client rights are respected.

B. During the admission process, all direct service and support staff providers will ensure ~~the client has been informed of client rights in the language of the client's understanding~~ rights are explained in a language and manner understandable to them. A Navajo bilingual staff person provides this explanation if necessary.

C. The direct service staff and client will document this by signing the "Client Rights" fForm.

D. The original form is maintained in the client's record and a copy will be given to the clientelectronic health record and a copy will be given to the client.

E. Accommodations are made as needed for hearing, vision, or other impairments. If client understanding appears limited despite all reasonable accommodations, both accommodations and limitations are documented in the client's record.

F. A copy of client rights and regulatory agency contact information is posted in the treatment facility in a location visible and accessible to clients.

G. Clients are informed of the following telephone numbers and addresses of Regulatory Agencies, and they are posted in a visible public location to assist in reporting suspected abuse, neglect, or denial of rights.

AZ Dept. of Health Services, Division of Behavioral Health Services 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 542-1025	AZ Dept. of Health Services Division of Residential Licensing 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 364-2639	AHCCCS Office of Human Rights 801 E Jefferson St Phoenix, AZ 85034 Phone: 602-417-4000
NM Behavioral Health Services Division P.O. Box 2348 Santa Fe, New Mexico 87504 Phone: (505) 476-9266	Navajo Division of Behavioral & Mental Health Services Health Services Administrator P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6240	*Navajo Nation Regional Behavioral Health Authority* P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6877 Phone: (928) 871-7619

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~~xi. Ensures privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:~~

~~xii. For photographing for identification and administrative purposes.~~

~~xiii. For video recordings used for training and supervision purposes that are maintained only on a temporary basis..~~

~~xiv. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist or designee.~~

~~xv. To be informed that Navajo DBHS~~DBMHS ~~fee and billing practices does not offer a fee for services.~~

~~xvi. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;~~

~~To be offered or referred for the treatment specified in the client's treatment plan;~~

~~To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;~~

~~xvii. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.~~

~~xviii. To be free from:~~

~~1. Abuse.~~

~~2. Neglect.~~

~~3. Exploitation.~~

~~4. Coercion.~~

~~5. Manipulation.~~

~~6. Retaliation for submitting a complaint.~~

~~7. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.~~

~~8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.~~

~~9. To participate or refuse to participate in religious/pastoral or traditional activities.~~

~~10. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment.~~

~~11. To receive treatment services in a smoke free facility, although smoking may be permitted outside the facility;~~

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h. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.

11. To participate or refuse to participate in spiritual/pastoral or traditional activities.
12. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment.
13. To receive treatment services in a smoke-free environment.
14. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
15. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.

~~D.~~B. DBMHS ensures Client Rights are read and explained to the client in a language they fully understand, and the Client acknowledges with signature.

~~a. To be treated with dignity, respect, and consideration.~~
~~b. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.~~
~~c. To receive treatment that:~~
~~i. Supports and respects the client's individuality, choices, strengths, and abilities~~
~~ii. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in this Chapter; and~~
~~iii. Is provided in the least restrictive environment that meets the client's treatment needs.~~
~~iv. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.~~
~~v. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation.~~
~~vi. Allow grievances to be handled in a fair, timely, and impartial manner.~~
~~vii. Seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense.~~
~~viii. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.~~
~~ix. Allows a client who may be enrolled by Regional Behavioral Health Authority (RBHA) as an individual who is seriously mentally ill (SMI), to receive assistance from human rights advocates provided by the State of Arizona Department of Health or their designee in understanding, protecting, or exercising the client's rights.~~
~~x. Ensures that the client's information and records are kept confidential and released only as permitted in accordance to regulations;~~

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e. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation.
f. Allows grievances to be overseen in a fair, timely, and impartial manner.
g. Allows seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense.
h. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.
i. Allows a client who is seriously mentally ill (SMI), to receive assistance in understanding, protecting, or exercising the client's rights.
j. Ensures that the client's information and records are kept confidential and released only as permitted in accordance with regulations.

2. To have privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent:
   a. Photographing for identification and administrative purposes.
   b. Video recordings used for training and supervision purposes are maintained only on a temporary basis.
3. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist or designee.
4. To be informed of DBMHS fee and billing practices.
5. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment.
6. To be offered or referred for the treatment specified in the client's treatment plan.
7. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan.
8. To obtain access or referral to legal entities as needed for appropriate representation.
9. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.
10. To be free from:
    a. Abuse.
    b. Neglect.
    c. Exploitation.
    d. Coercion.
    e. Manipulation.
    f. Retaliation for submitting a complaint.
    g. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.

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Navajo Nation Division of Behavioral & Mental Health Services

POLICYIES AND PROCEDURES MANUAL

Section: ~~12~~ ~~Management & Support~~Client Focused Functions

Subsection: ~~12.21~~ ~~Governance and Management Structure~~Rights and Protections of Persons Served

Title: 2.1.01 Client Rights **Page 1 of 27**

~~**VI. Rights of Persons Served**~~

~~**a. Client Rights**~~

I. ~~i. Policy~~POLICY

~~The Navajo DBHS~~ DBMHS~~DBMHS~~ employees will inform and ~~implement~~ protect the rights of the client at the time of screening, admission and throughout the continuum of care.

II. ~~ii. Purpose~~PURPOSE

~~To inform the Navajo DBHS DBMHS employee on the rights of the client~~To ensure all clients are aware of and able to exercise their rights.

III. DEFINITIONS

A. **Client Rights**

To be treated with dignity, respect, and consideration. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age disability, marital status, diagnosis, or source of payment.

IV. ~~iii. General Information~~RULES

~~A. All DBHS DBMHS employees according to treatment locations will adhere to the applicable Tribal, State, and Federal regulations.~~

~~B. A licensed employee~~Employees ~~shall ensure that:~~

~~a. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receives a written list and verbal explanation of the client rights~~

~~b. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation.~~

~~c. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.~~

~~C. A licensed employee~~Employees ~~shall ensure that a client is afforded the rights according to their licensing regulations.~~

A. All ~~clients~~ haves the following rights:

1. To receive treatment that:
   a. Supports and respects the client's individuality, choices, strengths, and abilities.
   b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, or by the client's general consent.
   c. Is provided in the least restrictive environment that meets the client's treatment needs.
   d. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent authority has found that the client is unable to exercise a specific right or category of rights.

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~~II. PURPOSE~~
~~To account for mileage driven by all DBMHS employees.~~
~~III. RULES~~
~~A. Each vehicle maintains a Vehicle Mileage Log~~
~~B. Vehicle Mileage Logs are initiated each Monday of the week.~~
~~C. The past weeks Vehicle Mileage Logs are turned in each Monday to the Program Supervisor or Designee.~~
~~IV. PROCEDURES~~
~~A. When a staff person checks out a vehicle, they are responsible to document the date, odometer reading (beginning and ending), destination, etc.~~

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~~c. Vehicle Maintenance~~

B.

1. Exterior (Doors, hood, fenders)
2. Tires (properly inflated, even wear, etc.)
3. Spare Tire (jack/wrench)
4. Windows/Windshield (cracks and nicks)
5. Turn Signals (operational)
6. Headlights high/low beams
7. Emergency Lights (operational)
8. Horn (operational)
9. Gasoline in Vehicle (check level)
10. Oil level
11. Brake Fluid
12. Transmission Fluid
13. Water Level
14. Windshield Washer Fluid Level
15. Interior (seats, floors, dash)

C. If a vehicle maintenance problem or maintenance issue arises contact DBMHS Property Section to oversee all mechanical and preventative maintenance.

D. The Property Section documents concerns/issues and returns with the GSA Fleet Representative for proper documentation.

~~Equipment~~	~~Procedure~~
~~• First aid book • Insurance card • State registration document~~	~~• All vehicles that are used to transport Navajo DBHS clients are insured. • Proof of insurance is maintained in the vehicles glove compartment at all times. • Certificate of title is maintained in the vehicle binder at all times.~~
	~~• It is the responsibility of an employee who identifies a vehicle maintenance problem or maintenance issues to complete a Vehicle Maintenance Work Request form. • Route the Vehicle Maintenance Work Request form to the local Fleet Management Services. • The appropriate Fleet Management Services personnel documents the resolution of the concern/issue and returns the request form to the appropriate area. • Vehicles are routinely services and repaired per vehicle maintenance guidelines.~~

~~I. POLICY~~

~~Mileage logs are maintained on each DBMHS vehicle.~~

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~~√ Transmission Fluid~~			
~~√ Water Level~~			
~~√ Windshield Water Level~~			
~~Other:~~			
√			
√			
√			
√			
√			

~~Operator:~~	~~Title:~~

~~A.~~ It is the responsibility of the employee driving the vehicle to inspect the vehicle to ensure adequate maintenance and safety:

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~~Navajo DBHS Outpatient Services~~
~~WEEKLY GSA/NN TRIBAL VEHICLE INSPECTION REPORT~~

~~Date:~~	~~Odometer~~		
	~~GSA Vehicle No.:~~		
	~~Checked~~		
~~Checklist~~	~~No Service Required~~	~~Service Required~~	~~Comment~~
~~Exterior (Doors, Hood, Fenders, Bumpers)~~			
~~Tires (Properly inflated even wear, etc.)~~			
~~Spare Tire (In place with Jack/Wrench)~~			
~~Windows/Windshield (Cracks and Nicks)~~			
~~Turn Signals (Operational)~~			
~~Headlights High/Low Beams (Operational)~~			
~~Emergency Lamps (Operational)~~			
~~Horn (Operational)~~			
~~Interior (Seats, Floors, Windows, Dash)~~			
~~First Aid Kit (Inventory)~~			
~~First Aid Book~~			
~~GSA Mileage Log~~			
~~GSA Credit Card~~			
~~Gasoline in Vehicle (Check Level)~~			
~~When Refueling, Check:~~			
~~√ Oil Level~~			
~~√ Brake Fluid~~			

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I. ~~i. Policy~~POLICY

All Navajo DBHS DBMHS vehicles are ~~checked each week~~inspected to identify any maintenance or safety issues.

II. ~~ii. Purpose~~PURPOSE

To maintain all vehicles as are safe and in good repair.

III. RULES

A. All vehicles that are used to transport clients are insured.
B. Proof of insurance is always maintained in the vehicles glove compartment.
C. Certificate of title is maintained in the vehicle binder at all times.
D. Vehicles are routinely serviced and repaired per vehicle maintenance guidelines.
E. Mileage logs are maintained on each vehicle to account for mileage driven by all DBMHS staff.

IV. ~~iii. Procedure~~PROCEDURES

A. ~~1. Using the Weekly GSA/NN Tribal Vehicle Inspection Report, the designated staff person~~ The mileage log must be always kept in the vehicle.
~~inspects the vehicle to ensure adequate maintenance and safety of the vehicle.~~
~~2. The following are checked:~~
~~a. Exterior (Doors, hood, fenders, bumpers)~~
~~b. Tires (properly inflated, even wear, etc.)~~
~~c. Spare Tire (in place with jack/wrench)~~
~~d. Windows/Windshield (cracks and nicks)~~
~~e. Turn Signals (operational)~~
~~f. Headlights high/low beams (operational)~~
~~g. Emergency Lamps (operational)~~
~~h. Horn (operational)~~
~~i. Interior (seats, floors, windows, dash)~~
~~j. First Aid Kit (inventory)~~
~~k. First Aid Book~~
~~l. NN or GSA Mileage Log~~
~~m. NN or GSA Credit Card~~
~~n. Gasoline in Vehicle (check level)~~
~~o. Gasoline in Vehicle (check level)~~
~~p. Oil level~~
~~q. Brake Fluid~~
~~r. Transmission Fluid~~
~~s. Water Level~~
~~t. Windshield Water Level~~

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~~A. When a staff person checks out a vehicle, they are responsible to document the date, odometer reading (beginning and ending), destination, etc.~~

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~~c. Vehicle Maintenance~~

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~~Equipment~~	~~Procedure~~
~~• First-aid book~~ ~~• Insurance card~~ ~~• State registration document~~	~~• All vehicles that are used to transport Navajo DBHS clients are insured.~~ ~~• Proof of insurance is maintained in the vehicles glove compartment at all times.~~ ~~• Certificate of title is maintained in the vehicle binder at all times.~~
~~—~~	~~• It is the responsibility of an employee who identifies a vehicle maintenance problem or maintenance issues to complete a Vehicle Maintenance Work Request form.~~ ~~• Route the Vehicle Maintenance Work Request form to the local Fleet Management Services.~~ ~~• The appropriate Fleet Management Services personnel documents the resolution of the concern/issue and returns the request form to the appropriate area.~~ ~~• Vehicles are routinely services and repaired per vehicle maintenance guidelines.~~

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~~I. POLICY~~

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~~Mileage logs are maintained on each DBMHS vehicle.~~

~~II. PURPOSE~~

~~To account for mileage driven by all DBMHS employees.~~

~~III. RULES~~

~~A. Each vehicle maintains a Vehicle Mileage Log~~

~~B. Vehicle Mileage Logs are initiated each Monday of the week.~~

~~C. The past weeks Vehicle Mileage Logs are turned in each Monday to the Program Supervisor or Designee.~~

~~IV. PROCEDURES~~

~~√ Brake Fluid~~			
~~√ Transmission Fluid~~			
~~√ Water Level~~			
~~√ Windshield Water Level~~			
~~Other:~~			
√			
√			
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~~Operator:~~	~~Title:~~		

~~A.~~

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~~Navajo DBHS Outpatient Services~~
~~WEEKLY GSA/NN TRIBAL VEHICLE INSPECTION REPORT~~

~~Date:~~	~~Odometer~~		
	~~GSA Vehicle No.:~~		
	~~Checked~~		
~~Checklist~~	~~No Service Required~~	~~Service Required~~	~~Comment~~
~~Exterior (Doors, Hood, Fenders, Bumpers)~~			
~~Tires (Properly inflated even wear, etc.)~~			
~~Spare Tire (In place with Jack/Wrench)~~			
~~Windows/Windshield (Cracks and Nicks)~~			
~~Turn Signals (Operational)~~			
~~Headlights High/Low Beams (Operational)~~			
~~Emergency Lamps (Operational)~~			
~~Horn (Operational)~~			
~~Interior (Seats, Floors, Windows, Dash)~~			
~~First Aid Kit (Inventory)~~			
~~First Aid Book~~			
~~GSA Mileage Log~~			
~~GSA Credit Card~~			
~~Gasoline in Vehicle (Check Level)~~			
~~When Refueling, Check:~~			
~~√ Oil Level~~			

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H. Monthly Mileage Reports for all GSA vehicles assigned to the site will be completed by the designated personnel and forwarded to Property Section by the 25th of each month.

~~1. Using the Weekly GSA/NN Tribal Vehicle Inspection Report, the designated staff person inspects the vehicle to ensure adequate maintenance and safety of the vehicle.~~

~~2. The following are checked:~~

~~a. Exterior (Doors, hood, fenders, bumpers)~~
~~b. Tires (properly inflated, even wear, etc.)~~
~~c. Spare Tire (in place with jack/wrench)~~
~~d. Windows/Windshield (cracks and nicks)~~
~~e. Turn Signals (operational)~~
~~f. Headlights high/low beams (operational)~~
~~g. Emergency Lamps (operational)~~
~~h. Horn (operational)~~
~~i. Interior (seats, floors, windows, dash)~~
~~j. First Aid Kit (inventory)~~
~~k. First Aid Book~~
~~l. NN or GSA Mileage Log~~
~~m. NN or GSA Credit Card~~
~~n. Gasoline in Vehicle (check level)~~
~~o. Gasoline in Vehicle (check level)~~
~~p. Oil level~~
~~q. Brake Fluid~~
~~r. Transmission Fluid~~
~~s. Water Level~~
~~t. Windshield Water Level~~

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1. **Do not** use the vehicle for activities outside of DBMHS mission, including private business or personal errands. You may be disciplined for reported incidents of misuse (Federal Management Regulation (FMR) 102-34.200).
2. **Do not** transport:
   a. Family
   b. Personal friends
   c. Non-government employees outside of DBMHS mission
3. **Do not** use the vehicle for transportation to or from work, or park it at your residence without valid written authorization, as required by FMR 102-34.225.
4. **Do not** keep driver ID or PIN numbers with the fleet card.
5. **Do not** smoke inside GSA Fleet vehicles.
6. **Do not** text while driving. Executive Order 13513 prohibits texting while driving a government vehicle.
7. **Do not** use hand-held cell phones.

V. ~~iii. Procedure~~PROCEDURES

A. When a client requires transportation services:
   1. The primary counselor will request approval from the Clinical Supervisor during case staffing.
   2. Client transportation services will be documented in the client's treatment plan and progress note.
   3. If the client is a no-show for 3 consecutive transportation appointments they will no longer be eligible for transportation services. The client may seek other transportation services (non-emergency medical transport).

B. If a violation occurs, the Vehicle Operator will complete an Incident Report form, within 24 hours, and submit to their immediate supervisor.

C. A copy of the Incident Report will be provided to the DBMHS Property Section, and HSA for correction action, as needed.

D. All sites are to utilize the GSA Vehicle Request Forms for all travel.

E. The GSA Vehicle Request Forms will be reviewed and a signature provided by the traveler's supervisor; thereafter, all signed forms are to be submitted to the site's administrative personnel for processing and GSA assignment.

F. On-Reservation travel requires the following forms one week prior to travel:
   1. GSA Request Form
   2. Insurance Purpose Only Memo (IPO)

G. Off-Reservation travel requires the following forms two weeks prior to travel:
   1. GSA Vehicle Request Form, and;
   2. Off-Reservation Travel Request Memo;
   3. Other travel related documents i.e. Travel Authorization form, Training Request Form, itinerary, etc.

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D. GSA Fleet vehicles cannot be stored at an employee's residence or in his/her garage, except in those cases where properly authorized with employee written approval.

E. DBMHS may transport client(s) to and from treatment services, if needed:
   1. DBMHS Staff must verify the client has a signed Transportation Waiver on file.
   2. The Clinical Supervisor will approve the transportation schedule for clients, as needed through case staffing to a designated location.
   3. Two staff are required when transporting client(s).
   4. GSA Operator will maintain the daily vehicle mileage log, indicating client transport and client ID number when transporting clients to and from treatment services.

F. Driver Do's
   1. **Do** keep the vehicle, charge card, and keys safe to protect against damage, theft, or misuse. Keep the card in a secure place. Do not store the card in the vehicle. Your agency is liable for fleet card misuse or any losses.
   2. **Do** keep cards out of heat and away from magnets and cell phones.
   3. **Do** enter correct the odometer reading at the pump.
   4. **Do** obey all traffic laws. You are personally responsible for traffic or parking violations.
   5. **Do** park the vehicle in a secure facility when possible.
   6. **Do** lock all doors, set the parking brake, and carry the keys and fleet card with you when leaving the vehicle unattended.
   7. **Do** turn in the keys and the charge card when returning the vehicle to your site point of contact.
   8. **Do** report lost, damaged, or stolen charge cards and/or license plates to the Property Section immediately. Property will forward the lost tag report to the GSA Fleet Representative.
   9. **Do** immediately report vehicle theft to:
      a. Local law enforcement
      b. DBMHS Property Section
      c. Your supervisor
   10. **Do** use your leased vehicle manufacturer's roadside assistance program for services such as:
      a. Breakdown towing
      b. Lockout services
      c. Vehicle jump-starting
   11. **Do** follow GSA's preventative maintenance schedule instead of merchant recommendations.
   12. **Do** report any suspicious activity to GSA Fleet by emailing LPT@gsa.gov.

G. Driver Will Not:

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I. ~~i. Policy~~POLICY

To regulate the use of government owned vehicles while on official travel. Employees are always responsible for the proper use, maintenance, and protection of the vehicle. It is the responsibility of every DBMHS employee to be fully acquainted with this policy. ~~All Navajo DBHS vehicles are checked each week to identify any maintenance or safety issues.~~

II. ~~ii. Purpose~~PURPOSE

To improve the management and enhance the performance of the motor vehicle fleets operated by the General Services Administration and DBMHS. ~~To maintain all vehicles as safe and in good repair~~

III. DEFINITIONS

A. **General Services Administration (GSA)**
A federal agency that provides centralized procurement for the federal government. GSA's mission is to deliver value and savings in real estate, acquisition, technology, and other mission-support services across government.

B. **Official Travel**
Travel under an official travel authorization from an employee's official station or other authorized point of departure to a temporary duty location and return from a temporary duty location, between two temporary duty locations, or relocation at the direction of a federal agency.

C. **Government Owned Vehicle**
A vehicle used to perform an agency's mission(s), as authorized by the agency.

D. **Fleet (WEX) Card**
A charge card for DBMHS staff to use when paying for fuel and maintenance of GSA Fleet vehicles.

E. **Transportation Services**
Limited transportation services involve the transporting of a person from one place to another to facilitate the client to achieve their treatment goals. The service may also include the transportation of a person's family/caregiver, with or without the presence of the person, if the family/caregiver is also a registered client.

IV. RULES

A. All DBMHS staff are responsible for the GSA's proper use, maintenance, and protection.
B. Staff must obey all motor vehicle traffic laws of the state and local jurisdiction when driving a government vehicle. Staff are personally responsible if they are fined or otherwise penalized for an offense committed while performing official duties.
C. The operator of a vehicle assumes full responsibility for the equipment until its return to the work site. This responsibility includes possession of a valid state driver's license, and personal responsibility for traffic and parking violations.

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Title	Equipment	Procedure
~~Cleaning Garbage and Trash Container~~	~~Trash containers~~ ~~Plastic Liners~~ ~~Cleaning solution~~ ~~Bucket with clean water~~ ~~Cleaning cloth~~ ~~Scrub brush~~ ~~Gloves~~	~~Apply gloves~~ ~~Tie top of trash bag closed and dispose of waste per procedure.~~ ~~Prepare bucket of water and add cleaning solution (per manufacturer's instructions)~~ ~~Wet the cleaning cloth in approved germicidal solution and wipe the inside and outside, including the lid of the waste container. (Scrub with a scrub brush if necessary)~~ ~~Allow container to dry.~~ ~~Clean all trash containers when soiled.~~ ~~Line trash containers with plastic liners.~~ ~~Empty trash containers at the end of each day by removing the plastic liner and tying the ends together.~~ ~~Dispose of in the trash bins.~~ ~~The trash collector collects and disposes of trash per established agreement.~~ ~~Place a clean bag liner in waste container.~~ ~~Return cleaning equipment.~~ ~~Remove gloves.~~

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		~~Return cleaning equipment.~~ ~~Remove and dispose of gloves.~~
~~Dust Furniture~~	~~Furniture polish~~ ~~Cleaning cloth~~	~~Remove items off of shelves, etc.~~ ~~Apply furniture polish.~~ ~~Dust shelves.~~ ~~Dust items on shelves, etc.~~ ~~Damp dust telephone and receiver with a cleaning cloth saturated with cleaning solution.~~ ~~Wipe off all metal furniture.~~ ~~Return cleaning equipment.~~
~~Vacuum~~	~~Vacuum cleaner~~	~~Move furniture that may be moved and obstructs the area.~~ ~~Begin vacuuming in a far corner and move toward the door. Use a push-pull motion and overlap passes to cover the entire floor.~~ ~~Be sure to vacuum under all items that can be moved.~~ ~~Replace moved furniture to its proper location.~~ ~~Return cleaning equipment.~~

~~c. Cleaning and Maintenance of Garbage and Trash Containers~~

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Title	Equipment	Procedure
Clean Vent(s)	• Bucket containing water • Cleaning solution • 2 clean cloths • Stepladder • Vacuum cleaner and attachments • Gloves	• Apply gloves • Fill cleaning bucket with warm water. • Mix cleaning solution (prepare per manufacturer's instructions) with warm water. • Remove the vent. • Use the vacuum cleaner to remove the loose dust. • Wipe the vent with a cleaning cloth to remove dirt/dust. • Carefully dry and replace the vent. • If the vent cannot be removed, wipe the vent with a cleaning cloth. • Return cleaning equipment. • Remove and dispose of gloves.
Clean walls and Ceilings	• Bucket with wringer • Cleaner solution • 2 clean cloths • Stepladder • Gloves	• Sweep off any dirt, dust and cobwebs from walls and ceilings. • Fill the bucket with warm water and approved cleaner solution (prepare per manufacturer's instructions). • Move furniture and pictures away from walls. • Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it). • Wring out excessive water from cloth. Spot clean heavily soiled areas and stains with cleaning cloth. • Rinse and dry the area spot cleaned with a clean cloth. • Wash all wall and ceiling fixtures with cleaning cloth (making sure area is clean, dry and free of spots and streaks). • Return any furniture, etc., to its original place.

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		wring the mop head (in mop bucket) as dry as possible. • Re-mop the area to absorb as much water as possible. • Repeat the same process until the floor is completed. • Rinse with clean water. • After the floor has dried, check for streaks or areas that have been missed and re-mop as necessary. • Empty water from mop bucket. • Return cleaning equipment and remove and dispose of gloves.
Clean Offices	• Bucket • Cleaning solution • Mop • Broom • Vacuum • Cleaning cloth • Furniture polish • Glass cleaner • Trash liners • Gloves	• **General Cleaning** Follow established policies and procedures. 1. Clean door and doorjams. 2. Clean baseboards. 3. Clean interior windows (if applicable). 4. Clean light fixtures. 5. Clean mirror. 6. Clean/mop floor. 7. Clean vents 8. Dust
Clean Paper Towels Dispensers	• Cleaning solution • Paper towels • Cleaning cloths	• Open paper towel dispenser. • Remove the paper towels and wipe the inside of the dispenser with cloth saturated with cleaner solution. • Refill the dispenser with paper towels. • Close the dispenser securely, and ensure the dispenser is functioning properly. • Wipe the outside of the dispenser with a cleaning cloth saturated in germicidal solution. • Dry with paper towel. • Return cleaning equipment.

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	solution • Cleaning cloth • Stepladder	• Turn off the light switch • Apply gloves • Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it). • Wet a cleaning cloth in the cleaning/germicidal solution and wring out excessive fluids from cleaning cloth. • Clean light fixture by wiping the inside and outside of the cover or shade. • Carefully dry the fixture with a clean, dry cloth. • Return cleaning equipment. • Remove and dispose of gloves.
Title	**Equipment**	**Procedure**
Clean Mirrors	• Glass cleaner • Clean cloth (lint free) or paper towels	• Spray glass with glass cleaner. • Clean area with cleaning cloth or paper towel. • Dispose of used paper towels. • Return cleaning equipment.
Clean/Mop Floors	• Wet mop head and handle • Double mop bucket with wringer • All purpose cleaner • "Caution: Wet Floor" sign • Putty knife • Gloves	• Sweep the entire area prior to mopping. • Fill the mop bucket with hot water. • Mix cleaner water solution (according to manufacturer's recommendations). • Move furniture out of the way. • Remove gum or other sticky objects with a putty knife. • Wet the mop in the mop bucket and wring it out (be careful not to apply too much water onto the floor). • Clean around the baseboards first with the mop, paying particular attention to the room corners. • Mop by making overlapping strokes on the open areas of the floor. Turn the mop head over frequently (every 5 or 6 strokes or sooner, as needed). • When mop head is dirty, return the mop to the mop bucket and rinse the mop. • Move the mop around in the bucket to remove dirt ad debris and then

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	~~ladder (if needed)~~ ~~Drop cloth~~ ~~Gloves~~	~~working down to the floor. (If the door is wooden, wipe with the grain of the wood to prevent smearing).~~ ~~Wet and wring out a cleaning cloth with clean water.~~ ~~Wipe cleaned surface.~~ ~~Continue the process until task is completed.~~ ~~Empty buckets.~~ ~~Return cleaning equipment.~~ ~~Remove and dispose of gloves.~~
~~**Clean exterior Entrance Areas**~~	~~Broom~~	~~Shake out doormat.~~ ~~Sweep the entrance areas (front and back)~~ ~~Pick up any litter in the area.~~ ~~Replace burned out light bulbs.~~ ~~Return cleaning equipment.~~
~~**Clean Furniture**~~	~~Vacuum cleaner and attachments~~ ~~Cleaning cloths~~ ~~Furniture polish~~	~~Remove pillows from the upholstered furniture.~~ ~~Vacuum all surfaces and crevices of furniture thoroughly.~~ ~~Vacuum and return pillows to the upholstered furniture.~~ ~~Dust any wooden areas on furniture.~~ ~~Return equipment.~~
~~**Clean Interior and Exterior Windows**~~	~~Step ladder (if needed)~~ ~~Glass cleaner~~ ~~Cleaning cloth (lint free) or paper towels~~	~~Clean windowsills.~~ ~~Open draperies or blinds.~~ ~~If ladder is needed, set up ladder (ensure the ladder is on a level surface and it is locked open before climbing onto it).~~ ~~Wash the window frame with a damp cloth and dry.~~ ~~Spray the window liberally with glass cleaner. Using a cleaning cloth or paper towel, clean the window. Begin at the top of the window and work toward the bottom. Repeat as necessary.~~ ~~Return the draperies or blinds to their original position.~~ ~~Return cleaning equipment.~~
~~**Clean Light Fixtures**~~	~~Bucket containing water and cleaning~~	~~Prepare a bucket with clean warm winter and add cleaning solution (according to manufacturer's recommendations).~~

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		• Remove and dispose of gloves.
Clean Bathrooms	• Cleaning solution • 2 cleaning cloths • Toilet bowl brush • Glass cleaner • Nonabrasive cleaner • Sponge • Plastic bag • Mop • Mop bucket • Gloves	• **General Cleaning:** Follow established policies and procedures: 1. Clean baseboards 2. Clean doors and door jams 3. Clean interior window (if applicable) 4. Clean light fixtures 5. Clean Mirror 6. Clean/mop floor 7. Clean paper towel dispenser 8. Clean vents • **Clean Sink** 1. Apply a nonabrasive cleaner and scrub with sponge to remove stains. 2. Rinse with water. 3. Wipe faucets with a cleaning cloth. 4. Dry all metal fixtures to avoid spotting. Wipe the plumbing fixtures with germicidal solution. • **Clean Toilet** 1. Apply gloves 2. Flush toilet 3. Apply germicidal cleaning solution in the interior of the toilet. Scrub the inside of the toilet bowl with a toilet brush (be sure to clean the underside of the rim). 4. Dampen a cloth with germicidal solution and wipe the outside surface of the toilet including the base of the toilet (be sure to clean the underside of the rim). 5. Return equipment and remove and dispose of gloves.

Title	**Equipment**	**Procedure**
Clean Doors and Door Jams	• 2 buckets or containers containing warm water • Cleaning solution • Bucket with clean water • Cleaning cloths • Step	• Prepare bucket with clean warm water and add cleaning solution (according to manufacturer's recommendations) • Apply gloves • Set up the stepladder (ensure the ladder is on a level surface and it is locked open before climbing onto it). • Wet and wring out a cleaning cloth in the cleaning solution. • Wipe all surfaces of the door, including the doorjam, starting at the top and

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b. Cleaning the Facility Procedure

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Title	Equipment	Procedure
Change Light Bulbs	• Ladder • Light Bulbs	• Turn on electricity to determine if light is functional. • Turn off electricity when changing bulb. • If needed, set up stepladder (ensure ladder is on a level surface and locked open before climbing onto it). • Replace "burned out" light bulbs as needed. • Dispose of "burned out" light bulbs. • Replace equipment.
Clean Baseboards All baseboards are to be cleaned monthly and as needed.	• Cleaning solution • Bucket with clean water • Drop cloths • Cleaning cloths • Putty Knife • Gloves	• According to manufacturer's recommendations, prepare one bucket with clean warm water and add cleaning solution and one bucket with clean warm water. • Move all furniture and equipment away from baseboard areas. • Place drop cloth on the floor to protect floor or carpet. • Apply gloves. • Wet a cleaning cloth in the cleaning solution, wring it out and wipe a section of the baseboard. • Use the rinse cloth and rinse the same section of the baseboard with the clean water. • Continue the process until task is completed. • Empty buckets. • Replace cleaning equipment

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~~Dust~~									
~~Sweep~~									
~~Mop~~									
~~Clean Window~~									
~~Clean Wall~~									
~~Clean Baseboard~~									
~~**Sweat Lodge**~~									
~~Empty Trash~~									
~~Empty Trash Container~~									
~~Empty Fire Ash~~									
~~Shake and Air Rugs~~									
~~Sweep~~									
~~Pull Weeds, Etc.~~									
~~**Other**~~									
~~**Other**~~									

~~*A comfortable temperature will be maintained in each facility.*~~

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~~Dust~~									
~~Sweep~~									
~~Mop~~									
~~Clean Window~~									
~~Clean Baseboard~~									
~~Clean Wall~~									
~~Office 2~~									
~~Empty Trash~~									
~~Clean Trash Container~~									
~~Dust~~									
~~Sweep~~									
~~Mop~~									
~~Clean Window~~									
~~Clean Baseboard~~									
~~Clean Wall~~									

~~CLEANING SCHEDULE~~

Area	S	M	T	W	Th	F	S	*As Needed*	
~~Office 3~~									
~~Empty Trash~~									
~~Empty Trash Container~~									
~~Dust~~									
~~Sweep~~									
~~Mop~~									
~~Clean Window~~									
~~Clean Wall~~									
~~Clean Baseboard~~									
~~Office 4~~									
~~Empty Trash~~									
~~Clean Trash Container~~									

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Yard									
Mow Grass									
Pull Weeds									
Outside Entrance									
Sweep									
Reception Area									
Empty Trash									
Clean Trash Containers									
Dust									
Sweep									
Mop									
Clean Windows									
Clean Walls									
Clean Baseboards									
Hallway									
Sweep									
Mop									
Clean Walls									
Clean Baseboards									
Bathroom									
Empty Trash									
Clean Trash Container									
Clean Mirror									
Clean Sink									
Stool									
Sweep									
Mop									
Clean Window									
Clean Baseboards									
Clean Walls									
Office 1									
Empty Trash									
Clean Trash Container									

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~~CLEANING SCHEDULE~~

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Area	S	M	~~T~~	W	~~Th~~	~~F~~	S	*As Needed*	

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~~*ii. Purpose*~~

~~To maintain a clean, professional environment.~~

~~*iii. General Information*~~

~~The Program Supervisor determines the facilities cleaning schedule. He/she assigns cleaning responsibilities to designated employee(s) and ensures facilities are cleaned per policy and procedure.~~

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Month:

Date	Refrigerator	Initials	Freezer	Initials
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Month:

Date	Refrigerator	Initials	Freezer	Initials
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XIV. Housekeeping

a. Cleaning Facility Procedure/Cleaning Schedule

i. Policy

All Navajo DBHS facilities are cleaned according to the pre-set schedule, and as needed.

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~~Navajo DBHS Navajo DBHS Outpatient Services~~

~~REFRIGERATOR AND FREEZER TEMPERATURE LOG~~ °

Directions: ~~*Record refrigerator and freezer temperature daily. The proper temperature for refrigerator is 35—and 38— and for Freezer is*~~

~~*° 0 —or less. If either refrigerator or freezer temperature goes above this temperature, notify Program Supervisor. Remove food items and store in another refrigerator or ice chest.*~~

Month:				
Date	Refrigerator	Initials	Freezer	Initials
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Month:				
Date	Refrigerator	Initials	Freezer	Initials
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		~~Clean stove, cabinets and cabinet tops after each meal preparation.~~ ~~Continually check all dishes for cracks, chips and breaks.~~ ~~Dispose of any faulty items.~~
~~Washing Pots and Pans~~	~~Clean washrag~~ ~~Bleach~~ ~~Water~~	~~All pots and pans are washed using a 4-step washing process.~~ ~~Follow dishwashing procedure.~~ ~~Continually check pots and pans for peeling, pitting, etc.~~ ~~Dispose of faulty items.~~
~~Clean Water Dispensers~~	~~Clean washrag~~ ~~Bleach~~ ~~Ph Strips~~	~~When the bottle of "bottled water" is empty, the dispenser and water faucet equipment needs to be washed.~~ ~~Follow dishwashing procedure.~~ ~~Replace equipment.~~
~~Coffee Machine~~		~~Dump grinds.~~ ~~Clean daily.~~ ~~Follow dishing washing procedure.~~

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		maintained at proper temperature. • All food is thawed and cooked according to proven scientific principles. 1. Use microwave oven to thaw food and cook food immediately after thawing. 2. Submerge meat in cool running water. • Guidelines for cooking meat: 1. A meat thermometer is suggested to ensure food is cooked at the proper temperature. a. Minimum temperature for cooking meat: +140 degrees F Beef and Mutton +150 degrees F Pork +155 degrees F Ground Beef +165 degrees F Chicken, Turkey and Fish b When reheating food, rapidly heat food at 165 degrees F.
Thaw and Cook Food Guidelines		

b. Dishes, Pots and Pans Maintenance

Title	Equipment	Procedure
Dishwashing	• Cleaning dishrag • Bleach • Water	• All dishes and utensils are washed using a 4-step washing process. • Scrape dishes. • Prepare wash water. • Prepare rinse water. • Prepare sanitizing rinse by adding 1-2 teaspoons of bleach to every gallon of water. • Wash dishes. • Rinse dishes. • Rinse dishes in sanitizing rinse. • Air-dry dishes.

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Nutritious Meals and Snacks Guidelines		• All meals and snacks prepared for the clients meet the National Research Council recommended daily allowances. • When a client requires a modified diet, adjustments are made in the meal selection. • Water is available and accessible to clients at all times unless otherwise indicated.
Picnic Guidelines	• Ice Chest	• Proper storage, preparation, handling and serving of food is maintained during picnic outings. • Plan ahead when going on a picnic and include: water to wash hands (a container with a spigot with an off and on handle), hand soap, paper towels and container that holds contaminated "dirty water." • When using an ice chest: 1. Always keep the lid on the ice chest except when removing food or drink. 2. Keep all food on ice. 3. Store raw meat away from food. 4. As ice melts, drain water off. 5. Maintain ice for beverage use in another container. 6. Do not use a cup to scoop ice for beverages. 7. Use an ice scoop to scoop ice for beverages. 8. Do not allow ice scoop handle to touch the ice. 9. Store ice scoop away from the ice chest. • Dispose of dirty water away from the picnic area. • Foods containing eggs or mayonnaise (potato or macaroni salad) are prone to spoiling if not

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		the fan may cause the refrigerator to overload and not keep food at the proper temperature. • Large quantities of food that are refrigerated may not cool fast enough, producing germs to multiply. Prevent potential transmission of illness by following these guidelines: 1. Use an ice bath or run cool running water over a sealed container to cool the food down before refrigeration. 2. Divide the larger quantity of food into smaller portions. For example, cut down meat in smaller portions, and package food in small containers. 3. Food should not be stored in dishes more than 4 inches deep. 4. Keep meat refrigerated at all times; meat spoils at temperatures between 45 degrees F and 140 degrees F. • **Guidelines for storage of dry food** 1. Label all incoming food with the date 2. Store food items where the last bought are in the front of the recent bought items, practicing the "first in, first out" (FIFO) procedure. 3. Store all canned goods and staple foods in cabinets at least 6 inches off the floor. 4. Separate food items from toxic items. 5. All garbage containers are lined with plastic liners.
Garbage and Refuse Disposal Guidelines	• Garbage Containers • Plastic Container Liners	• Store all garbage in covered containers. • Garbage and refuse is removed from the facility at the end of each day.

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iv. During all hours of operation, visually and physically inspect food contact surfaces of equipment and utensils to ensure that the surfaces are clean.

c. Wash, rinse, and sanitize food contact surfaces of sinks, tables, equipment, utensils, using the following procedure:
   i. Wash surface with detergent solution.
   ii. Rinse the surface with clean water.
   i. Sanitize surface using a sanitizing solution mixed at a concentration specified on the manufacturer's label.
   ii. Place wet items in a manner to allow air drying.

~~Food Storage Guidelines~~	~~Refrigerator~~ ~~Freezer~~ ~~Dry Food Storage Cabinet~~	~~Recommended freezer temperature: <0 degrees F.~~ ~~Recommended refrigerator temperature: <45 degrees F~~ ~~All refrigerators and freezers are checked daily to maintain the recommended temperature.~~ ~~Refrigerated food is stored according to proven scientific principles.~~ ~~Food should be eaten according to "first in, first out" (FIFO). For example, the oldest food including leftovers should be eaten first.~~ ~~Raw meat should be placed on the bottom shelf or should be placed where the drainage cannot contaminate other food.~~ ~~Leftovers should be covered and dated.~~ ~~Any opened food dated prior to 7 days shall be disposed of.~~ ~~Placing food closely to~~

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5. Avoid serving foods containing eggs or dairy products (potato or macaroni salad), they are prone to spoiling if not maintained at proper temperature.

~~B.~~ Thawing Hazardous Foods

H.

1. Potentially hazardous food will be thawed by any of the following methods:
   a. Under refrigeration, maintain the food at 41° F or less.
   b. Under cold, running, potable water with a temperature of 70°F or below. There must be sufficient water velocity to agitate and float off loose particles in an overflow. Food products will not be left out of refrigeration for any period that allows thawed foods to rise above 41° F.
   c. As part of the normal cooking process, provided cooking is continuous (uninterrupted).

~~1.~~

~~C.~~

I. Infection Control and Sanitation

1. Cleaning Schedule – The Program Supervisor will maintain the sanitation of the kitchen/break room.
   a. Staff will record all cleaning and sanitation tasks.
   b. A cleaning schedule will be posted with tasks and frequency designated by the treatment center site supervisor.

	Mon	Tue	Wed	Thu	Fri
KITCHEN AND BREAK ROOM AREA (Daily to Weekly):					
Damp wipe tabletops, counters, and exteriors of cabinets					
Empty trash containers and remove to the designated areas					
Damp wipe exterior and interior microwave ovens					
Vacuum carpeted areas					
Sweep or dust mop and damp mop resilient flooring					
Clean and sanitize sinks					
Wipe exterior refrigerator					

2. Cleaning and Sanitizing Food Contact Surfaces
   a. Follow manufacturer's instructions regarding the use and maintenance of equipment and use of chemicals for cleaning and sanitizing food contact surfaces.
   b. Wash, rinse, and sanitize food contact surfaces, such as sinks, tables, utensils, and equipment:
      i. Before each use.
      ii. Between uses when preparing ready-to-eat foods and raw animal foods, such as eggs, fish, meat, and poultry.
      iii. Any time contamination occurs or is suspected.

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		~~• All food is checked for expiration date before purchasing the food item.~~ ~~• To ensure that the freshest food products are purchased (e.g. milk, meat, etc), choose from the back of the supply with the most current expiration date.~~ ~~• A record of all foods purchased is maintained and all food receipts are stapled in the food log.~~

1. Stored in pantry at least 6 inches above the floor and at least 14 inches from the ceiling.
2. All stock will be dated upon receipt and rotated when stored to assure first-in/first-out procedures are maintained.

~~1.~~

E. Garbage and Refuse Disposal Guidelines
1. Store all garbage in covered containers.
2. Garbage and refuse are removed from the facility at the end of each day.

F. Nutritious Meals and Snacks Guidelines
1. DBMHS will serve healthy and nutritious meals and snacks for clients and community members.
2. Water is always available and accessible to clients unless otherwise indicated.

~~A.~~ Outreach Food Guidelines

G.
1. Proper storage, preparation, handling and serving of food is maintained during outreach events.
2. Plan and include water to wash hands (a container with a spigot with an off and on handle), hand soap, paper towels and container that holds contaminated "dirty water."
3. When using an ice chest:
   a. Always keep the lid on the ice chest closed except when removing food or drink.
   b. Keep all food on ice.
   c. Store raw meat away from food.
   d. As ice melts, drain water off.
   e. Maintain ice for beverage use in another container.
   f. Use an ice scoop to scoop ice for beverages, do not use a cup used for beverages.
   g. Do not allow ice scoop handles to touch the ice.
   h. Store ice scoop away from the ice chest.
4. Dispose of dirty water away from the food area.

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3. All refrigerators and freezers are checked on a weekly basis to maintain the recommended temperature.
4. Leftovers should be labeled, covered, and dated.
5. Food should be eaten according to "first in, first out" (FIFO). For example, the oldest food including leftovers should be eaten first.
6. Raw meat should be placed on the bottom shelf or should be placed where the drainage cannot contaminate other food.
7. Any opened food dated prior to 7 days must be disposed of.
8. Placing food close to the fan may cause the refrigerator to overload and not keep food at the proper temperature.

D. Dry Food Storage Guidelinesa. Food Purchasing, Storage and Preparation

Title	Equipment	Procedure
Food Handling Guidelines	Food Handlers Card: All employees who prepare food are required to be certified by the Navajo Nation as a certified food handler.	• All Navajo DBHS employees who handle food for consumption, are required to have a current food handler card which validates he/she has successfully completed the food handler's course. • It is the responsibility of the supervisor to inform each new employee that he/she is required to attend the next food handler's class. The supervisor provides the employee with the date of the next class. • The local NDOH OEH provides food handler education. • The employee is required to pass the food handlers post-test before he/she receives a food handler's card. • The employee is responsible to give the personnel manager a photocopy of his/her food handler's card.
Food Purchase Guidelines		• All food is purchased for a reputable vendor. • All frozen food, especially meat, needs to be frozen solid. • Cans that are bulging, dented or damaged in any way are not to be purchased.

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~~XIII. Food Services~~

I. POLICY

All meals prepared for staff, clients, and community members will meet standard food safety guidelines.

II. PURPOSE

To provide a sanitary and hygienic food service operation.

III. DEFINITIONS

A. **Reserved**

IV. RULES

A. All employees who manage food for consumption are required to have a current food handler card which validates they have successfully completed the food handlers' course.
B. Allow for 1-2 weeks when purchasing or ordering food for Outpatient activities.
C. All equipment will be properly maintained for proper food storage and handling.
D. Clients may store food or medicinal items in the refrigerator with Primary Counselor acknowledgment.
E. Employees will wear proper PPE (gloves, hairnets) when handling food.

V. PROCEDURES

A. Food Handling Guidelines
1. All employees who manage food for consumption are required to successfully complete the food handlers' course.
2. It is the responsibility of the supervisor to inform an employee if they are required to attend food handler's class. The supervisor provides the employee with the date of the next class.
3. The employee is responsible for giving DBMHS HR a photocopy of their food handler's card.

B. Food Purchase Guidelines
1. All food is purchased from a reputable vendor.
2. All frozen food, especially meat, needs to be frozen solid.
3. Cans that are bulging, dented or damaged in any way are not to be purchased.
4. All food is checked for expiration date before purchasing the food item.
5. To ensure that the freshest food products are purchased (e.g., milk, meat, etc.), choose from the back of the supply with the most current expiration date.
6. A record of foods purchased, and food receipts are maintained and submitted to DBMHS Finance Section for payment.

C. Refrigerator Storage Guidelines
1. Inspection and temperatures will be taken of the product when the cooler and freezer temperatures are out of the proper storage range. Proper storage temperatures for food:
2. All food stock will be dated upon receipt and used before expiration.

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~~1=Satisfactory 2=Unsatisfactory~~ ~~3=Corrective Action Plan~~ ~~Initials=~~ ~~Checked by~~		
~~**Program Supervisor**~~	~~**Facility:**~~	~~**Date:**~~

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	Boiler: Ventilation:					
Type of Cooling	Condition of Equipment Cooling Sections: Ventilation:					
Bathroom	Commode/toilet: Sink:					
Janitorial Supplies						
Plumbing:						
Electrical	Overloading:					
Telephone System						
Computer Network System						
Kitchen (if applicable)	Stove: Refrigerator: Sink: Plumbing: Food Storage area: Electrical Cooking items:					
	Safety Management	**1**	**2**	**3**	**Initials**	**Comments**
Hazardous Materials	Storage:					
Waste Management	Dumpsters:					
Fire Systems	Fire Exit Posters: Sprinkler System: Fire Alarm System: Evacuation Plans: Fire Extinguishers: Fireproof Client File Cabinets: First Aid Kit: Smoke Detectors: Any Potential Fire Hazards Identified:					
Handicap Accessibility	Handicap Railings: Flashing Alarm System:					
Security	Interior: Exterior:					
Emergency Safety Lighting	Flood Lights Visual of Safety Alarm Lighting:					

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Utility Management		1	2	3	Initials	Comments
Type of Heating:	Condition of Equipment:					
	Water Heating:					

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Structural Management		1	2	3	Initials	Comments
	Structure of the building: Occupancy Permit: NN Building Permit: Sanitization Permit: Security Alarm:					
Interior	Walls:					
	Flooring: Carpet: Flooring Tile:					
	First Aid Kit:					
	Outside the Building: Propane location: Landscape: Fencing: Side Walks: Inside the building:					
	Traditional Healing Grounds: Hogan: Sweat lodge: Fire Pit: Fire Wood: Separate Dressing Area: Cooking Area:					
	Treatment Center Sign (Billboard): Hours of Operation: Type of Facility: Telephone Number:					
Exterior	Parking:					
	Outside Lighting Street Lights: Motion Lights					
	Foundation:					
	Roof:					
	Entrance: Side Walks:					
	Windows: Screens Bars:					

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	Fire Alarm System:					
	Evacuation Plans:					
	Fire Extinguishers:					
	Fireproof Client File Cabinets:					
	Smoke Detectors:					
	Potential Fire Hazards:					
Handicap Accessibility	Handicap Railings:					
	Flashing Alarm System:					
Security	Interior:					
	Exterior:					
Emergency Safety Lighting	Flood Lights					
	Visual of Safety Alarm Lighting:					

Program Supervisor:	Site:	Date:
Planner (Health):	Site:	Date:
Property Supervisor:	Site:	Date:

~~Emergency Parking Only Zone:~~

~~No Parking Zone~~

~~Loading Zone~~

~~Handicap Parking Space~~

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	Loading Zone					
	Handicap Parking Space					
	Outside Lighting					
	Hogan Lights:					
	Streetlights:					
	Motion Lights					
	Foundation:					
	Roof:					
	Windows:					
	Screens					
	Bars:					
Utility Management						
Type of Heating	Condition of Equipment:					
	Water Heating:					
	HVAC:					
	Ventilation:					
Type of Cooling	Condition of Equipment					
	Cooling Sections:					
	Ventilation:					
Bathroom	Commode/toilet:					
	Sink:					
Janitorial Supplies	Adequate Equipment:					
Plumbing:						
Electrical	Overloading/Breakers:					
	Tripping					
Telephone System						
Kitchen (if applicable)	Stove:					
	Refrigerator:					
	Sink:					
	Disposers:					
	Plumbing:					
	Food Storage area:					
	Electrical Cooking items:					
Safety Management						
Hazardous Materials	Storage:					
	Material Safety Data Sheets:					
Waste Management	Dumpsters:					
Fire Systems	Fire Exit Posters:					
	Sprinkler System:					

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Directions: Please check appropriate column to make a general statement after each item listed, identify any potential safety issues at your facility.

Key:

1=Exceed Standards–_–2=Meets Standards–_–3=Does NOT Meet Standards

Structural Management		1	2	3	Initials	Comments
Interior	Structure of the building:					
	Occupancy Requirement:					
	NN Building Number:					
	Sanitization Permit:					
	Security Alarm System:					
	Walls:					
	Ceiling					
	Drywall					
	Tiles					
	Entrances					
	Flooring:					
	Carpet:					
	Flooring Tile:					
	First Aid Kit/Percent of Fill:					
Exterior	Outside the Building:					
	Propane location:					
	Landscape:					
	Fencing:					
	Side Walks:					
	Inside the building:					
	Traditional Healing Grounds:					
	Hogan:					
	Sweat lodge:					
	Fire Pit/Stove:					
	Firewood:					
	Separate Dressing Area:					
	Cooking Area:					
	Treatment Center Sign					
	Hours of Operation:					
	Type of Facility:					
	Telephone Number:					
	Parking: Parking Zone					
	Parking Areas:					

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Structural Management		1	2	3	Initials	Comments
	Structure of the building: Occupancy Permit: NN Building Permit: Sanitization Permit: Security Alarm:					
Interior	Walls:					
	Flooring: Carpet: Flooring Tile:					
	First Aid Kit:					
	Outside the Building: Propane location: Landscape: Fencing: Side Walks: Inside the building:					
	Traditional Healing Grounds: Hogan: Sweat lodge: Fire Pit: Fire Wood: Separate Dressing Area: Cooking Area:					
	Treatment Center Sign (Billboard): Hours of Operation: Type of Facility: Telephone Number:					
Exterior	Parking:					
	Outside Lighting Street Lights: Motion Lights					
	Foundation:					
	Roof:					
	Entrance: Side Walks:					
	Windows: Screens Bars:					

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Gas Supply Problems	• NTUA provides gas services. **In case of an emergency, they can be reached 7 days a week, 24 hours a day at 800-528-5011.** • During winter months when heat is inadequate to provide a healthy environment, consider closing the facility until the problem is rectified.

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~~Maintenance Request Form~~

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~~Requester's Name:~~	~~Date:~~
~~Department:~~	~~Phone:~~

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~~Maintenance Request~~

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MANAGING AN INTERNAL DISASTER

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Title	Procedure
Water Problem	• The Navajo Tribal Utility Authority provides water. • If plumbing lines are the problems~~the problem is structural~~, consider calling a licensed plumber. • Remove important records. • ~~Consider closing the facility until problem is repaired.~~ • When water supply problems are unable to be fixed in a timely manner ~~and~~ or present a potential health problem consider closing the facility.
Sewage Problems	• The Navajo Tribal Utility Authority provides limited sewage services. **In case of an emergency, they can be reached 7 days a week, 24 hours a day at 800-528-5011.** • When plumbing problems are unable to be fixed in a timely manner and present a potential health problem, consider closing the facility until this problem is fixed.

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Heating	• Furnace filter • Wood stoves (Hogan)	• The air temperature in each facility during the winter months is maintained between 65° ~~degrees F~~ and ~~75~~72° ~~degrees F~~. • Portable open flame and kerosene space heaters are prohibited. • The use of un-vented or open flame space heaters is prohibited. • A licensed ~~plumber~~ HVAC technician must inspect~~s~~ annually ~~all~~ heating equipment annually. • The filters of the furnace are changed ~~annually~~annually and inspected every 3 months ~~and PRN~~. • Heating units varies from facility to facility. • Copies of the manufactures operating instructions are maintained in the administration office.
Water Temperature		• The temperature of the water supply for client use is maintained between 90° ~~degrees F~~ and 115° ~~degrees F~~. • The Program Supervisor checks the water temperature at each faucet no less than quarterly to ensure proper water temperature.

~~**Navajo DBHS Outpatient Services**~~
~~**MAINTENACE REQUEST FORM**~~

~~Requester's Name:~~	~~Date:~~
~~Department:~~	~~Phone:~~

~~**Maintenance Request**~~

~~**Comments:**~~

~~**Completion Date:**~~

~~**Requester's Signature:**~~

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~~b. Environmental Guidelines~~

I. ~~i.~~Policy POLICY

~~Navajo DBHS~~DBMHS provides a safe, clean environment for the clients ~~served, families,~~ visitors and ~~DBHS~~ staff.

II. ~~ii. Purpose~~PURPOSE

To provide a safe, clean environment for ~~DBHS~~ DBMHS clients, families, visitors, and employees.

III. ~~iii. General Information~~RULES

~~1.~~A. Any arts and craft materials, tools, etc., which may present a safety hazard are locked in a cabinet except during use.

~~2.~~B. Firearms, explosives, and any potential weapon are prohibited on ~~the~~ DBMHS premises.

~~3.~~C. Smoking is prohibited ~~within the facility~~on DBMHS premises.

~~4.~~D. All employees are required to attend a safety orientation and ~~annual in-service~~training as scheduled.

~~5. All electrical cords are checked quarterly, and replaced as necessary.~~

E. The Treatment Center Site Supervisor, Planner (Health), and Property Section ~~Program Supervisor is~~are responsible for periodic inspections of the buildings, ~~and~~ surrounding structures and areas.

~~6.~~

Title	Equipment	Procedure
Air Conditioning and Ventilation	• Air Conditioner • Screened windows	• During the summer months, the air temperature at teach facility is maintained between 68 ~~degrees F~~ and 82 °F~~degrees F~~. • Annually all air conditioner/HVAC equipment is inspected by a licensed ~~plumber~~HVAC technician. • Copies of the ~~manufactures~~manufacturers' operating instructions are maintained in the administration office. • Screened windows may be used for ventilation.
Electrical Equipment	• Electrical space heaters	• Electrical space heaters may be used with the approval of the Program Supervisor. • Electrical heater cords are checked ~~every 6 months~~weekly for clearance.
Fans	• Electrical fans	• All electrical fans, except ceiling paddle fans, ~~shall~~ must be screened and placed in a safe location. • Personal fans may be used with the approval of the Program Supervisor.

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~~**XV. Maintenance**~~

~~a. **Maintenance Requests**~~

~~**i.Policy**~~

~~Navajo DBHS facility maintenance problems are identified, maintenance requests are submitted, and repairs are done in a timely manner.~~

~~**ii.Purpose**~~

~~To established a procedure to identify, request, and fix maintenance problems.~~

~~**iii.General Information**~~

~~1. A binder with copies of all requests made and the request forms are maintained at a central location in the Navajo in the Navajo DBHS facility.~~
~~2. Any Navajo DBHS employee may request that a maintenance problem to be fixed by documenting documenting~~
~~the problem, and submitting the request to the Program Supervisor.~~

~~**iv.Procedure**~~

~~1. Document maintenance request on the *Maintenance Request Form.*~~
~~2. When a maintenance problem is corrected, a note is made in comment section.~~
~~3. The Program Supervisor review all maintenance requests monthly and follows up any unresolved problems.~~

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~~VI. Rights of Persons Served~~

~~a. Client Rights~~

~~i. Policy~~

~~The Navajo DBHS employee will inform and implement the rights of the client at the time of screening, admission and throughout the continuum of care.~~

~~ii. Purpose~~

~~To inform the Navajo DBHS employee on the rights of the client~~

~~iii. General Information~~

~~A. All DBHS employees according to treatment locations will adhere to the applicable Tribal, State, and Federal regulations.~~

~~B. A licensed employee shall ensure that:~~

~~a. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receives a written list and verbal explanation of the client rights~~

~~b. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation.~~

~~c. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.~~

~~C. A licensed employee shall ensure that a client is afforded the rights according to their licensing regulations.~~

~~D. A client has the following rights:~~

~~a. To be treated with dignity, respect, and consideration.~~

~~b. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.~~

~~c. To receive treatment that:~~

~~i. Supports and respects the client's individuality, choices, strengths, and abilities~~

~~ii. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in this Chapter; and~~

~~iii. Is provided in the least restrictive environment that meets the client's treatment needs.~~

~~iv. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.~~

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~~v. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation.~~

~~vi. Allow grievances to be handled in a fair, timely, and impartial manner.~~

~~vii. Seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense.~~

~~viii. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.~~

~~ix. Allows a client who may be enrolled by Regional Behavioral Health Authority (RBHA) as an individual who is seriously mentally ill (SMI), to receive assistance from human rights advocates provided by the State of Arizona Department of Health or their designee in understanding, protecting, or exercising the client's rights.~~

~~x. Ensures that the client's information and records are kept confidential and released only as permitted in accordance to regulations;~~

~~xi. Ensures privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:~~

~~xii. For photographing for identification and administrative purposes.~~

~~xiii. For video recordings used for training and supervision purposes that are maintained only on a temporary basis..~~

~~xiv. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist.~~

~~xv. To be informed that Navajo DBHS does not offer a fee for services.~~

~~xvi. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;~~

~~xvii. To be offered or referred for the treatment specified in the client's treatment plan; To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan; To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.~~

~~xviii. To be free from:~~

~~1. Abuse.~~

~~2. Neglect.~~

~~3. Exploitation.~~

~~4. Coercion.~~

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5. Manipulation.
6. Retaliation for submitting a complaint.
7. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.
8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.
9. To participate or refuse to participate in religious/pastoral or traditional activities.
10. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment.
11. To receive treatment services in a smoke-free facility, although smoking may be permitted outside the facility;
12. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
13. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.

iv. Procedures

During the admission process, all direct service providers will ensure the client has been informed of client rights in the language of the client's understanding. The direct service staff and client will document this by signing the "Client Rights" form. The original form is maintained in the client's record and a copy will be given to the client.

v. References

- Arizona Department of Behavioral Health Services/Division of Behavioral Health Services Policies and Procedures
- New Mexico Division of Health Policies and Procedures
- Utah Department of Health Policies and Procedures
- Legislation No. 0470-04 (S2105; S2106; S2107; S2108) Enacting the Health Commitments Act of 2004 — Amending Title 13 of the Navajo Nation Code.

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Navajo DBHS Outpatient Services

CLIENT RIGHTS

- You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, preferences, and requirements.
- You have the right to privacy in your treatment, care, and fulfillment of your personal needs.
- You have the right to be fully informed on all services available through DBHS and accompanying charges.
- You have the right to be fully informed of your rights as a client, and all rules and regulations governing your conduct as a patient with DBHS.
- You have the right to manage your personal financial affairs, and should you desire assistance, staff will refer you to an appropriate agency.
- You have the right to know about your physical, emotional, and mental condition, and to participate in development of your treatment.
- You have the right to continuity of care. You will not be transferred or discharged except for medical reasons, your personal welfare, welfare of others, or non-participation in your treatment. Should your transfer or discharge become necessary, you will be given reasonable advance notice, except in emergent situations.
- You have the right to voice a grievance regarding services or policies of DBHS, without fear of restraint, interference, undue pressure, discrimination, or reprisal.
- You have the right to be free of physical, mental and chemical abuse. Physical and chemical restraints may be applied only when ordered by a physician in writing, and for specified, limited time, except when necessary to protect you or others from injury.
- You have the right to confidential personal and medical records. Information from these sources will not be released without your prior consent, except in your transfer to another DBHS component, or as required by law.
- You have the right to refuse to perform any service for the program or other clients, unless such service is part of your therapeutic treatment plan that you agree to.
- You have the rights of any U.S. citizen, and your participation in treatment is voluntary. Clients who are responsible to a parole or probation officer will be subject to the control such an officer may legally exercise.
- You have the right to know when tape recorders, one-way mirrors, audio-visual equipment, and cameras are being used. These items will not be used without your written consent. Your refusal to consent will not affect your treatment in any manner.

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~~This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.~~

~~Date Client~~

~~Date Parent, or Guardian (if applicable)~~

~~Date Counselor/Witness~~

~~b. Restriction of Client Rights~~

I. ~~i. Policy~~POLICY

Restriction of client rights ~~may be necessary and therapeutic for client self growth~~ under specified circumstances.

II. ~~ii. Purpose~~PURPOSE

~~To establish occasions when client's rights may be restricted.~~ Restriction of client rights may be necessary and therapeutic for client self-growth.

III. DEFINITIONS

RESERVED

IV. ~~iii. General Information~~RULES

A. ~~1.~~ Client rights may be restricted under emergency circumstances, e.g. confidentiality may be breached when a ~~life is endangered by risk of suicidal or homicidal behavior~~risk of harm to self or others exists, suspicion of child abuse or neglect.

~~1.~~B. Client rights may be restricted when a proper court order is presented.

~~2.~~C. Client rights may be restricted when the client is unable to comprehend the purpose for an intervention or treatment service.

~~3.~~D. Client rights may be restricted when a client is excluded from ~~client(s) are excluded from the outpatient~~ services ~~(see Exclusion Criteria)~~ due to meeting exclusionary criteria.

V. ~~iv. Procedure~~PROCEDURE

A. The Clinical Specialist or Clinical Director will approve the restriction of any client's rights.

B. The client will be informed ~~on~~of any decision regarding restriction of their rights, and their right to file a grievance regarding such restriction.

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C. The decision will be documented in the client's ~~progress note~~clinical record.electronic health record.

REFERENCES

A.R.S. § 36-517.02.
AZ Department of Health Services/Division of Behavioral Health Services Policies and Procedures
NMAC 7.20.11.22
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~~**c. Client Grievance**~~

~~**i. Policy**~~

~~All Navajo DBHS clients, parents/caregivers of minor clients, and other agencies also serving DBHS clients (e.g., referral sources) may submit complaints. Complaints will be investigated and a response will be written. Every effort will be made to use the information to improve program performance and prevent future problems.~~

~~**ii. Purpose**~~

~~To provide a systematic process for client grievances regarding their dissatisfaction with services, resolving problems, and to protect client rights in the process.~~

~~**iii. General Information**~~

~~1. The Grievance Procedure document will be posted in the front lobby area of the facility.~~

~~2. All complaint(s) shall be submitted in writing for proper documentation and will be reviewed by the Clinical Specialist in consultation with the Program Supervisor.~~

~~3. The name of the complainant or any name in the complaint is maintained as confidential and is not to be disclosed without written authorization of the client, individual, parent, or legal guardian.~~

~~4. Navajo DBHS does not discriminate in any way against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in the complaint investigation process.~~

~~5. Navajo DBHS does not discriminate in any way against any employee who advocates on behalf of the client.~~

~~6. Any client, client's parents, legal guardian, custodian, designated representative, who feels he/she has been discriminated may report their grievance to Navajo DBHS Central office to the attention of the Clinical Specialist Coordinator.~~

~~7. Navajo DBHS Client Grievance Acknowledgement is reviewed with client, client's parent, guardian, custodian, designated representative, during the admissions process.~~

~~8. The client, client's parents, guardian, custodian, designated representative, verifies that the Grievance Procedure has been reviewed with him/her by signing and dating the DBHS Client Rights form.~~

~~**iv. Procedure**~~

~~1. All complaints received will be handled in the following manner:~~

~~a. Upon receipt of a complaint, the Clinical Specialist in consultation with the Program Supervisor will review the complaint within 24 hours and formulate a written response.~~

~~b. If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.~~

~~c. If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.~~

~~2. A complaint may be submitted in writing to the Primary Counselor, Program Supervisor, Clinical Specialist, or directly to the Navajo DBHS Central Administration in Window Rock, Arizona, if the grievance remains unresolved.~~

~~3. Clients can request assistance in writing the complaint from staff, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.~~

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~~4. If the complaint is against a program other than DBHS, the Program Supervisor or Clinical Specialist will forward the complaint to the appropriate program.~~

~~5. The Clinical Specialist or Program Supervisor will coordinate formal resolution of the complaint or grievance with the client and in coordination with the primary counselor.~~

~~6. If the complaint is clinical in nature, it will go to the Clinical Specialist and if it is programmatic in nature, it will go to the Program Supervisor.~~

~~7. Client satisfaction surveys will be conducted as part of regular discharge procedures, or at other regular intervals.~~

~~8. A suggestion box will be maintained within each facility for the purpose of obtaining consumer feedback and suggestions, to be considered for program improvement purposes.~~

~~9. Clients have the right to remain anonymous when providing feedback.~~

~~10. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.~~

~~11. Clients shall not be terminated from services, or their treatment plans altered without their consent, as a result of any complaint or suggestion they have submitted.~~

~~12. All clients are informed they can file complaints directly with the Clinical Specialist Coordinator and Department Manager at the Central Office of Navajo Behavioral Health as follows:~~

~~Navajo Nation Behavioral Health Services~~
~~Post Office Box 709 Window Rock, AZ 86515~~
~~Phone: (928) 871-6235~~
~~Fax: (928) 871-2266~~

~~13. If a client is not satisfied with the outcome through the above outlined process, he/she has the option to pursue further remedies at his/her own discretion.~~

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Navajo DBHS Outpatient Services
Grievance Procedures Acknowledgment

As a registered Navajo DBHS client, if you feel that you have not received proper treatment, have been denied services, or placed on an unreasonable or indefinite waiting list for services, you may submit a verbal or written notification to your Primary Counselor, the Clinical Specialist, or the Program Supervisor at the Outpatient Treatment Center. If you are not comfortable presenting your grievance at the Outpatient Treatment Center, you may go in person or mail your complaint(s) to the Clinical Specialist Coordinator and Department Manager at the DBHS Central Office in Window Rock, Arizona.

Clinical Specialist/Department Manager
Department of Behavioral Health Services
P.O. Box 709
Window Rock, AZ 86515
(928) 871-6235 Fax: (928) 871-2266

The following steps will be taken to help resolve your complaint or grievance:

- Upon receipt of a complaint, the Clinical Specialist, in consultation with the Program Supervisor, will review the complaint within 24 hours and formulate a written response.
- If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.
- If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.

The report will include Steps taken to respond initially to the complaint/grievance findings, suggested resolutions, and any preliminary actions taken to resolve the issue.

This certifies that the grievance procedures acknowledgement has been read and explained to me in the language that I understand.

Client's Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Counselor's Signature _____ Date _____

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d. Conduct of Investigation Concerning Persons with Serious Mental Illness

i. Policy

Investigations are conducted into allegations of physical abuse, sexual abuse, and violations of rights, and conditions that are dangerous, illegal, or inhumane. Investigations shall also be conducted in the event of a client death. Investigations conducted pursuant to this policy are only conducted when the person receiving services is enrolled in services for persons with serious mental illness.

ii. Purpose

To establish procedures related to investigations conducted by the Regional Behavioral Health Authority, the Arizona State Hospital, and the ADHS/DBHS.

iii. Definitions

Administrative Appeal: An appeal to the ADHS/DBHS of a decision made by the Navajo DBHS as the result of a grievance.

Appeal: A request for review of an action, and for a person determined to have a serious mental illness, or review of an adverse decision by Navajo DBHS or ADHS/DBHS.

Condition Requiring Investigation: An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with SMI.

Grievance or Request of Investigation: A complaint that is filed by a person with SMI or other concerned person regarding a violation of rights of the person with SMI, or a condition requiring investigation.

Physical Abuse: The infliction of physical pain, injury, impairment of body function, or disfigurement of a person receiving services and that is caused by acts or omissions of a Navajo DBHS employee.

Preponderance of Evidence: A standard of proof that it is more likely than not that an alleged event has occurred.

Special Assistance: Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the individual service plan process, the inpatient treatment and discharge plan, the appeal process, or the grievance/request for investigation process.

Sexual Abuse: Sexual misconduct caused by acts or omissions of a Navajo DBHS employee. Sexual abuse includes molestation, sexual assault, incest, or prostitution of, or with, a person receiving services.

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iv. General Information

~~1. Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements in ADHS/DBHS Policy GA-3.5, Notice Requirements.~~

~~2. Navajo DBHS administration shall respond to grievances and requests for investigations in accordance with the timelines contained in 9 A.A.C. 21, Article 4.~~

~~3. Computation of Time: In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays and legal holidays must not be included in the computation.~~

~~4. The RBHA and/or the Navajo DBHS shall establish a unique ADHS/DBHS Docket Number for each Grievance or Request for Investigation filed. The Docket Number shall be established as follows:~~

~~a. The letter "B" for those issues investigated by the ADHS/DBMHS.~~

~~b. The letter "T" for those issues investigated by TRBHA.~~

~~c. The letter "NN" for those issued by the Navajo Nation.~~

~~d. The date of receipt of the Grievance or Request for Investigation using the MMDDYY format.~~

~~e. The letter code "S" designating that the person is enrolled in services for the Seriously Mentally Ill.~~

~~f. A four-digit sequential number.~~

~~5. Agency Responsible for Resolving Grievances and Requests for Investigation.~~

~~a. Navajo DBHS administration reviews each incident report submitted as required in ADHS/DBHS Policy QM-2.5, Response of Incidents, Accidents, and Deaths to determine if a grievance issue or condition requiring investigation exists. Incidents in which a person receiving services reports that their rights have been violated or that they have been physically or sexually abused shall be treated as grievances.~~

~~b. Grievances involving an alleged rights violation, or a request for investigation involving an allegation that a condition requiring investigation exists, which occurred in a Navajo DBHS site, and which does not involve a client death or an allegation of physical or sexual abuse, shall be filed with and investigated by Navajo DBHS administration.~~

~~c. Grievances or requests for investigation involving physical or sexual abuse or death that occurred in Navajo DBHS or as a result of an action of a person employed by Navajo DBHS shall be addressed to the ADHS/DBHS and investigated by the ADHS/DBHS.~~

~~6. The Navajo DBHS director, before whom a grievance or request for investigation is pending, immediately takes any action reasonable to protect the health, safety and security of any client, complainant, or witness.~~

~~7. Grievance/Request for Investigation Process~~

~~a. Timeliness and Method For Filing Grievances~~

~~i. Grievances or a request for investigation must be submitted to Navajo DBHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring~~

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investigation occurred. This timeframe may be extended for good cause as determined by the Navajo DBHS Director before whom the grievance or request for investigation is pending.

ii. Navajo DBHS shall, upon request, assist a person receiving services, or their legal guardian, in making an oral or written grievance or request for investigation or direct the person to an available supervisory or managerial staff who shall assist the person to file a grievance or request for investigation.

iii. All oral grievances and requests for investigation must be accurately reduced to writing by the Navajo DBHS personnel that receives the grievance or request, on the ADHS/DBHS Appeal or SMI Grievance Form (Attachment B).

iv. The Navajo DBHS submits the complaint form and all subsequent correspondence concerning the case to the ADHS/DBHS Office of Grievance and Appeals, including:

1. Whether or not the person who is the subject of the grievance or request for investigation is a person who needs special assistance, and

2. A report of any corrective action taken as a result of the findings of the investigation.

b. Preliminary Disposition

i. Summary Disposition — Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may summarily dispose of a grievance or request for investigation when:

1. The alleged violation occurred more than one year prior to the date of request.

2. The grievance request is primarily directed to the level or type of mental health treatment provided and can be fairly and efficiently addressed through the service planning or appeal process as described in 9 A.A.C. 21, Articles 3 and 4.

ii. Disposition without investigation — Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may resolve the matter without conducting an investigation when:

1. There is no dispute of the facts alleged in the grievance or request for investigation.

2. The allegation is frivolous, meaning that it:

a. Involves an issue that is not within the scope of Title 9, Chapter 21;

b. Could not possibly have occurred as alleged.

c. Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated.; or

d. Within 7 days of receipt of the grievance or request for investigation, the person filing the grievance or requesting the investigation agrees that the matter can be resolved fairly and efficiently without formal investigation.

iii. Preliminary Disposition Response — Within seven days of a grievance or request for investigation, the Navajo DBHS Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and information to request assistance. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the ADHS/DBHS Office of Human Rights for persons who need special assistance.

c. Conducting Investigations of Grievances — Navajo DBHS shall conduct the investigation pursuant to A.A.C. R9-21-406.

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~~i. If an extension of a time frame contained in A.A.C. R9-21-406 is needed, it may be requested pursuant to A.A.C. R9-21-410. B. Specifically:~~

~~1. A request for an extension made by a Navajo DBHS appointed investigator~~

~~2. A request for an extension made by an ADHS/DBHS appointed investigator shall be addressed to the ADHS Director or designee.~~

~~ii. For grievance investigations into allegation of rights violations, or physical or sexual abuse, the investigator shall:~~

~~1. Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation, or physical or sexual abuse.~~

~~2. If the person who is the subject of the investigation needs special assistance, the investigator shall contact the person's advocate, or if no advocate is assigned, the ADHS/DBHS Office of Human Rights, and request that an advocate be present to assist the person during the interview and any other part of the investigation process.~~

~~3. Request assistance from the ADHS/DBHS Office of Human Rights if the person identified as the subject needs assistance to participate in the interview and any other part of the investigation process.~~

~~4. Prepare a written report that contains at a minimum:~~

~~a. A summary for each individual interviewed of information provided by the individual during the interview conducted.~~

~~b. summary of relevant information found in documents reviewed.~~

~~c. A summary of any other activities conducted as a part of the investigation.~~

~~d. A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation.~~

~~e. A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and~~

~~f. Recommended actions or a recommendation for required corrective action, if indicated.~~

~~iii. Within five days of receipt of the investigator's report, the Navajo DBHS Director shall review the investigation case record and the report, and issue a written, dated decision which shall either:~~

~~1. Accept the report and state a summary of findings and conclusions and any action or corrective action required of the Navajo DBHS Director and send copies of the decision, subject to confidentiality requirements in ADHS/DBHS Policy CO 1.4, Confidentiality to the investigator, Navajo DBHS Director, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), and the ADHS/DBHS Office of Human Rights for persons deemed in need of special assistance. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the grievant by certified mail or be hand delivered.~~

~~2. Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to the Navajo DBHS Director within 10 days.~~

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~~iv. The Navajo DBHS Director may identify actions to be taken, as indicated in (c)(I) above, which may include:~~

~~1. Identifying training or supervision for or disciplinary action against an individual found to be responsible for a rights violation or condition requiring investigation identified during the course of investigation of a grievance or request for investigation.~~

~~2. Developing or modifying a mental health agency's practice or protocols.~~

~~3. Notifying the regulatory entity that licensed or certified an individual according to A.R.S. Title 32, Chapter 33 of the findings from the investigation; or~~

~~4. Imposing sanctions, which may include monetary penalties, according to the terms of a contract, if applicable.~~

~~v. In the event an administrative appeal is filed, the Navajo DBHS, shall forward the full investigation case record, which includes all elements in A.A.C. R9-21-409 (D)(1), to the ADHS/DBHS Deputy Director through the ADHS/DBHS Office of Grievance and Appeals. The Navajo DBHS shall prepare and send with the investigation case record, a memo in which states:~~

~~1. Any objections the Navajo DBHS has to the timeliness of the administrative appeal,~~

~~2. The Navajo DBHS response to any information provided in the administrative appeal that was not addressed in the investigation report, and~~

~~3. The Navajo DBHS understanding of the basis for the administrative appeal.~~

~~vi. Within 15 days of the filing of the administrative appeal, the ADHS/DBHS Deputy Director, or designee, will review the appeal and the investigation case record and may discuss the matter with any of the persons involved or convene an informal conference, and prepare a written, dated decision which shall either:~~

~~1. Accept the investigator's report with respect to the facts as found, and affirm, modify, or reject the decision of the appropriate individual (i.e., agency director) with a statement of reasons; or~~

~~2. Reject the investigator's report for insufficiency of facts and return the matter with instructions to the Navajo DBHS for further investigation and decision. In such a case, the Navajo DBHS shall conduct further investigation and complete a revised report and decision to the ADHS/DBHS Deputy Director within ten days. The ADHS/DBHS Deputy Director, or designee, shall render a final decision within 15 days of the appropriate individual (i.e., agency director) revised decision and send copies to the appellant along with a notice of the right to request an administrative hearing within 30 days from the date of the decision; the Navajo DBHS Director; and the Office of Human Rights and the applicable human rights committee for persons who are in need of special assistance.~~

~~vii. Any grievant or person who is the subject of the grievance who is dissatisfied with the decision of the ADHS/DBHS Deputy Director may request an administrative hearing before an administrative law judge within 30 days of the date of the decision.~~

~~viii. Upon receipt of a request for a hearing, the hearing shall be scheduled and conducted according to the requirements in ARS 541-1092 et seq. and A.A.C. R9-1-107.~~

~~ix. After the expiration of the time frames for administrative appeal and administrative hearing as described above, or after the exhaustion of all appeals regarding outcome of the investigation, the Navajo DBHS Director, or the Deputy Director of the ADHS/DBHS, shall take any corrective action required and add to the record a written, dated report of the action taken. A copy of the~~

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~~report shall be sent to the ADHS/DBHS Office of Human Rights for persons in need of special assistance for distribution to the appropriate human rights committee.~~

~~1. Conducting Investigations of Conditions Requiring Investigation — The investigation shall be conducted in the same manner described above in section d.7 (Grievance/Request for Investigation Process) of this policy.~~

~~2. Investigations into the deaths of persons receiving services shall be conducted as described in ADHS/DBHS Policy GA 3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness.~~

~~3. Grievance Investigation Records and Tracking System — ADHS/DBHS and the Navajo DBHS will maintain records in the following manner:~~

~~x. All documentation received and mailed related to the grievance and investigation process will be date stamped on the day received.~~

~~xi. Navajo RBHA and the Navajo DBHS will maintain a grievance investigation case record for each case. The record shall include:~~

~~1. The docket number assigned according to section d.4 of this policy.~~

~~2. The original grievance/investigation request letter and the ADHS/DBHS Appeal or SMI Grievance Form.~~

~~3. Copies of all information generated or obtained during the investigation.~~

~~4. The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions and recommendations.~~

~~5. A copy of the acknowledgment letter, final decision letter and any information/ documentation generated by an appeal of the grievance decision.~~

~~xii. ADHS/DBHS and the Navajo DBHS will maintain all grievance and investigation files in a secure designated area and retain for at least five years.~~

~~xiii. The Public Log — The ADHS/DBHS, Office of Grievance and Appeals (OGA), the Navajo RBHA and the Navajo DBHS shall maintain a public log of all grievances or requests for investigation in the ADHS/DBHS OGA Database. Entry must be made within three (3) working days of each reportable event. The Public Log will contain the following information:~~

~~1. A docket numbers.~~

~~2. A description of the grievance or request for investigation issued.~~

~~3. The date of the filing of the grievance.~~

~~4. The date of the initial decision or appointment of the investigator.~~

~~5. The date of the filing of the investigator's final report.~~

~~6. The dates of all subsequent decisions, appeals or other relevant events.~~

~~7. A description of the final decision and any actions taken by the Navajo DBHS~~

~~d. Other Matters Related to the Grievance Process:~~

~~i. Pursuant to the applicable statutes and ADHS/DBHS Policy CO 1.4, Confidentiality, the Navajo DBHS shall maintain confidentiality and privacy of grievance matters and records at all times.~~

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~~ii. Notice shall be given to a public official, law enforcement officer, or other person, as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.~~

~~iii. The Navajo DBHS shall notify the Deputy Director of ADHS/DBHS when:~~

~~1. A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee.~~

~~2. An employee or contracted staff files a complaint with law enforcement alleging criminal conduct against a person receiving services;~~

~~3. An employee, contracted staff, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.~~

~~**v. References**~~

~~**Policy and Procedures adapted from:**~~

- ~~Arizona Department of Health Services~~
- ~~Division of Behavioral Health Services~~
- ~~Policy and Procedures Manual~~
- ~~A.R.S. S 41-1092 et seq.~~
- ~~A.R.S. Title 32, Chapter 33~~
- ~~9 A.A.C. 21, Articles 3 and 4~~
- ~~A.A.C. R9-1-107~~
- ~~ADHS/DBHS Policy GA 3.3 Appeals Process for Persons Receiving Services~~
- ~~ADHS/DBHS Policy GA 3.5, Notice Requirements~~
- ~~ADHS/DBHS Policy GA 3.7, *Reporting and Investigations of Deaths of Persons with Serious Mental Illness*~~
- ~~ADHS/DBHS Policy CO 1.4, Confidentiality~~
- ~~ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths~~

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~~**e. AZ: Seriously Mentally Ill Adults in Need of Special Assistance**~~

~~**i. Policy**~~

~~A person determined to have a serious mental illness and deemed to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's needs. Having a guardian or designated representative does not preclude the need for special assistance. The need for special assistance may be deemed by any of the following:~~

~~1. A qualified clinician,~~
~~2. A case manager,~~
~~3. A clinical team of a Navajo RBHA,~~
~~4. Navajo RBHA,~~
~~5. DBHS Program Supervisor, Clinical Specialist, other Navajo DBHS clinical employees,~~
~~6. The Deputy Director of the Arizona Department of Health Services, or~~
~~7. A hearing officer.~~

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ii. Purpose

To establish uniform guidelines for:

Identification of adults determined to have a serious mental illness that need special assistance;

Monitoring to assure that Special Assistance is provided; and Maintenance of required reports.

iii. Definitions

ADHS Office of Human Rights: The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.

Human Rights Committees: Human Rights Committees are established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.

Special Assistance: Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP), the appeal process, or the grievance, or request for investigation process.

iv. General Information

1. A person is determined to need special assistance if the person is unable to communicate preferences for services and/or participate in service planning and/or the grievance, appeal and/or investigation process due to any one or more of the following:
   a. Cognitive ability.
   b. Intellectual capacity.
   c. Sensory impairment.
   d. Language barriers (which does not include speaking a foreign language), including but not limited to deaf, hard of hearing, mute or developmental delay in language development; and/or
   e. Medical condition.
2. Navajo RBHA must ensure:
   a. Identification of persons in need of special assistance.
   b. Notification to the Office of Human Rights and the appropriate Human Rights Committee of each person identified to be in need of special assistance including the specific need(s) via a monthly report;
   c. Provision of training to applicable Navajo RBHA and provider staff of requirements related to special assistance; and
   d. Monitoring of the provision of special assistance to those persons identified to be in need.
3. The Office of Human Rights maintains a tracking of all people identified as needing special assistance and will assure provision of special assistance as needed.

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~~4. Human Rights Committees must make regular visits to the residential environments of people in need of special assistance to ensure that the person's needs are being met and to determine the person's satisfaction with the care.~~

~~v.~~ Procedures

~~1. Navajo RBHA and Navajo DBHS are required to periodically assess whether a person determined to have a serious mental illness is in need of special assistance. Minimally, the need for special assistance should be considered in the following situations:~~

~~a. Discharge planning.~~

~~b. Service planning; and~~

~~c. Appeal, grievance, or investigation process.~~

~~2. The Office of Human Rights provides assistance when a person or other involved person or agency initiates a request. In such situations, the TRBHA and Navajo DBHS will be advised of the Office of Human Rights involvement and the obligation to assess the person's need for special assistance.~~

~~3. Navajo RBHA and Navajo DBHS shall submit the Request for Special Assistance Form (Attachment 1) to the Office of Human Rights within three working days of identifying a person as in need of special assistance. If the special assistance is needed immediately, the request shall be submitted immediately.~~

~~4. The Office of Human Rights will respond to the Navajo RBHA and/or Navajo DBHS within three working days of receipt of a Request for Special Assistance Form and will identify how the request for special assistance will be accommodated. Special assistance may be provided by the Office of Human Rights or through the local Human Rights Committee.~~

~~5. The Request for Special Assistance Form is maintained in the person's comprehensive clinical record. The Office of Human Rights will provide the name of the person, the location of the person and the nature of the special assistance that is needed to the appropriate Human Rights Committee. The Office of Human Rights and members of the Human Rights Committees must obtain written authorization for release of information in order to gain access to person specific clinical information. Navajo RBHA and Navajo DBHS provides access to the person's clinical records to representatives of the Office of Human Rights and Human Rights Committees who have written authorization from the person or the person's legal guardian. A copy of the written authorization shall be provided to the Navajo RBHA and/or the Navajo DBHS for placement in the person's comprehensive clinical record.~~

~~6. The Office of Human Rights will provide the Navajo RBHA with copies of signed confidentiality agreements for all members of the Navajo RBHA regional Human Rights Committees.~~

~~7. The Office of Human Rights, the Human Rights Committees, the Navajo RBHA and the Navajo DBHS shall maintain open communication during the time special assistance is being provided, including the specific types of assistance being provided, planned interventions and outcomes of interventions.~~

~~8. The Office of Human Rights will maintain:~~

~~a. A current list of all persons determined to have a serious mental illness that have been identified as needing special assistance; and~~

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~~b. A separate list of all persons for whom the Office of Human Rights is directly providing special assistance.~~

~~9. The Office of Human Rights will provide the lists to each Navajo RBHA on a quarterly basis and to the Human Rights Committees monthly basis.~~

~~10. If a Navajo RBHA or subcontracted provider fails to submit required information to the Office of Human Rights, the Office of Human Rights will notify the Navajo RBHA Director and the Deputy Director of ADHS/DBHS in writing. ADHS/DBHS will follow up with the Navajo RBHA and may require specific corrective action.~~

~~11. When a qualified clinician, case manager, clinical team or Navajo RBHA determines that a person who has been designated to be in need of special assistance is no longer in need of special assistance, the Navajo RBHA shall notify the person and the Office of Human Rights within 10 days of the determination. The notification shall include the reasons for the determination that the person is no longer in need of special assistance (Attachment 1, Part C). The Office of Human Rights or a Human Rights Committee representative may continue to assist the person with the person's consent.~~

~~**vi. References**~~

~~A.R.S. 36-107, 36-504, 36-509, 36-517.01 9 A.A.C 21 (AZ)~~

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~~**AZ: REQUEST FOR SPECIAL ASSISTANCE**~~

~~A person deemed by a qualified clinician, case manager, clinical team or Navajo RBHA to need special assistance is to be identified regardless of whether or not the program believes it is accommodating the person's need(s). An individual should be determined to need special assistance if, due to any one or more of the following: cognitive ability; intellectual capacity; sensory impairment; language barriers and/or medical condition, he/she is unable to communicate preferences for services and/or participate in service planning and/or the grievance/appeal process.~~

~~**PART A (to be completed by the Navajo RBHA or provider and faxed to Office of Human Rights at (602) 364-4590:**~~

~~The following person may in need special assistance in participating in the Individual Service Planning process or in understanding and participating in the appeal, grievance, or investigating process:~~

~~NAME:~~ _____

~~ADDRESS:~~ _____

~~CITY:~~ _____ ~~STATE:~~ _____ ~~ZIP:~~ _____ ~~PHONE:~~ _____

~~CLINICAL LIAISON/CASE MANAGER:~~ _____

~~PROVIDER/NAVAJO RBHA:~~ _____ ~~PHONE/FAX:~~ _____

~~Please list specifically what services are needed to enable the client to participate in the ISP, appeal, grievance, or investigation processes (e.g., He/she has a developmental disability and has trouble understanding the grievance process):~~

_____

_____

~~What, if any, services are currently being arranged/provided to accommodate the special assistance need.~~

_____

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~~Is the person aware that you have requested special assistance for him/her?~~
~~Yes_____No_____ (Explain)~~
~~_____~~
~~_____~~
~~=~~
~~_____~~
~~=~~

~~**PART B (to be completed by OHR and faxed to originator of request):**~~
~~What assistance will be provided by the Office of Human Rights, or the Human Rights Committee; include the date when assistance will be provided?~~ ~~_____~~
~~_____~~
~~=~~
~~_____~~
~~=~~

~~OHR/HRC Contact Name and Number:~~
~~_____~~

~~**PART C (to be completed by the Navajo RBHA or provider and faxed to OHR at 602-364-4590):**~~

~~As of the following _____ date, the above referenced client is no longer in need of special assistance.~~

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~~VI. Rights of Persons Served~~

~~a. Client Rights~~

~~i. Policy~~

~~The Navajo DBHS employee will inform and implement the rights of the client at the time of screening, admission and throughout the continuum of care.~~

~~ii. Purpose~~

~~To inform the Navajo DBHS employee on the rights of the client~~

~~iii. General Information~~

~~A. All DBHS employees according to treatment locations will adhere to the applicable Tribal, State, and Federal regulations.~~

~~B. A licensed employee shall ensure that:~~

~~a. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receives a written list and verbal explanation of the client rights~~

~~b. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation.~~

~~c. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.~~

~~C. A licensed employee shall ensure that a client is afforded the rights according to their licensing regulations.~~

~~D. A client has the following rights:~~

~~a. To be treated with dignity, respect, and consideration.~~

~~b. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.~~

~~c. To receive treatment that:~~

~~i. Supports and respects the client's individuality, choices, strengths, and abilities~~
~~ii. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in this Chapter; and~~
~~iii. Is provided in the least restrictive environment that meets the client's treatment needs.~~
~~iv. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.~~

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~~v. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation.~~

~~vi. Allow grievances to be handled in a fair, timely, and impartial manner.~~

~~vii. Seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense.~~

~~viii. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.~~

~~ix. Allows a client who may be enrolled by Regional Behavioral Health Authority (RBHA) as an individual who is seriously mentally ill (SMI), to receive assistance from human rights advocates provided by the State of Arizona Department of Health or their designee in understanding, protecting, or exercising the client's rights.~~

~~x. Ensures that the client's information and records are kept confidential and released only as permitted in accordance to regulations;~~

~~xi. Ensures privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:~~

~~xii. For photographing for identification and administrative purposes.~~

~~xiii. For video recordings used for training and supervision purposes that are maintained only on a temporary basis..~~

~~xiv. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist.~~

~~xv. To be informed that Navajo DBHS does not offer a fee for services.~~

~~xvi. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;~~

~~xvii. To be offered or referred for the treatment specified in the client's treatment plan; To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan; To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.~~

~~xviii. To be free from:~~

~~1. Abuse.~~

~~2. Neglect.~~

~~3. Exploitation.~~

~~4. Coercion.~~

~~5. Manipulation.~~

~~6. Retaliation for submitting a complaint.~~

~~7. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.~~

~~8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.~~

~~9. To participate or refuse to participate in religious/pastoral or traditional activities.~~

~~10. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment.~~

~~11. To receive treatment services in a smoke free facility, although smoking may be permitted outside the facility;~~

~~12. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and~~

~~13. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.~~

~~iv. Procedures~~

~~During the admission process, all direct service providers will ensure the client has been informed of client rights in the language of the client's understanding. The direct service staff and client will document this by signing the "Client Rights" form. The original form is maintained in the client's record and a copy will be given to the client.~~

~~v. References~~

- ~~Arizona Department of Behavioral Health Services/Division of Behavioral Health Services — Policies and Procedures~~
- ~~New Mexico Division of Health Policies and Procedures~~
- ~~Utah Department of Health Policies and Procedures~~
- ~~Legislation No. 0470-04 (S2105; S2106; S2107; S2108) Enacting the Health Commitments Act of 2004 — Amending Title 13 of the Navajo Nation Code.~~

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~~Navajo DBHS Outpatient Services~~
~~CLIENT RIGHTS~~

- ~~You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, preferences, and requirements.~~
- ~~You have the right to privacy in your treatment, care, and fulfillment of your personal needs.~~
- ~~You have the right to be fully informed on all services available through DBHS and accompanying charges.~~
- ~~You have the right to be fully informed of your rights as a client, and all rules and regulations governing your conduct as a patient with DBHS.~~
- ~~You have the right to manage your personal financial affairs, and should you desire assistance, staff will refer you to an appropriate agency.~~
- ~~You have the right to know about your physical, emotional, and mental condition, and to participate in development of your treatment.~~
- ~~You have the right to continuity of care. You will not be transferred or discharged except for medical reasons, your personal welfare, welfare of others, or non-participation in your treatment. Should your transfer or discharge become necessary, you will be given reasonable advance notice, except in emergent situations.~~
- ~~You have the right to voice a grievance regarding services or policies of DBHS, without fear of restraint, interference, undue pressure, discrimination, or reprisal.~~
- ~~You have the right to be free of physical, mental and chemical abuse. Physical and chemical restraints may be applied only when ordered by a physician in writing, and for specified, limited time, except when necessary to protect you or others from injury.~~
- ~~You have the right to confidential personal and medical records. Information from these sources will not be released without your prior consent, except in your transfer to another DBHS component, or as required by law.~~
- ~~You have the right to refuse to perform any service for the program or other clients, unless such service is part of your therapeutic treatment plan that you agree to.~~
- ~~You have the rights of any U.S. citizen, and your participation in treatment is voluntary. Clients who are responsible to a parole or probation officer will be subject to the control such an officer may legally exercise.~~
- ~~You have the right to know when tape recorders, one way mirrors, audio visual equipment, and cameras are being used. These items will not be used without your written consent. Your refusal to consent will not affect your treatment in any manner.~~
- ~~This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.~~

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Date Client

Date Parent, or Guardian (if applicable)

Date Counselor/Witness

b. Restriction of Client Rights

i. Policy

Restriction of client rights may be necessary and therapeutic for client self-growth.

ii. Purpose

To establish occasions when client's rights may be restricted.

iii. General Information

1. Client rights may be restricted under emergency circumstances, e.g. confidentiality may be breached when a life is endangered by risk of suicidal or homicidal behavior, suspicion of child abuse or neglect.

1. Client rights may be restricted when a proper court order is presented.

1. Client rights may be restricted when the client is unable to comprehend the purpose for an intervention or treatment service.

2. Client rights may be restricted when client(s) are excluded from the outpatient services (see Exclusion Criteria).

iv. Procedure

- The Clinical Specialist will approve the restriction of any client's rights.
- The client will be informed on any decision regarding restriction of their rights.
- The decision will be documented in the client's progress note.

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c. Client Grievance

I. I. PolicyPOLICY

All Navajo DBHSDBMHS clients, parents/caregivers of minor clients, and other agencies also serving DBHS DBMHS clients (e.g., referral sources) may submit complaints. Complaints will be investigated and a response will be written. Every effort will be made to use the information to improve program performance and prevent future problems.To treat all clients with fairness and professionalism and to strive for excellence in providing services to clients.

II. ii. PurposePURPOSE

To provide a systematic processmeans for clients, their families and other agencies serving DBMHS to bring a grievance or complaint to the attention of DBMHS and to reach a resolution. s regarding their dissatisfaction with services, resolving problems, and to protect client rights in the process.

III. DEFINITIONS

A. **Grievance**
Any expression of dissatisfaction related to the delivery of one's health-care that is not defined as an appeal. A grievance is also called a complaint. An accusation, charge, or allegation, either written or oral.

B. **Appeal**
A formal procedure to review the grievance again and confirm if the final decision was correct.

IV. iii. General InformationRULES

A. The Grievance and Appeal Acknowledgement document will be visibly posted in the front lobby area of the treatment center.
B. All written or verbal grievance(s) shall be submitted in writing for proper documentation.
C. The name of the complainant or any name in the complaint is maintained as confidential and is not to be disclosed without written authorization of the client, individual, parent, or legal guardian.
D. DBMHS does not discriminate in any way against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in the complaint investigation process.
E. DBMHS does not discriminate in any way against any employee who advocates on behalf of the client.
F. DBMHS Grievance & Appeals Acknowledgement Form is reviewed with client, client's parent, guardian, custodian, designated representative, and signed, during the admissions process.

1. The Grievance Procedure document will be posted in the front lobby area of the facility.
2. All complaint(s) shall be submitted in writing for proper documentation and will be reviewed by the Clinical Specialist in consultation with the Program Supervisor.

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~~3. The name of the complainant or any name in the complaint is maintained as confidential and is not to be disclosed without written authorization of the client, individual, parent, or legal guardian.~~

~~4. Navajo DBHS does not discriminate in any way against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in the complaint investigation process.~~

~~5. Navajo DBHS does not discriminate in any way against any employee who advocates on behalf of the client.~~

~~6. Any client, client's parents, legal guardian, custodian, designated representative, who feels he/she has been discriminated may report their grievance to Navajo DBHS Central office to the attention of the Clinical Specialist Coordinator.~~

~~7. Navajo DBHS Client Grievance Acknowledgement is reviewed with client, client's parent, guardian, custodian, designated representative, during the admissions process.~~

~~8. The client, client's parents, guardian, custodian, designated representative, verifies that the Grievance Procedure has been reviewed with him/her by signing and dating the DBHS Client Rights form.~~

V. ~~iv. Procedure~~PROCEDURES

A. All complaints received will be overseen in the following manner:
   1. The client (or other complainant) will make the complaint to the individual person(s) violating their right with the aim of resolution.

B. Grievances or a request for investigation must be submitted to DBMHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This time may be extended for good cause as determined by the DBMHS Behavioral Health Director/Clinical Director before whom the grievance or request for investigation is pending.

C. All written or verbal grievance(s) shall be submitted in writing for proper documentation and will be reviewed and acknowledged within 7 days of the date received. If appropriate, an investigator will be assigned to research the matter.

D. The investigator, e.g., Behavioral Health Director or designee will attempt to resolve all appeals within seven (7) days through an informal process. If the grievance/complaint cannot be resolved, the matter will be forwarded for further investigation.
   1. If unresolved the complaint will be mediated with the primary counselor. If the complaint is with the primary counselor the Clinical Specialist will mediate the complaint.
   2. If the complaint cannot be resolved at the lower level the complaint will be submitted to the Clinical Specialist who will review the complaint within five business days and provide a written response.
   3. If the complaint warrants investigation, it will be investigated within ten (10) business days and a written report will be provided thereafter. The report will include:
      a. A summary of findings.
      b. Steps taken to respond initially to the complaint/grievance findings.

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c. Suggested resolutions and any preliminary actions taken to resolve the issue.

E. In the event that the complaint is not resolved, it will be investigated by the Health Services Administrator within ten (10) business days and a written response will be completed for the final decision.

F. Clients can request assistance in writing the complaint from the Clinical Specialist, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.

G. If the complaint is against a program other than DBMHS, the Clinical Director or Clinical Specialist will forward the complaint to the appropriate program.

H. Client satisfaction surveys will be conducted as part of regular discharge procedures or at other regular intervals.

I. A suggestion box will be maintained for the purpose of obtaining consumer feedback and suggestions to be considered for program improvement purposes.

J. Clients have the right to remain anonymous when providing feedback.

K. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.

L. Clients shall not be terminated from services, or their treatment plans altered without their consent because of any complaint or suggestion they have submitted.

M. If a client is not satisfied with the outcome through the above outlined process, they have the option to pursue further remedies at their own discretion.

N. Clients who receive services funded through the Arizona Health Care Cost Containment System (AHCCCS) may at their discretion register their complaint with any of the following offices:

~~1. All complaints received will be handled in the following manner:~~
~~a. Upon receipt of a complaint, the Clinical Specialist in consultation with the Program Supervisor will review the complaint within 24 hours and formulate a written response.~~
~~b. If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.~~
~~c. If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.~~
~~2. A complaint may be submitted in writing to the Primary Counselor, Program Supervisor, Clinical Specialist, or directly to the Navajo DBHS Central Administration in Window Rock, Arizona, if the grievance remains unresolved.~~
~~3. Clients can request assistance in writing the complaint from staff, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.~~
~~4. If the complaint is against a program other than DBHS, the Program Supervisor or Clinical Specialist will forward the complaint to the appropriate program.~~
~~5. The Clinical Specialist or Program Supervisor will coordinate formal resolution of the complaint or grievance with the client and in coordination with the primary counselor.~~
~~6. If the complaint is clinical in nature, it will go to the Clinical Specialist and if it is programmatic in nature, it will go to the Program Supervisor.~~

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~~7. Client satisfaction surveys will be conducted as part of regular discharge procedures, or at other regular intervals.~~

~~8. A suggestion box will be maintained within each facility for the purpose of obtaining consumer feedback and suggestions, to be considered for program improvement purposes.~~

~~9. Clients have the right to remain anonymous when providing feedback.~~

~~10. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.~~

~~11. Clients shall not be terminated from services, or their treatment plans altered without their consent, as a result of any complaint or suggestion they have submitted.~~

~~12. All clients are informed they can file complaints directly with the Clinical Specialist Coordinator and Department Manager at the Central Office of Navajo Behavioral Health as follows:~~

~~Navajo Nation Behavioral Health Services~~
~~Post Office Box 709 Window Rock, AZ 86515~~
~~Phone: (928) 871-6235~~
~~Fax: (928) 871-2266~~

~~13. If a client is not satisfied with the outcome through the above outlined process, he/she has the option to pursue further remedies at his/her own discretion.~~

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AZ Dept. of Health Services, Division of Behavioral Health Services 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 542-1025	AZ Dept. of Health Services Division of Residential Licensing 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 364-2639	AHCCCS Office of Human Rights 801 E. Jefferson St Phoenix, AZ 85034 Phone: 602-417-4000
NM Behavioral Health Services Division P.O. Box 2348 Santa Fe, New Mexico 87504 Phone: (505) 476-9266	Navajo Division of Behavioral & Mental Health Services Health Services Administrator P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6240	*Navajo Nation Regional Behavioral Health Authority* P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6877 Phone: (928) 871-7619

REFERENCES

NMAC 7.20.11.22
A.R.S. § 36-550.08
CARF 1.K

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Division of Behavioral & Mental Health Services

Grievance & Appeals Acknowledgment Form

As a registered client of DBMHS, you have the right to receive services offered by the Division. However, if you were placed on an unreasonable or indefinite waiting list, denied services without explanation, or feel that your rights have been violated, you have the right to submit a verbal or written complaint or grievance.

SMI Grievance/Request for Investigation

Clients who receive services funded through the Arizona Health Care Cost Containment System (AHCCCS) have the right to follow the SMI grievance and appeal process. The request may be verbal or written and must be initiated no later than one year after the date of the alleged rights violation or condition requiring investigation. Forms for filing are available at AHCCCS, the Arizona State Hospital, the T/RBHAs, case management sites and at all DBMHS sites.
Allegations of rights violations by the Division of Behavioral and Mental Health Services (DBMHS) or SMI grievances/requests for investigation related to physical or sexual abuse or death will be addressed by AHCCCS. All other SMI grievances/requests for investigation must be filed with and addressed by DBMHS. Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter. When a decision is reached, you will receive a written response.

SMI Appeal

Any person, age 18 or older, his or her guardian, or designated representative, may file an appeal related to services applied for, or services the person is receiving. Matters of appeal are generally related to: a denial of services; disagreement with the findings of an evaluation or assessment; any part of the Individual Service Plan; the Individual Treatment and Discharge Plan; recommended services or actual services provided; barriers or unreasonable delay in accessing services under Title XIX; and fee assessments. Appeals must be filed with DBMHS (or AHCCCS for the TRBHAs) and must be initiated no later than 60 days after the decision or action being appealed. Appeal forms are available at AHCCCCS, and at all DBMHS sites. DBMHS (or AHCCCS for TRBHA appeals) will attempt to resolve all appeals within seven (7) days through an informal process. If the problem cannot be resolved, the matter will be forwarded for further appeal. If DBMHS will not accept your appeal or dismisses your appeal without consideration of the merits, you may request an Administrative Review by AHCCCS of that decision.

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For SMI grievances/requests for investigation and appeals, to the greatest extent possible, please include:

1. Name of person filing the SMI grievance/request for investigation or appeal
2. Name of the person receiving services, if different.
3. Mailing address and phone number.
4. Date of issue being appealed or incident requiring investigation.
5. Brief description of issue or incident.
6. Resolution or solution desired.

For either process above, you may represent yourself, designate a representative, or use legal counsel. You may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800- 927-2260 in Phoenix. You may also contact the Office of Human Rights at (602) 364-4585, or 1-800-421-2124 for assistance. If your complaint relates to a licensed behavioral health agency, you may contact the Office of Behavioral Health Licensure, 150 N. 18th Avenue, Phoenix, Arizona 85007, (602) 364-2595.

DBMHS Grievance/Request for Investigation

Clients who receive services through DBMHS may submit a verbal or written complaint/grievance, initiated no later than one year after the date of the alleged rights violation or condition requiring investigation.

We will take the following steps to help resolve your complaint(s) or grievance(s):

- Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter.
- The investigator e.g. Clinical Director and/or Behavioral Health Director will attempt to resolve all appeals within seven (7) days through an informal process. If the grievance/complaint cannot be resolved, the matter will be forwarded for further investigation.
- In the event that the complaint is not resolved, it will be investigated by the Health Services Administrator within ten (10) business days and a written response will be completed for the final decision.

At each level of review, the report will include investigation findings, steps taken to address the complaint/grievance, suggestion solution, and any preliminary actions taken to resolve this issue.

If you are not comfortable presenting your grievance or complaint to your counselor, you may directly mail your grievance or complaints to the address below:

Health Services Administrator
Division of Behavioral & Mental Health Services
P.O. Box 709

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Window Rock, AZ 86515
Telephone: (928) 871-6235

Your grievance issue/action cannot be used to terminate services provided to you by DBMHS.

This certifies that the Grievance & Appeals Acknowledgement form has been read and explained to me in the language that I understand.

Client Signature Date

Parent / Guardian Signature (if applicable) Date

Staff Signature Date

~~Navajo DBHS Outpatient Services~~
~~Grievance Procedures Acknowledgment~~

~~As a registered Navajo DBHS client, if you feel that you have not received proper treatment, have been denied services, or placed on an unreasonable or indefinite waiting list for services, you may submit a verbal or written notification to your Primary Counselor, the Clinical Specialist, or the Program Supervisor at the Outpatient Treatment Center. If you are not comfortable presenting your grievance at the Outpatient Treatment Center, you may go in person or mail your complaint(s) to the Clinical Specialist Coordinator and Department Manager at the DBHS Central Office in Window Rock, Arizona.~~

~~Clinical Specialist/Department Manager~~
~~Department of Behavioral Health Services~~
~~P.O. Box 709~~
~~Window Rock, AZ 86515~~
~~(928) 871-6235 Fax: (928) 871-2266~~

~~The following steps will be taken to help resolve your complaint or grievance:~~

- ~~Upon receipt of a complaint, the Clinical Specialist, in consultation with the Program Supervisor, will review the complaint within 24 hours and formulate a written response.~~
- ~~If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.~~
- ~~If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.~~

~~The report will include Steps taken to respond initially to the complaint/grievance findings, suggested resolutions, and any preliminary actions taken to resolve the issue.~~

~~This certifies that the grievance procedures acknowledgement has been read and explained to me in the language that I understand.~~

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~~Client's Signature~~ ~~Date~~

~~Parent / Guardian Signature~~ ~~Date~~

~~Counselor's Signature~~ ~~Date~~

~~d. Conduct of Investigation Concerning Persons with Serious Mental Illness~~

~~i. Policy~~

~~Investigations are conducted into allegations of physical abuse, sexual abuse, and violations of rights, and conditions that are dangerous, illegal, or inhumane. Investigations shall also be conducted in the event of a client death. Investigations conducted pursuant to this policy are only conducted when the person receiving services is enrolled in services for persons with serious mental illness.~~

~~ii. Purpose~~

~~To establish procedures related to investigations conducted by the Regional Behavioral Health Authority, the Arizona State Hospital, and the ADHS/DBHS.~~

~~iii. Definitions~~

~~**Administrative Appeal:** An appeal to the ADHS/DBHS of a decision made by the Navajo DBHS as the result of a grievance.~~

~~**Appeal:** A request for review of an action, and for a person determined to have a serious mental illness, or review of an adverse decision by Navajo DBHS or ADHS/DBHS.~~

~~**Condition Requiring Investigation:** An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with SMI.~~

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~~**Grievance or Request of Investigation:** A complaint that is filed by a person with SMI or other concerned person regarding a violation of rights of the person with SMI, or a condition requiring investigation.~~

~~**Physical Abuse:** The infliction of physical pain, injury, impairment of body function, or disfigurement of a person receiving services and that is caused by acts or omissions of a Navajo DBHS employee.~~

~~**Preponderance of Evidence:** A standard of proof that it is more likely than not that an alleged event has occurred.~~

~~**Special Assistance:** Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the individual service plan process, the inpatient treatment and discharge plan, the appeal process, or the grievance/request for investigation process.~~

~~**Sexual Abuse:** Sexual misconduct caused by acts or omissions of a Navajo DBHS employee. Sexual abuse includes molestation, sexual assault, incest, or prostitution of, or with, a person receiving services.~~

~~iv. General Information~~

1. ~~Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements in ADHS/DBHS Policy GA 3.5, Notice Requirements.~~
2. ~~Navajo DBHS administration shall respond to grievances and requests for investigations in accordance with the timelines contained in 9 A.A.C. 21, Article 4.~~
3. ~~Computation of Time: In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays and legal holidays must not be included in the computation.~~
4. ~~The RBHA and/or the Navajo DBHS shall establish a unique ADHS/DBHS Docket Number for each Grievance or Request for Investigation filed. The Docket Number shall be established as follows:~~
   a. ~~The letter "B" for those issues investigated by the ADHS/DBMHS.~~
   b. ~~The letter "T" for those issues investigated by TRBHA.~~
   c. ~~The letter "NN" for those issued by the Navajo Nation.~~
   d. ~~The date of receipt of the Grievance or Request for Investigation using the MMDDYY format.~~
   e. ~~The letter code "S" designating that the person is enrolled in services for the Seriously Mentally Ill.~~
   f. ~~A four digit sequential number.~~
5. ~~Agency Responsible for Resolving Grievances and Requests for Investigation.~~
   a. ~~Navajo DBHS administration reviews each incident report submitted as required in ADHS/DBHS Policy QM 2.5, Response of Incidents, Accidents, and Deaths to determine if a grievance issue or condition requiring investigation exists. Incidents in which a person receiving services reports that their rights have been violated or that they have been physically or sexually abused shall be treated as grievances.~~
   b. ~~Grievances involving an alleged rights violation, or a request for investigation involving an allegation that a condition requiring investigation exists, which occurred in a Navajo DBHS~~

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~~site, and which does not involve a client death or an allegation of physical or sexual abuse, shall be filed with and investigated by Navajo DBHS administration.~~

~~c. Grievances or requests for investigation involving physical or sexual abuse or death that occurred in Navajo DBHS or as a result of an action of a person employed by Navajo DBHS shall be addressed to the ADHS/DBHS and investigated by the ADHS/DBHS.~~

~~6. The Navajo DBHS director, before whom a grievance or request for investigation is pending, immediately takes any action reasonable to protect the health, safety and security of any client, complainant, or witness.~~

~~7. Grievance/Request for Investigation Process~~

~~a. Timeliness and Method For Filing Grievances~~

~~i. Grievances or a request for investigation must be submitted to Navajo DBHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This timeframe may be extended for good cause as determined by the Navajo DBHS Director before whom the grievance or request for investigation is pending.~~

~~ii. Navajo DBHS shall, upon request, assist a person receiving services, or their legal guardian, in making an oral or written grievance or request for investigation or direct the person to an available supervisory or managerial staff who shall assist the person to file a grievance or request for investigation.~~

~~iii. All oral grievances and requests for investigation must be accurately reduced to writing by the Navajo DBHS personnel that receives the grievance or request, on the ADHS/DBHS Appeal or SMI Grievance Form (Attachment B).~~

~~iv. The Navajo DBHS submits the complaint form and all subsequent correspondence concerning the case to the ADHS/DBHS Office of Grievance and Appeals, including:~~

~~1. Whether or not the person who is the subject of the grievance or request for investigation is a person who needs special assistance, and~~

~~2. A report of any corrective action taken as a result of the findings of the investigation.~~

~~b. Preliminary Disposition~~

~~i. Summary Disposition — Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may summarily dispose of a grievance or request for investigation when:~~

~~1. The alleged violation occurred more than one year prior to the date of request.~~

~~2. The grievance request is primarily directed to the level or type of mental health treatment provided and can be fairly and efficiently addressed through the service planning or appeal process as described in 9 A.A.C. 21, Articles 3 and 4.~~

~~ii. Disposition without investigation - Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may resolve the matter without conducting an investigation when:~~

~~1. There is no dispute of the facts alleged in the grievance or request for investigation.~~

~~2. The allegation is frivolous, meaning that it:~~

~~a. Involves an issue that is not within the scope of Title 9, Chapter 21;~~

~~b. Could not possibly have occurred as alleged.~~

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~~c. Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated.; or~~

~~d. Within 7 days of receipt of the grievance or request for investigation, the person filing the grievance or requesting the investigation agrees that the matter can be resolved fairly and efficiently without formal investigation.~~

~~iii. Preliminary Disposition Response — Within seven days of a grievance or request for investigation, the Navajo DBHS Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and information to request assistance. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the ADHS/DBHS Office of Human Rights for persons who need special assistance.~~

~~c. Conducting Investigations of Grievances — Navajo DBHS shall conduct the investigation pursuant to A.A.C. R9-21-406.~~

~~i. If an extension of a time frame contained in A.A.C. R9-21-406 is needed, it may be requested pursuant to A.A.C. R9-21-410. B. Specifically:~~

~~1. A request for an extension made by a Navajo DBHS appointed investigator~~

~~2. A request for an extension made by an ADHS/DBHS appointed investigator shall be addressed to the ADHS Director or designee.~~

~~ii. For grievance investigations into allegation of rights violations, or physical or sexual abuse, the investigator shall:~~

~~1. Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation, or physical or sexual abuse.~~

~~2. If the person who is the subject of the investigation needs special assistance, the investigator shall contact the person's advocate, or if no advocate is assigned, the ADHS/DBHS Office of Human Rights, and request that an advocate be present to assist the person during the interview and any other part of the investigation process.~~

~~3. Request assistance from the ADHS/DBHS Office of Human Rights if the person identified as the subject needs assistance to participate in the interview and any other part of the investigation process.~~

~~4. Prepare a written report that contains at a minimum:~~

~~a. A summary for each individual interviewed of information provided by the individual during the interview conducted.~~

~~b. summary of relevant information found in documents reviewed.~~

~~c. A summary of any other activities conducted as a part of the investigation.~~

~~d. A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation.~~

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~~e. A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and~~

~~f. Recommended actions or a recommendation for required corrective action, if indicated.~~

~~iii. Within five days of receipt of the investigator's report, the Navajo DBHS Director shall review the investigation case record and the report, and issue a written, dated decision which shall either:~~

~~1. Accept the report and state a summary of findings and conclusions and any action or corrective action required of the Navajo DBHS Director and send copies of the decision, subject to confidentiality requirements in ADHS/DBHS Policy CO 1.4, Confidentiality to the investigator, Navajo DBHS Director, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), and the ADHS/DBHS Office of Human Rights for persons deemed in need of special assistance. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the grievant by certified mail or be hand delivered.~~

~~2. Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to the Navajo DBHS Director within 10 days.~~

~~iv. The Navajo DBHS Director may identify actions to be taken, as indicated in (c)(I) above, which may include:~~

~~1. Identifying training or supervision for or disciplinary action against an individual found to be responsible for a rights violation or condition requiring investigation identified during the course of investigation of a grievance or request for investigation.~~

~~2. Developing or modifying a mental health agency's practice or protocols.~~

~~3. Notifying the regulatory entity that licensed or certified an individual according to A.R.S. Title 32, Chapter 33 of the findings from the investigation; or~~

~~4. Imposing sanctions, which may include monetary penalties, according to the terms of a contract, if applicable.~~

~~v. In the event an administrative appeal is filed, the Navajo DBHS, shall forward the full investigation case record, which includes all elements in A.A.C. R9 21 409 (D)(1), to the ADHS/DBHS Deputy Director through the ADHS/DBHS Office of Grievance and Appeals. The Navajo DBHS shall prepare and send with the investigation case record, a memo in which states:~~

~~1. Any objections the Navajo DBHS has to the timeliness of the administrative appeal,~~

~~2. The Navajo DBHS response to any information provided in the administrative appeal that was not addressed in the investigation report, and~~

~~3. The Navajo DBHS understanding of the basis for the administrative appeal.~~

~~vi. Within 15 days of the filing of the administrative appeal, the ADHS/DBHS Deputy Director, or designee, will review the appeal and the investigation case record and may~~

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~~discuss the matter with any of the persons involved or convene an informal conference, and prepare a written, dated decision which shall either:~~

~~1. Accept the investigator's report with respect to the facts as found, and affirm, modify, or reject the decision of the appropriate individual (i.e., agency director) with a statement of reasons; or~~

~~2. Reject the investigator's report for insufficiency of facts and return the matter with instructions to the Navajo DBHS for further investigation and decision. In such a case, the Navajo DBHS shall conduct further investigation and complete a revised report and decision to the ADHS/DBHS Deputy Director within ten days. The ADHS/DBHS Deputy Director, or designee, shall render a final decision within 15 days of the appropriate individual (i.e., agency director) revised decision and send copies to the appellant along with a notice of the right to request an administrative hearing within 30 days from the date of the decision; the Navajo DBHS Director; and the Office of Human Rights and the applicable human rights committee for persons who are in need of special assistance.~~

~~vii. Any grievant or person who is the subject of the grievance who is dissatisfied with the decision of the ADHS/DBHS Deputy Director may request an administrative hearing before an administrative law judge within 30 days of the date of the decision.~~

~~viii. Upon receipt of a request for a hearing, the hearing shall be scheduled and conducted according to the requirements in ARS 541-1092 et seq. and A.A.C. R9-1-107.~~

~~ix. After the expiration of the time frames for administrative appeal and administrative hearing as described above, or after the exhaustion of all appeals regarding outcome of the investigation, the Navajo DBHS Director, or the Deputy Director of the ADHS/DBHS, shall take any corrective action required and add to the record a written, dated report of the action taken. A copy of the report shall be sent to the ADHS/DBHS Office of Human Rights for persons in need of special assistance for distribution to the appropriate human rights committee.~~

~~1. Conducting Investigations of Conditions Requiring Investigation – The investigation shall be conducted in the same manner described above in section d.7 (Grievance/Request for Investigation Process) of this policy.~~

~~2. Investigations into the deaths of persons receiving services shall be conducted as described in ADHS/DBHS Policy GA-3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness.~~

~~3. Grievance Investigation Records and Tracking System – ADHS/DBHS and the Navajo DBHS will maintain records in the following manner:~~

~~x. All documentation received and mailed related to the grievance and investigation process will be date stamped on the day received.~~

~~xi. Navajo RBHA and the Navajo DBHS will maintain a grievance investigation case record for each case. The record shall include:~~

~~1. The docket number assigned according to section d.4 of this policy.~~

~~2. The original grievance/investigation request letter and the ADHS/DBHS Appeal or SMI Grievance Form.~~

~~3. Copies of all information generated or obtained during the investigation.~~

~~4. The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions and recommendations.~~

~~5. A copy of the acknowledgment letter, final decision letter and any information/ documentation generated by an appeal of the grievance decision.~~

~~xii. ADHS/DBHS and the Navajo DBHS will maintain all grievance and investigation files in a secure designated area and retain for at least five years.~~

~~xiii. The Public Log — The ADHS/DBHS, Office of Grievance and Appeals (OGA), the Navajo RBHA and the Navajo DBHS shall maintain a public log of all grievances or requests for investigation in the ADHS/DBHS OGA Database. Entry must be made within three (3) working days of each reportable event. The Public Log will contain the following information:~~

~~1. A docket numbers.~~
~~2. A description of the grievance or request for investigation issued.~~
~~3. The date of the filing of the grievance.~~
~~4. The date of the initial decision or appointment of the investigator.~~
~~5. The date of the filing of the investigator's final report.~~
~~6. The dates of all subsequent decisions, appeals or other relevant events.~~
~~7. A description of the final decision and any actions taken by the Navajo DBHS~~

~~d. Other Matters Related to the Grievance Process:~~

~~i. Pursuant to the applicable statutes and ADHS/DBHS Policy CO 1.4, Confidentiality, the Navajo DBHS shall maintain confidentiality and privacy of grievance matters and records at all times.~~

~~ii. Notice shall be given to a public official, law enforcement officer, or other person, as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.~~

~~iii. The Navajo DBHS shall notify the Deputy Director of ADHS/DBHS when:~~

~~1. A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee.~~
~~2. An employee or contracted staff files a complaint with law enforcement alleging criminal conduct against a person receiving services;~~
~~3. An employee, contracted staff, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.~~

~~v. References~~

~~Policy and Procedures adapted from:~~

- ~~Arizona Department of Health Services~~
- ~~Division of Behavioral Health Services~~
- ~~Policy and Procedures Manual~~
- ~~A.R.S. S 41-1092 et seq.~~
- ~~A.R.S. Title 32, Chapter 33~~
- ~~9 A.A.C. 21, Articles 3 and 4~~
- ~~A.A.C. R9-1-107~~
- ~~ADHS/DBHS Policy GA 3.3 Appeals Process for Persons Receiving Services~~
- ~~ADHS/DBHS Policy GA 3.5, Notice Requirements~~
- ~~ADHS/DBHS Policy GA 3.7, *Reporting and Investigations of Deaths of Persons with Serious Mental Illness*~~
- ~~ADHS/DBHS Policy CO 1.4, Confidentiality~~
- ~~ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths~~

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~~e. AZ: Seriously Mentally Ill Adults in Need of Special Assistance~~

~~i. Policy~~

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~~A person determined to have a serious mental illness and deemed to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's needs. Having a guardian or designated representative does not preclude the need for special assistance. The need for special assistance may be deemed by any of the following:~~

~~1. A qualified clinician,~~
~~2. A case manager,~~
~~3. A clinical team of a Navajo RBHA,~~
~~4. Navajo RBHA,~~
~~5. DBHS Program Supervisor, Clinical Specialist, other Navajo DBHS clinical employees,~~
~~6. The Deputy Director of the Arizona Department of Health Services, or~~
~~7. A hearing officer.~~

~~ii. Purpose~~

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~~To establish uniform guidelines for:~~
~~Identification of adults determined to have a serious mental illness that need special assistance;~~
~~Monitoring to assure that Special Assistance is provided; and Maintenance of required reports.~~

~~iii. Definitions~~

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~~**ADHS Office of Human Rights:** The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.~~

~~**Human Rights Committees:** Human Rights Committees are established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.~~

~~**Special Assistance:** Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP), the appeal process, or the grievance, or request for investigation process.~~

~~*iv. General Information*~~

~~1. A person is determined to need special assistance if the person is unable to communicate preferences for services and/or participate in service planning and/or the grievance, appeal and/or investigation process due to any one or more of the following:~~
~~a. Cognitive ability.~~
~~b. Intellectual capacity.~~
~~c. Sensory impairment.~~

~~d. Language barriers (which does not include speaking a foreign language), including but not limited to deaf, hard of hearing, mute or developmental delay in language development; and/or~~

~~e. Medical condition.~~

~~2. Navajo RBHA must ensure:~~

~~a. Identification of persons in need of special assistance.~~

~~b. Notification to the Office of Human Rights and the appropriate Human Rights Committee of each person identified to be in need of special assistance including the specific need(s) via a monthly report;~~

~~c. Provision of training to applicable Navajo RBHA and provider staff of requirements related to special assistance; and~~

~~d. Monitoring of the provision of special assistance to those persons identified to be in need.~~

~~3. The Office of Human Rights maintains a tracking of all people identified as needing special assistance and will assure provision of special assistance as needed.~~

~~4. Human Rights Committees must make regular visits to the residential environments of people in need of special assistance to ensure that the person's needs are being met and to determine the person's satisfaction with the care.~~

~~v.~~ Procedures

~~1. Navajo RBHA and Navajo DBHS are required to periodically assess whether a person determined to have a serious mental illness is in need of special assistance. Minimally, the need for special assistance should be considered in the following situations:~~

~~a. Discharge planning.~~

~~b. Service planning; and~~

~~c. Appeal, grievance, or investigation process.~~

~~2. The Office of Human Rights provides assistance when a person or other involved person or agency initiates a request. In such situations, the TRBHA and Navajo DBHS will be advised of the Office of Human Rights involvement and the obligation to assess the person's need for special assistance.~~

~~3. Navajo RBHA and Navajo DBHS shall submit the Request for Special Assistance Form (Attachment 1) to the Office of Human Rights within three working days of identifying a person as in need of special assistance. If the special assistance is needed immediately, the request shall be submitted immediately.~~

~~4. The Office of Human Rights will respond to the Navajo RBHA and/or Navajo DBHS within three working days of receipt of a Request for Special Assistance Form and will identify how the request for special assistance will be accommodated. Special assistance may be provided by the Office of Human Rights or through the local Human Rights Committee.~~

~~5. The Request for Special Assistance Form is maintained in the person's comprehensive clinical record. The Office of Human Rights will provide the name of the person, the location of the person and the nature of the special assistance that is needed to the appropriate Human Rights Committee. The Office of Human Rights and members of the Human Rights Committees must obtain written authorization for release of information in order to gain access to person specific clinical information. Navajo RBHA and Navajo DBHS provides access to the person's clinical records to representatives of the Office of Human Rights and Human Rights Committees who have written authorization from the person or the person's legal guardian. A copy of the written~~

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~~authorization shall be provided to the Navajo RBHA and/or the Navajo DBHS for placement in the person's comprehensive clinical record.~~

~~6. The Office of Human Rights will provide the Navajo RBHA with copies of signed confidentiality agreements for all members of the Navajo RBHA regional Human Rights Committees.~~

~~7. The Office of Human Rights, the Human Rights Committees, the Navajo RBHA and the Navajo DBHS shall maintain open communication during the time special assistance is being provided, including the specific types of assistance being provided, planned interventions and outcomes of interventions.~~

~~8. The Office of Human Rights will maintain:~~

~~a. A current list of all persons determined to have a serious mental illness that have been identified as needing special assistance; and~~

~~b. A separate list of all persons for whom the Office of Human Rights is directly providing special assistance.~~

~~9. The Office of Human Rights will provide the lists to each Navajo RBHA on a quarterly basis and to the Human Rights Committees monthly basis.~~

~~10. If a Navajo RBHA or subcontracted provider fails to submit required information to the Office of Human Rights, the Office of Human Rights will notify the Navajo RBHA Director and the Deputy Director of ADHS/DBHS in writing. ADHS/DBHS will follow up with the Navajo RBHA and may require specific corrective action.~~

~~11. When a qualified clinician, case manager, clinical team or Navajo RBHA determines that a person who has been designated to be in need of special assistance is no longer in need of special assistance, the Navajo RBHA shall notify the person and the Office of Human Rights within 10 days of the determination. The notification shall include the reasons for the determination that the person is no longer in need of special assistance (Attachment 1, Part C). The Office of Human Rights or a Human Rights Committee representative may continue to assist the person with the person's consent.~~

~~vi.~~ ~~References

~~A.R.S. 36-107, 36-504, 36-509, 36-517.01 9 A.A.C 21 (AZ)~~

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~~AZ: REQUEST FOR SPECIAL ASSISTANCE~~

~~A person deemed by a qualified clinician, case manager, clinical team or Navajo RBHA to need special assistance is to be identified regardless of whether or not the program believes it is accommodating the person's need(s). An individual should be determined to need special assistance if, due to any one or more of the following: cognitive ability; intellectual capacity; sensory impairment; language barriers and/or medical condition, he/she is unable to communicate preferences for services and/or participate in service planning and/or the grievance/appeal process.~~

~~**PART A (to be completed by the Navajo RBHA or provider and faxed to Office of Human Rights at (602) 364-4590:**~~
~~The following person may in need special assistance in participating in the Individual Service Planning process or in understanding and participating in the appeal, grievance, or investigating process:~~

~~NAME:~~ _____

~~ADDRESS:~~ _____

~~CITY:~~ _____ ~~STATE:~~ _____ ~~ZIP:~~ _____ ~~PHONE:~~ _____

~~CLINICAL LIAISON/CASE MANAGER:~~ _____

~~PROVIDER/NAVAJO RBHA:~~ _____ ~~PHONE/FAX:~~ _____

~~Please list specifically what services are needed to enable the client to participate in the ISP, appeal, grievance, or investigation processes (e.g., He/she has a developmental disability and has trouble understanding the grievance process):~~

_____
_____
_____

~~What, if any, services are currently being arranged/provided to accommodate the special assistance need.~~

_____
_____
_____
_____

~~Is the person aware that you have requested special assistance for him/her?~~
~~Yes~~ _____ ~~No~~ _____ ~~(Explain)~~ _____
_____
_____
_____

~~**PART B (to be completed by OHR and faxed to originator of request):**~~
~~What assistance will be provided by the Office of Human Rights, or the Human Rights Committee; include the date when assistance will be provided?~~ _____
_____
_____
_____

~~OHR/HRC Contact Name and Number:~~ _____

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~~**PART C** (to be completed by the Navajo RBHA or provider and faxed to OHR at 602-364-4590):~~

~~As of the following _____ date, the above referenced client is no longer in need of special assistance.~~

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VI. Rights of Persons Served

a. Client Rights

i. Policy

The Navajo DBHS employee will inform and implement the rights of the client at the time of screening, admission and throughout the continuum of care.

ii. Purpose

To inform the Navajo DBHS employee on the rights of the client

iii. General Information

A. All DBHS employees according to treatment locations will adhere to the applicable Tribal, State, and Federal regulations.

B. A licensed employee shall ensure that:

a. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receives a written list and verbal explanation of the client rights

b. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation.

c. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.

C. A licensed employee shall ensure that a client is afforded the rights according to their licensing regulations.

D. A client has the following rights:

a. To be treated with dignity, respect, and consideration.

b. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.

c. To receive treatment that:

i. Supports and respects the client's individuality, choices, strengths, and abilities
ii. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, by the client's general consent, or as permitted in this Chapter, and
iii. Is provided in the least restrictive environment that meets the client's treatment needs.
iv. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.

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v. ~~Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation.~~
vi. ~~Allow grievances to be handled in a fair, timely, and impartial manner.~~
vii. ~~Seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense.~~
viii. ~~Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.~~
ix. ~~Allows a client who may be enrolled by Regional Behavioral Health Authority (RBHA) as an individual who is seriously mentally ill (SMI), to receive assistance from human rights advocates provided by the State of Arizona Department of Health or their designee in understanding, protecting, or exercising the client's rights.~~
x. ~~Ensures that the client's information and records are kept confidential and released only as permitted in accordance to regulations;~~
xi. ~~Ensures privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:~~
xii. ~~For photographing for identification and administrative purposes.~~
xiii. ~~For video recordings used for training and supervision purposes that are maintained only on a temporary basis.~~
xiv. ~~To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist.~~
xv. ~~To be informed that Navajo DBHS does not offer a fee for services.~~
xvi. ~~To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;~~
xvii. ~~To be offered or referred for the treatment specified in the client's treatment plan; To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan; To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.~~
xviii. ~~To be free from:~~

1. ~~Abuse.~~
2. ~~Neglect.~~
3. ~~Exploitation.~~
4. ~~Coercion.~~
5. ~~Manipulation.~~
6. ~~Retaliation for submitting a complaint.~~
7. ~~Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.~~

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8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.

9. To participate or refuse to participate in religious/pastoral or traditional activities.

10. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment.

11. To receive treatment services in a smoke-free facility, although smoking may be permitted outside the facility;

12. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and

13. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.

iv. Procedures

During the admission process, all direct service providers will ensure the client has been informed of client rights in the language of the client's understanding. The direct service staff and client will document this by signing the "Client Rights" form. The original form is maintained in the client's record and a copy will be given to the client.

v. References

- Arizona Department of Behavioral Health Services/Division of Behavioral Health Services Policies and Procedures
- New Mexico Division of Health Policies and Procedures
- Utah Department of Health Policies and Procedures
- Legislation No. 0470-04 (S2105; S2106; S2107; S2108) Enacting the Health Commitments Act of 2004 — Amending Title 13 of the Navajo Nation Code.

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~~Navajo DBHS Outpatient Services~~

~~CLIENT RIGHTS~~

- ~~You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, preferences, and requirements.~~
- ~~You have the right to privacy in your treatment, care, and fulfillment of your personal needs.~~
- ~~You have the right to be fully informed on all services available through DBHS and accompanying charges.~~
- ~~You have the right to be fully informed of your rights as a client, and all rules and regulations governing your conduct as a patient with DBHS.~~
- ~~You have the right to manage your personal financial affairs, and should you desire assistance, staff will refer you to an appropriate agency.~~
- ~~You have the right to know about your physical, emotional, and mental condition, and to participate in development of your treatment.~~
- ~~You have the right to continuity of care. You will not be transferred or discharged except for medical reasons, your personal welfare, welfare of others, or non-participation in your treatment. Should your transfer or discharge become necessary, you will be given reasonable advance notice, except in emergent situations.~~
- ~~You have the right to voice a grievance regarding services or policies of DBHS, without fear of restraint, interference, undue pressure, discrimination, or reprisal.~~
- ~~You have the right to be free of physical, mental and chemical abuse. Physical and chemical restraints may be applied only when ordered by a physician in writing, and for specified, limited time, except when necessary to protect you or others from injury.~~
- ~~You have the right to confidential personal and medical records. Information from these sources will not be released without your prior consent, except in your transfer to another DBHS component, or as required by law.~~
- ~~You have the right to refuse to perform any service for the program or other clients, unless such service is part of your therapeutic treatment plan that you agree to.~~
- ~~You have the rights of any U.S. citizen, and your participation in treatment is voluntary. Clients who are responsible to a parole or probation officer will be subject to the control such an officer may legally exercise.~~
- ~~You have the right to know when tape recorders, one way mirrors, audio visual equipment, and cameras are being used. These items will not be used without your written consent. Your refusal to consent will not affect your treatment in any manner.~~
- ~~This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.~~

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Date Client

Date Parent, or Guardian (if applicable)

Date Counselor/Witness

b. Restriction of Client Rights

i. Policy

Restriction of client rights may be necessary and therapeutic for client self-growth.

ii. Purpose

To establish occasions when client's rights may be restricted.

iii. General Information

1. Client rights may be restricted under emergency circumstances, e.g. confidentiality may be breached when a life is endangered by risk of suicidal or homicidal behavior, suspicion of child abuse or neglect.

1. Client rights may be restricted when a proper court order is presented.
2. Client rights may be restricted when the client is unable to comprehend the purpose for an intervention or treatment service.
3. Client rights may be restricted when client(s) are excluded from the outpatient services (see Exclusion Criteria).

iv. Procedure

- The Clinical Specialist will approve the restriction of any client's rights.
- The client will be informed on any decision regarding restriction of their rights.
- The decision will be documented in the client's progress note.

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c. Client Grievance

i. Policy

All Navajo DBHS clients, parents/caregivers of minor clients, and other agencies also serving DBHS clients (e.g., referral sources) may submit complaints. Complaints will be investigated and a response will be written. Every effort will be made to use the information to improve program performance and prevent future problems.

ii. Purpose

To provide a systematic process for client grievances regarding their dissatisfaction with services, resolving problems, and to protect client rights in the process.

iii. General Information

1. The Grievance Procedure document will be posted in the front lobby area of the facility.

All complaint(s) shall be submitted in writing for proper documentation and will be reviewed by the Clinical Specialist in consultation with the Program Supervisor.

2. The name of the complainant or any name in the complaint is maintained as confidential and is not to be disclosed without written authorization of the client, individual, parent, or legal guardian.

2. Navajo DBHS does not discriminate in any way against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in the complaint investigation process.

2. Navajo DBHS does not discriminate in any way against any employee who advocates on behalf of the client.

3. Any client, client's parents, legal guardian, custodian, designated representative, who feels he/she has been discriminated may report their grievance to Navajo DBHS Central office to the attention of the Clinical Specialist Coordinator.

3. Navajo DBHS Client Grievance Acknowledgement is reviewed with client, client's parent, guardian, custodian, designated representative, during the admissions process.

3. The client, client's parents, guardian, custodian, designated representative, verifies that the Grievance Procedure has been reviewed with him/her by signing and dating the DBHS Client Rights form.

iv. Procedure

1. All complaints received will be handled in the following manner:

. Upon receipt of a complaint, the Clinical Specialist in consultation with the Program Supervisor will review the complaint within 24 hours and formulate a written response.

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~~. If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.~~

~~. If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.~~

~~1. A complaint may be submitted in writing to the Primary Counselor, Program Supervisor, Clinical Specialist, or directly to the Navajo DBHS Central Administration in Window Rock, Arizona, if the grievance remains unresolved.~~

~~1. Clients can request assistance in writing the complaint from staff, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.~~

~~1. If the complaint is against a program other than DBHS, the Program Supervisor or Clinical Specialist will forward the complaint to the appropriate program.~~

~~1. The Clinical Specialist or Program Supervisor will coordinate formal resolution of the complaint or grievance with the client and in coordination with the primary counselor.~~

~~1. If the complaint is clinical in nature, it will go to the Clinical Specialist and if it is programmatic in nature, it will go to the Program Supervisor.~~

~~1. Client satisfaction surveys will be conducted as part of regular discharge procedures, or at other regular intervals.~~

~~1. A suggestion box will be maintained within each facility for the purpose of obtaining consumer feedback and suggestions, to be considered for program improvement purposes.~~

~~1. Clients have the right to remain anonymous when providing feedback.~~

~~1. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.~~

~~1. Clients shall not be terminated from services, or their treatment plans altered without their consent, as a result of any complaint or suggestion they have submitted.~~

~~1. All clients are informed they can file complaints directly with the Clinical Specialist Coordinator and Department Manager at the Central Office of Navajo Behavioral Health as follows:~~

~~Navajo Nation Behavioral Health Services~~

~~Post Office Box 709 Window Rock, AZ 86515~~

~~Phone: (928) 871-6235~~

~~Fax: (928) 871-2266~~

~~13. If a client is not satisfied with the outcome through the above outlined process, he/she has the option to pursue further remedies at his/her own discretion.~~

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~~Navajo DBHS Outpatient Services~~

~~Grievance Procedures Acknowledgment~~

~~As a registered Navajo DBHS client, if you feel that you have not received proper treatment, have been denied services, or placed on an unreasonable or indefinite waiting list for services, you may submit a verbal or written notification to your Primary Counselor, the Clinical Specialist, or the Program Supervisor at the Outpatient Treatment Center. If you are not comfortable presenting your grievance at the Outpatient Treatment Center, you may go in person or mail your complaint(s) to the Clinical Specialist Coordinator and Department Manager at the DBHS Central Office in Window Rock, Arizona.~~

~~Clinical Specialist/Department Manager~~

~~Department of Behavioral Health Services~~

~~P.O. Box 709~~

~~Window Rock, AZ 86515~~

~~(928) 871-6235 Fax: (928) 871-2266~~

~~The following steps will be taken to help resolve your complaint or grievance:~~

- ~~Upon receipt of a complaint, the Clinical Specialist, in consultation with the Program Supervisor, will review the complaint within 24 hours and formulate a written response.~~
- ~~If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.~~
- ~~If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.~~

~~The report will include Steps taken to respond initially to the complaint/grievance findings, suggested resolutions, and any preliminary actions taken to resolve the issue.~~

~~This certifies that the grievance procedures acknowledgement has been read and explained to me in the language that I understand.~~

_____ _____

~~Client's Signature~~ ~~Date~~

_____ _____

~~Parent / Guardian Signature~~ ~~Date~~

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Counselor's Signature Date

d. Conduct of Investigation Concerning Persons with Serious Mental Illness

i. Policy

Investigations are conducted into allegations of physical abuse, sexual abuse, and violations of rights, and conditions that are dangerous, illegal, or inhumane. Investigations shall also be conducted in the event of a client death. Investigations conducted pursuant to this policy are only conducted when the person receiving services is enrolled in services for persons with serious mental illness.

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ii. Purpose

To establish procedures related to investigations conducted by the Regional Behavioral Health Authority, the Arizona State Hospital, and the ADHS/DBHS.

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iii. Definitions

Administrative Appeal: An appeal to the ADHS/DBHS of a decision made by the Navajo DBHS as the result of a grievance.

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Appeal: A request for review of an action, and for a person determined to have a serious mental illness, or review of an adverse decision by Navajo DBHS or ADHS/DBHS.

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~~Condition Requiring Investigation:~~ ~~An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with SMI.~~

~~Grievance or Request of Investigation:~~ ~~A complaint that is filed by a person with SMI or other concerned person regarding a violation of rights of the person with SMI, or a condition requiring investigation.~~

~~Physical Abuse:~~ ~~The infliction of physical pain, injury, impairment of body function, or disfigurement of a person receiving services and that is caused by acts or omissions of a Navajo DBHS employee.~~

~~Preponderance of Evidence:~~ ~~A standard of proof that it is more likely than not that an alleged event has occurred.~~

~~Special Assistance:~~ ~~Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the individual service plan process, the inpatient treatment and discharge plan, the appeal process, or the grievance/request for investigation process.~~

~~Sexual Abuse:~~ ~~Sexual misconduct caused by acts or omissions of a Navajo DBHS employee. Sexual abuse includes molestation, sexual assault, incest, or prostitution of, or with, a person receiving services.~~

~~iv. General Information~~

~~1. Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements in ADHS/DBHS Policy GA 3.5, Notice Requirements.~~

~~1. Navajo DBHS administration shall respond to grievances and requests for investigations in accordance with the timelines contained in 9 A.A.C. 21, Article 4.~~

~~1. Computation of Time: In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the~~

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period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays and legal holidays must not be included in the computation.

1. The RBHA and/or the Navajo DBHS shall establish a unique ADHS/DBHS Docket Number for each Grievance or Request for Investigation filed. The Docket Number shall be established as follows:

. The letter "B" for those issues investigated by the ADHS/DBMHS.

. The letter "T" for those issues investigated by TRBHA.

. The letter "NN" for those issued by the Navajo Nation.

. The date of receipt of the Grievance or Request for Investigation using the MMDDYY format.

. The letter code "S" designating that the person is enrolled in services for the Seriously Mentally Ill.

. A four-digit sequential number.

1. Agency Responsible for Resolving Grievances and Requests for Investigation.

. Navajo DBHS administration reviews each incident report submitted as required in ADHS/DBHS Policy QM 2.5, Response of Incidents, Accidents, and Deaths to determine if a grievance issue or condition requiring investigation exists. Incidents in which a person receiving services reports that their rights have been violated or that they have been physically or sexually abused shall be treated as grievances.

. Grievances involving an alleged rights violation, or a request for investigation involving an allegation that a condition requiring investigation exists, which occurred in a Navajo DBHS site, and which does not involve a client death or an allegation of physical or sexual abuse, shall be filed with and investigated by Navajo DBHS administration.

. Grievances or requests for investigation involving physical or sexual abuse or death that occurred in Navajo DBHS or as a result of an action of a person employed by Navajo DBHS shall be addressed to the ADHS/DBHS and investigated by the ADHS/DBHS.

1. The Navajo DBHS director, before whom a grievance or request for investigation is pending, immediately takes any action reasonable to protect the health, safety and security of any client, complainant, or witness.

1. Grievance/Request for Investigation Process

. Timeliness and Method For Filing Grievances

i. Grievances or a request for investigation must be submitted to Navajo DBHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This timeframe may be extended for good cause as determined by the Navajo DBHS Director before whom the grievance or request for investigation is pending.

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i. Navajo DBHS shall, upon request, assist a person receiving services, or their legal guardian, in making an oral or written grievance or request for investigation or direct the person to an available supervisory or managerial staff who shall assist the person to file a grievance or request for investigation.

i. All oral grievances and requests for investigation must be accurately reduced to writing by the Navajo DBHS personnel that receives the grievance or request, on the ADHS/DBHS Appeal or SMI Grievance Form (Attachment B).

i. The Navajo DBHS submits the complaint form and all subsequent correspondence concerning the case to the ADHS/DBHS Office of Grievance and Appeals, including:

0. Whether or not the person who is the subject of the grievance or request for investigation is a person who needs special assistance, and

0. A report of any corrective action taken as a result of the findings of the investigation.

. Preliminary Disposition

. Summary Disposition — Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may summarily dispose of a grievance or request for investigation when:

0. The alleged violation occurred more than one year prior to the date of request.

0. The grievance request is primarily directed to the level or type of mental health treatment provided and can be fairly and efficiently addressed through the service planning or appeal process as described in 9 A.A.C. 21, Articles 3 and 4.

. Disposition without investigation – Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may resolve the matter without conducting an investigation when:

0. There is no dispute of the facts alleged in the grievance or request for investigation.

0. The allegation is frivolous, meaning that it:

. Involves an issue that is not within the scope of Title 9, Chapter 21;

. Could not possibly have occurred as alleged.

. Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated.; or

. Within 7 days of receipt of the grievance or request for investigation, the person filing the grievance or requesting the investigation agrees that the matter can be resolved fairly and efficiently without formal investigation.

. Preliminary Disposition Response — Within seven days of a grievance or request for investigation, the Navajo DBHS Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved

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~~without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and information to request assistance. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the ADHS/DBHS Office of Human Rights for persons who need special assistance.~~

~~a. Conducting Investigations of Grievances — Navajo DBHS shall conduct the investigation pursuant to A.A.C. R9-21-406.~~

~~If an extension of a time frame contained in A.A.C. R9-21-406 is needed, it may be requested pursuant to A.A.C. R9-21-410. B. Specifically:~~

~~0. A request for an extension made by a Navajo DBHS appointed investigator~~

~~0. A request for an extension made by an ADHS/DBHS appointed investigator shall be addressed to the ADHS Director or designee.~~

~~i. For grievance investigations into allegation of rights violations, or physical or sexual abuse, the investigator shall:~~

~~0. Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation, or physical or sexual abuse.~~

~~1. If the person who is the subject of the investigation needs special assistance, the investigator shall contact the person's advocate, or if no advocate is assigned, the ADHS/DBHS Office of Human Rights, and request that an advocate be present to assist the person during the interview and any other part of the investigation process.~~

~~1. Request assistance from the ADHS/DBHS Office of Human Rights if the person identified as the subject needs assistance to participate in the interview and any other part of the investigation process.~~

~~1. Prepare a written report that contains at a minimum:~~

~~a. A summary for each individual interviewed of information provided by the individual during the interview conducted.~~

~~a. summary of relevant information found in documents reviewed.~~

~~a. A summary of any other activities conducted as a part of the investigation.~~

~~a. A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation.~~

~~a. A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and~~

~~a. Recommended actions or a recommendation for required corrective action, if indicated.~~

~~ii. Within five days of receipt of the investigator's report, the Navajo DBHS Director shall review the investigation case record and the report, and issue a written, dated decision which shall either:~~

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~~0. Accept the report and state a summary of findings and conclusions and any action or corrective action required of the Navajo DBHS Director and send copies of the decision, subject to confidentiality requirements in ADHS/DBHS Policy CO 1.4, Confidentiality to the investigator, Navajo DBHS Director, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), and the ADHS/DBHS Office of Human Rights for persons deemed in need of special assistance. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the grievant by certified mail or be hand delivered.~~

~~0. Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to the Navajo DBHS Director within 10 days.~~

~~ii. The Navajo DBHS Director may identify actions to be taken, as indicated in (c)(I) above, which may include:~~

~~0. Identifying training or supervision for or disciplinary action against an individual found to be responsible for a rights violation or condition requiring investigation identified during the course of investigation of a grievance or request for investigation.~~

~~0. Developing or modifying a mental health agency's practice or protocols.~~

~~0. Notifying the regulatory entity that licensed or certified an individual according to A.R.S. Title 32, Chapter 33 of the findings from the investigation; or~~

~~0. Imposing sanctions, which may include monetary penalties, according to the terms of a contract, if applicable.~~

~~ii. In the event an administrative appeal is filed, the Navajo DBHS, shall forward the full investigation case record, which includes all elements in A.A.C. R9-21-409 (D)(1), to the ADHS/DBHS Deputy Director through the ADHS/DBHS Office of Grievance and Appeals. The Navajo DBHS shall prepare and send with the investigation case record, a memo in which states:~~

~~0. Any objections the Navajo DBHS has to the timeliness of the administrative appeal;~~

~~0. The Navajo DBHS response to any information provided in the administrative appeal that was not addressed in the investigation report, and~~

~~0. The Navajo DBHS understanding of the basis for the administrative appeal.~~

~~ii. Within 15 days of the filing of the administrative appeal, the ADHS/DBHS Deputy Director, or designee, will review the appeal and the investigation case record and may discuss the matter with any of the persons involved or convene an informal conference, and prepare a written, dated decision which shall either:~~

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~~1. Accept the investigator's report with respect to the facts as found, and affirm, modify, or reject the decision of the appropriate individual (i.e., agency director) with a statement of reasons; or~~

~~2. Reject the investigator's report for insufficiency of facts and return the matter with instructions to the Navajo DBHS for further investigation and decision. In such a case, the Navajo DBHS shall conduct further investigation and complete a revised report and decision to the ADHS/DBHS Deputy Director within ten days. The ADHS/DBHS Deputy Director, or designee, shall render a final decision within 15 days of the appropriate individual (i.e., agency director) revised decision and send copies to the appellant along with a notice of the right to request an administrative hearing within 30 days from the date of the decision; the Navajo DBHS Director; and the Office of Human Rights and the applicable human rights committee for persons who are in need of special assistance.~~

~~ii. Any grievant or person who is the subject of the grievance who is dissatisfied with the decision of the ADHS/DBHS Deputy Director may request an administrative hearing before an administrative law judge within 30 days of the date of the decision.~~

~~ii. Upon receipt of a request for a hearing, the hearing shall be scheduled and conducted according to the requirements in ARS 541-1092 et seq. and A.A.C. R9-1-107.~~

~~ii. After the expiration of the time frames for administrative appeal and administrative hearing as described above, or after the exhaustion of all appeals regarding outcome of the investigation, the Navajo DBHS Director, or the Deputy Director of the ADHS/DBHS, shall take any corrective action required and add to the record a written, dated report of the action taken. A copy of the report shall be sent to the ADHS/DBHS Office of Human Rights for persons in need of special assistance for distribution to the appropriate human rights committee.~~

~~0. Conducting Investigations of Conditions Requiring Investigation — The investigation shall be conducted in the same manner described above in section d.7 (Grievance/Request for Investigation Process) of this policy.~~

~~0. Investigations into the deaths of persons receiving services shall be conducted as described in ADHS/DBHS Policy GA 3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness.~~

~~0. Grievance Investigation Records and Tracking System — ADHS/DBHS and the Navajo DBHS will maintain records in the following manner:~~

~~ii. All documentation received and mailed related to the grievance and investigation process will be date stamped on the day received.~~

~~ii. Navajo RBHA and the Navajo DBHS will maintain a grievance investigation case record for each case. The record shall include:~~

~~1. The docket number assigned according to section d.4 of this policy.~~

~~1. The original grievance/investigation request letter and the ADHS/DBHS Appeal or SMI Grievance Form.~~

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1. Copies of all information generated or obtained during the investigation.

The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions and recommendations.

2. A copy of the acknowledgment letter, final decision letter and any information/ documentation generated by an appeal of the grievance decision.

iii. ADHS/DBHS and the Navajo DBHS will maintain all grievance and investigation files in a secure designated area and retain for at least five years.

iii. The Public Log The ADHS/DBHS, Office of Grievance and Appeals (OGA), the Navajo RBHA and the Navajo DBHS shall maintain a public log of all grievances or requests for investigation in the ADHS/DBHS OGA Database. Entry must be made within three (3) working days of each reportable event. The Public Log will contain the following information:

0. A docket numbers.

0. A description of the grievance or request for investigation issued.

0. The date of the filing of the grievance.

0. The date of the initial decision or appointment of the investigator.

0. The date of the filing of the investigator's final report.

0. The dates of all subsequent decisions, appeals or other relevant events.

0. A description of the final decision and any actions taken by the Navajo DBHS

d. Other Matters Related to the Grievance Process:

. Pursuant to the applicable statutes and ADHS/DBHS Policy CO 1.4, Confidentiality, the Navajo DBHS shall maintain confidentiality and privacy of grievance matters and records at all times.

. Notice shall be given to a public official, law enforcement officer, or other person, as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.

. The Navajo DBHS shall notify the Deputy Director of ADHS/DBHS when:

0. A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee.

0. An employee or contracted staff files a complaint with law enforcement alleging criminal conduct against a person receiving services;

0. An employee, contracted staff, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.

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~~**v. References**~~

~~**Policy and Procedures adapted from:**~~

- ~~Arizona Department of Health Services~~
- ~~Division of Behavioral Health Services~~
- ~~Policy and Procedures Manual~~
- ~~A.R.S. S 41-1092 et seq.~~
- ~~A.R.S. Title 32, Chapter 33~~
- ~~9 A.A.C. 21, Articles 3 and 4~~
- ~~A.A.C. R9-1-107~~
- ~~ADHS/DBHS Policy GA 3.3 Appeals Process for Persons Receiving Services~~
- ~~ADHS/DBHS Policy GA 3.5, Notice Requirements~~
- ~~ADHS/DBHS Policy GA 3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness~~
- ~~ADHS/DBHS Policy CO 1.4, Confidentiality~~
- ~~ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths~~

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~~e. AZ: Seriously Mentally Ill Adults in Need of Special Assistance~~

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I. ~~i. Policy~~POLICY

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~~I.~~ *To establish uniform guidelines for identifying persons determined to have SMI that need special assistance.* ~~A person determined to have a serious mental illness and deemed to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's needs. Having a guardian or designated representative does not preclude the need for special assistance. The need for special assistance may be deemed by any of the following:~~

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~~1. A qualified clinician,~~
~~A case manager,~~
~~2. A clinical team of a Navajo RBHA,~~
~~2. Navajo RBHA,~~
~~2. DBHS Program Supervisor, Clinical Specialist, other Navajo DBHS clinical employees,~~
~~2. The Deputy Director of the Arizona Department of Health Services, or~~
~~2. A hearing officer.~~

II. ~~ii. Purpose~~PURPOSE

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To establish requirements for identification, notification, documentation, and reporting for members/clients determined to have a Serious Mental Illness (SMI) who require special assistance. ~~To establish uniform guidelines for:~~

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~~*Identification of adults determined to have a serious mental illness that need special assistance; Monitoring to assure that Special Assistance is provided; and Maintenance of required reports.*~~

III. ~~iii. Definitions~~DEFINTIONS

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A. ~~ADHS~~ Division of Community Advocacy Intergovernmental Relations (DCAIR) - Office of Human Rights (OHR)

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~~Office of Human Rights:~~ The OHR~~ffice of Human Rights~~ is the State Advocacy Office established by the Arizona Administrative Code (A.A.C.), R9-21-104 ~~is established within ADHS~~ and is responsible for the hiring, training, supervision, and coordination of human

rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate.

~~Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.~~

B. ~~**Human Rights Committees; Independent Oversight Committee (IOC)**~~

~~D.~~ The IOC is established by state statute (A.R.S. § 41-3804) to promote the rights of individuals who receive behavioral health services pursuant to A.R.S. §§36-5 and -34. There is one Independent Oversight Committee (IOC) established for each region as well as the Arizona State Hospital (AzSH), with each IOC providing independent oversight and review within its respective jurisdiction as specified in A.R.S. §§ 41-3803 and -3804, and A.A.C. R9-21-105.~~Human Rights Committees are established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.~~

C. **Special Assistance:**

Support for members who would otherwise be unable to advocate on their own behalf. ~~Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP), the appeal process, or the grievance, or request for investigation process.~~

D. **Human Rights Advocate**

~~III.~~ *Assists and advocates on behalf of members determined to have a Serious Mental Illness with service planning, inpatient discharge planning and resolving appeals and grievances.*

~~IV.~~ iv. ~~General Information~~RULES

A. A person is determined to need special assistance if they are unable to do any of the following:

1. ~~.~~Communicate preferences for services,
2. Participate effectively with service planning or Inpatient Treatment, and Discharge Plan development,
3. Participate effectively in the appeal, grievance, or investigation processes.

~~A.~~ The member's inability to communicate preferences and participate effectively will be due to at least one of the following:~~person is unable to communicate preferences for services and/or participate in service planning and/or the grievance, appeal and/or investigation process due to any one or more of the following:~~

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~~2.~~1.Cognitive ability/ intellectual capacity (i.e. cognitive impairment, borderline intellectual functioning, or diminished intellectual capacity), ~~y.~~
~~3. Intellectual capacity.~~
~~4. Sensory impairment.~~
~~5.~~2.Language barriers ~~(which does not include speaking a foreign language), including but not limited to deaf, hard of hearing, mute or developmental delay in language development; and/or~~an inability to communicate, other than a need for an interpreter/translator), and/or,
3. Medical condition including, but not limited to:~~.~~
   a. Traumatic brain injury,
   b. Dementia, or
   ~~6.~~c. Severe psychiatric symptoms.

~~A.~~C. Navajo Regional Behavioral Health Authority (RBHA) must ensure:
1. Identification of persons in need of special assistance.
2. Notification to the OHR~~ffice of Human Rights~~ and the appropriate ~~Human Rights~~IOC for ~~Committee of~~ each person identified ~~to be~~ in need of special assistance including the specific need(s) via a monthly report;
3. Provision of training to applicable Navajo RBHA and provider staff of requirements related to special assistance; and
4. Monitoring of the provision of special assistance to those persons identified to be in need.

~~B.~~D. The ~~Office of Human Rights~~ OHR maintains a tracking of all people identified as needing special assistance and will assure provision of special assistance as needed.

~~C.~~E. ~~Human Rights Committees~~The IOC must make regular visits to the residential environments of people in need of special assistance to ensure that the person's needs are being met and to determine the person's satisfaction with the care.

V. ~~v. Procedures~~PROCEDURES

~~A. Navajo RBHA and Navajo DBHS are required to periodically assess whether a person determined to have a serious mental illness is in need of special assistance. Minimally, the need for special assistance should be considered in the following situations:~~
~~0. Discharge planning.~~
~~0. Service planning; and~~
~~0. Appeal, grievance, or investigation process.~~

~~E.~~A. The ~~Office of Human Rights~~OHR will provide ~~provides~~ assistance when a person or other involved person or agency initiates a request. In such situations, ~~the TRBHA~~ Navajo RBHA and ~~Navajo DBHS~~DBMHS will be advised of the ~~Office of Human Rights~~OHR involvement and the obligation to assess the person's need for special assistance.

B. Navajo RBHA ~~and Navajo DBHS wishall submit the~~ complete and submit the Notification of Member in Need of Special Assistance in the AHCCCS QM Portal within five business days to notify OHR.

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~~F.~~C. Prior to OHR final review, Navajo RBHA will review the notification to ensure that it states the basis for meeting criteria and then OHR reviews and designates a person – a guardian, family member, friend or an OHR Advocate - to provide assistance and support to the member determined to need Special Assistance. ~~Request for Special Assistance Form (Attachment 1) to the Office of Human Rights within three working days of identifying a person as in need of special assistance. If the special assistance is needed immediately, the request shall be submitted immediately.~~

D. The ~~Office of Human Rights~~OHR will respond to the Navajo RBHA ~~and/or Navajo DBHS~~ within ~~three~~ five ~~working~~ business days of receipt of ~~the a Request for Special Assistance Form~~Special Assistance Notification and will identify how the request for special assistance will be accommodated. ~~Special assistance may be provided by the Office of Human Rights or through the local Human Rights Committee.~~

E. The Notification of Member in Need of Special Assistance is documented in the member's electronic health record.

~~G.~~

F. ~~The Request for Special Assistance Form is maintained in the person's comprehensive clinical record. The OHR The Office of Human Rights~~ will provide the name of the person, the location of the person and the nature of the special assistance that is needed to the assigned NRBHA Case Manager~~appropriate Human Rights Committee~~.

~~H.~~G. The ~~Office of Human Rights~~OHR ~~and members of the Human Rights Committees~~ must obtain written authorization for release of information in order to gain access to person-specific clinical information. Navajo RBHA ~~and Navajo DBHS provides~~ provides access to the ~~person's~~ member's clinical records to representatives of the ~~Office of Human Rights and Human Rights Committees~~ OHR and IOC who have written authorization from the person or the person's legal guardian. ~~A copy of the written authorization shall be provided to the Navajo RBHA and/or the Navajo DBHS for placement in the person's comprehensive clinical record.~~

~~I.~~H. The ~~Office of Human Rights~~OHR will provide the Navajo RBHA with copies of signed confidentiality agreements for all members of the ~~Navajo RBHA regional Human Rights Committees~~IOC.

~~J.~~I. The ~~Office of Human Rights, the Human Rights Committees~~OHR, IOC, and the Navajo RBHA ~~and the Navajo DBHS~~ wishall maintain open communication during the time special assistance is being provided, including the specific types of assistance being provided, planned interventions and outcomes of interventions.

~~K.~~J. The ~~Office of Human Rights~~OHR will maintain:

1. A current list of all persons determined to have a serious mental illness that have been identified as needing special assistance; and
2. A separate list of all persons for whom the Office of Human Rights is directly providing special assistance.

~~L.~~K. The ~~Office of Human Rights~~OHR will provide the lists to ~~each~~ Navajo RBHA on a quarterly basis and to the ~~Human Rights Committees~~ IOC on a monthly basis.

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~~M.~~L. If a ~~Navajo~~ RBHA ~~or subcontracted provider~~ fails to submit required information to ~~the Office of Human Rights~~OHR, ~~the Office of Human Rights~~OHR will notify the Navajo RBHA Clinical Director and/or Supervisor ~~and the Deputy Director of ADHS/DBHS~~ in writing. ~~ADHS/DBHS will follow up with the Navajo RBHA and may require specific corrective action.~~ for specific corrective action.

M. When a qualified clinician, case manager, clinical team or Navajo RBHA determines that a person who has been designated to ~~be in need of~~need special assistance is no longer in need of special assistance, the Navajo RBHA ~~shall~~ will notify the person and ~~the Office of Human Rights~~OHR within 10 days of the determination. The notification ~~shall~~ must include the reasons for the determination that the person is no longer in need of special assistance (~~Attachment 1,~~ Part C). The ~~Office of Human Rights or a Human Rights Committee~~OHR or IOC representative may continue to assist the person with the person's consent.

N. If a member's demographic information changes it will be updated in the QM Portal within 10 business days.

~~N.~~O. Navajo RBHA will periodically review whether the member's needs are being met by the individual or agency designated to meet the member's Special Assistance needs. If a concern arises, it should first be addressed with the individual or agency providing Special Assistance. If the issue is not promptly resolved, further action shall be taken to address the issue, which may include contacting the Contractors, AHCCCS/DCAIR, OHR for assistance.

~~vi. References~~**REFERENCES**

AHCCCS Medical Policy Manual Chapter 300, Section 320 – Services with Special Circumstances~~A.R.S. 36-107, 36-504, 36-509, 36-517.01 9 A.A.C 21 (AZ)~~

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AZ: REQUEST FOR SPECIAL ASSISTANCE

A person deemed by a qualified clinician, case manager, clinical team or Navajo RBHA to need special assistance is to be identified regardless of whether or not the program believes it is accommodating the person's need(s). An individual should be determined to need special assistance if, due to any one or more of the following: cognitive ability; intellectual capacity; sensory impairment; language barriers and/or medical condition, he/she is unable to communicate preferences for services and/or participate in service planning and/or the grievance/appeal process.

PART A (to be completed by the Navajo RBHA or provider and faxed to Office of Human Rights at (602) 364-4590:

The following person may in need special assistance in participating in the Individual Service Planning process or in understanding and participating in the appeal, grievance, or investigating process:

NAME:

ADDRESS:

CITY: STATE: ZIP: PHONE:

CLINICAL LIAISON/CASE MANAGER:

PROVIDER/NAVAJO RBHA: PHONE/FAX:

Please list specifically what services are needed to enable the client to participate in the ISP, appeal, grievance, or investigation processes (e.g., He/she has a developmental disability and has trouble understanding the grievance process):

What, if any, services are currently being arranged/provided to accommodate the special assistance need.

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Is the person aware that you have requested special assistance for him/her?
Yes_____No_____(Explain)

PART B (to be completed by OHR and faxed to originator of request):
What assistance will be provided by the Office of Human Rights, or the Human Rights Committee; include the date when assistance will be provided?

OHR/HRC Contact Name and Number:

PART C (to be completed by the Navajo RBHA or provider and faxed to OHR at 602-364-4580):

As of the following _____date, the above referenced client is no longer in need of special assistance.

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~~b. Confidentiality~~

I. ~~i. Policy~~POLICY

All information ~~and records~~ obtained ~~during~~in the course of ~~providing substance abuse~~ treatment ~~services are~~will be confidential and ~~are only~~ disclosed in ~~according~~ accordance with ~~applicable to the provisions of this policy and procedure and applicable Navajo Nation, federal and state~~ laws.

II. ~~ii. Purpose~~PURPOSE

~~To protect the privacy of persons who receive alcohol and drug abuse services ad prevent the unauthorized disclosure of confidential information.~~ To provide confidential behavioral health and treatment services.

III. ~~iii. Definitions~~DEFINITIONS

A. **~~Substance Abuse Program~~Use Disorder Treatment Program:**
An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides alcohol or drug abuse diagnosis, treatment or referral or treatment. An identified unit within a general medical facility which holds itself out as providing, and provides alcohol or drug abuse diagnosis, ~~treatment~~treatment, or referral to treatment. Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, ~~treatment~~treatment, or referral for treatment, and who are identified as such providers.

~~**Confidential HIV Information:** Information concerning whether a person has had an HIV-related or has HIV infection, HIV-related illness or acquired immune deficiency syndrome, and includes information which identifies or reasonably permits identification of that person or the person's contacts.~~

B. **Collaborative Teams:**
A team of individuals whose primary function is to develop a comprehensive and unified service or treatment plan for an enrolled person. The team may include an enrolled person, members of the enrolled person's family, health, mental ~~health~~health, or social service providers including professionals representing disciplines related to the person's need, or other persons that are not health, mental health or social service providers identified by the person or family. Collaborative teams include Child and Family Teams and adult treatment teams.

~~A. Confidential Information~~

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C. "Records containing data on individuals describing medical history, diagnosis, condition, treatment evaluation, or similar medical data, including psychiatric or psychological data" (2 N.N.C § 85) and "patient-identifying information" that may identify a person as receiving, having received, or having applied to receive substance use treatment (42 CFR Part 2).

D. **Family Members:**
~~a~~A spouse, parent, adult ~~sibling~~ child, adult sibling, or ~~significant other of a person~~other person of significance, of a person undergoing treatment, evaluation, or receiving community services.

E. **Health Care Decision-Maker:**
An individual who is authorized to make health care treatment decisions for a person, including the parent of a minor, or an individual who is authorized pursuant to Navajo Nation laws, and applicable state laws. ~~A.R.S., Title 14, Chapter 5, Article 2 or 3, of A.R.S. §§ 36-3221, 36-3231.~~

F. **Health Insurance Portability and Accountability Act (HIPAA) of 1996:**
The HIPAA Rule requires providers and others who maintain health information to implement security measures to guard the integrity and confidentiality of patient/client information. The HIPAA Rule contains a number of words and phrases that have specific meaning as applied to the HIPAA Rule. Examples of such words and phrases include, but are not limited to, "treatment," "payment," "health care operations," "designated record set" and protected health information."

G. **Individual:**
"Individual" means any person currently or previously enrolled in a RHBA or Navajo DBM~~H~~HS Outpatient Services.

H. **Medical Records:**
All communications that are recorded in any form or medium and that are maintained for purposes of evaluation, treatment or the provision of community services to a person, including reports, notes, orders, test results, diagnosis, treatments, photographs, videotapes, X-rays, billing records and the results of independent medical, psychiatric or psychological examinations that describe patient care. Medical records also include all psychological, ~~psychiatric~~psychiatric, or medical records held by a health care provider, including records that are prepared by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review, or quality assurance activities.

I. **Qualified Service Organization**

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~~;~~ A person or organization that provides services to a program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and ~~child care~~childcare, and individual and group therapy. The person or organization has entered into a written agreement with a program providing drug or alcohol referral, diagnosis or treatment under which the person or organization acknowledges that in receiving, storing, processing or otherwise dealing with any records concerning enrolled persons, it is fully bound by these regulations and, if necessary, will resist in judicial proceedings any efforts to obtain access to records of enrolled persons except as permitted by these regulations.

IV. ~~v. General Information~~RULES

A. Due to the difficulty in segregating information between protected records and records that may be disclosed, the more restrictive standards apply to treatment services, as set out in 2 N.N.C § 87 and 42 CFR Part 2, are applicable for the purposes of this policy.
B. Confidential information may be used within the treatment program for the purposes of providing treatment services but is protected from disclosure except under specific conditions as defined in 2 N.N.C § 86.
C. Health information is also protected under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) which requires patient authorization before a provider may use "protected health information" for treatment and other purposes as defined in the law.
D. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has provided guidance for treatment organizations to integrate and apply both sets of regulations in the provision of behavioral health services (available at www.samhsa.gov) and DBMHS policies apply this federal guidance.
E. Records generated as a part of the DBMHS grievance and appeal processes are legal records, not behavioral health treatment records, although they may contain copies of portions of a person's behavioral health treatment record. To the extent these legal records contain patient identifying information or protected health information, DBMHS will redact or re-identify the information to the extent allowed or required by law.
F. DBMHS ensures that a client's behavioral health services and ancillary services are coordinated and facilitates communication with other agencies, as needed, to support the treatment process. All communication and coordination with outside entities shall comply with the procedures contained in this policy. Procedures to release client information will be communicated to:
    1. The client,
    2. If applicable, the client's family members, guardian, custodian, designated representative, or agent,

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3. Other individuals, agencies, and entities involved in the provision of behavioral health services, medical services, or ancillary services to the client, such as a medical practitioner responsible for providing medical services to a client; and
4. Other entities or agencies, including governmental entities or agencies such as the Department of Economic Security or a probation or parole entity that provides services to the client.

V. PROCEDURES

A. DBMHS notifies each person seeking and receiving behavioral health services of the existence of the Navajo Nation Privacy and Access to Information Act, federal confidentiality regulations and the HIPAA Privacy Rule, and provides each person served with a written summary of the confidentiality provisions and DBMHS privacy practices. The notice and summary are provided at the time of admission by the intake staff conducting the admission process, and a signed acknowledgement of receipt is obtained from the person served and their parent/legal guardian, if applicable.

B. DBMHS does not acknowledge that a currently or previously enrolled person is receiving or has received substance use services without the enrolled person's notarized consent.

C. DBMHS responds to any request for a disclosure of the records of a currently or previously enrolled person that is not permissible under this policy or federal regulations in a way that will not reveal that an identified individual has been or is being diagnosed or treated for substance use.

D. Release of information concerning diagnosis, treatment, or referral from a DBMHS program may be made only as follows:
   1. The currently or previously enrolled person or their guardian authorizes the release of information.
   2. DBMHS advises the person or guardian of the special protection given to such information by Navajo Nation and federal law.
   3. Authorization is documented on an authorization form which has not expired or been revoked by the client. The proper authorization form must contain each of the following specified items:
      a. The name of general designation of the program making the disclosure,
      b. The name of the individual or organization that will receive the disclosure,
      c. The name of the person who is the subject of the disclosure,
      d. How much and what kind of information will be disclosed,
      e. A statement that the person may revoke the authorization at any time, except to the extent that the program has already acted in reliance on it,
      f. The date, event, or condition upon which the authorization expires, if not revised before,
      g. The notarized signature of the person or guardian; and
      h. The date on which the authorization is signed.

E. Upon request, protected records will be available for disclosure according to the Navajo Nation Privacy and Access to Information Act 2 N.N.C § 86.

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F. Any disclosure, whether written or orally made with the person's authorization as provided above, requires written acknowledgement of disclosure in the Release of the Information Form. The Navajo Nation law and federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 2 N.N.C § 85 and 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

G. DBMHS maintains and utilizes a standardized Release of Information form containing all of the required elements in accordance with this policy.

H. If the person served is a minor, both the minor and his or her parent or legal guardian shall give authorization.

I. If the person is deceased, authorization may be given by:
   1. A court appointed executor, or administrator,
   2. If no such appointments have been made, by the person's spouse,
   3. Or if there is no spouse, by any responsible member of the person's family.

J. Authorization is not required under the following circumstances:
   1. Medical Emergencies – information may be disclosed to medical personnel who need the information to treat a condition which poses an immediate threat to the health of any individual, not necessarily the currently or previously enrolled person, and which requires immediate medical intervention. The disclosure must be documented in the record of the person served and must include the name of the medical person to whom disclosure is made and his or her affiliation with any health care facility, name of the person making the disclosure, date and time of the disclosure and the nature of the emergency. After emergency treatment is provided, written confirmation of the emergency must be secured from the requesting entity.
   2. Research Activities – information may be disclosed for the purpose of conducting scientific research according to the provisions of applicable law.
   3. Audit and Evaluation Activities – information may be disclosed for the purpose of audit and evaluation activities according to the provisions of applicable law.
   4. Qualified Service Organizations – information may be provided to a qualified service organization when needed by the qualified service organization to provide services to a currently or previously enrolled person.
   5. Internal Agency Communications – the staff of an agency providing behavioral health treatment may disclose information regarding a person served to other staff within the agency, or to the part of the organization having direct administrative control over the agency, when needed to perform duties related to the diagnosis, treatment or referral for treatment of that person. For example, an organization that provides several types of services might have an administrative office that has direct administrative control over each unit or agency that provides direct services.

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K. Information concerning an enrolled person that does not include any information about the enrolled person's receipt of alcohol or drug abuse diagnosis, treatment or referral for treatment is not specifically restricted under this policy. For example, information concerning an enrolled person's receipt of medication for a psychiatric condition, unrelated to the person's substance use, may be used or disclosed as allowed in the HIPAA Privacy Rule. However, the burden of responsibility is on the staff person making the use or disclosure, to demonstrate that no information related to substance use treatment is involved.

L. A tribal, state, or federal court may issue an order that compels DBMHS to make a disclosure of identifying information that would otherwise be prohibited. A subpoena, search warrant or arrest warrant is not sufficient standing alone, to require or permit DBMHS to make a disclosure. The burden of responsibility is on the court to ensure adherence to all requirements for an authorized court order as specified in tribal law 2 N.N.C § 86 and 42 CFR § 2.61 et seq. In all cases where an authorized court order is required, DBMHS will consult legal counsel before making such disclosure.

M. DBMHS ensures that a list is kept of every person or organization that inspects a currently or previously enrolled person's records other than the person's clinical team, the uses to be made of that information, and the staff person authorizing access. The access list shall be placed in the record of the person served and shall be made available to the person served, their guardian or other designated representative.

N. Individual records may be released to third parties with the written permission, by means of a notarized release, of the individual who is the subject of those records, or his or her parent or legal guardian if a minor (2 N.N.C § 86)

O. Disclosure of information to members of an interagency collaborative team may or may not require an authorization depending upon the type of information to be disclosed. Information required to further an individual's medical treatment, or to address public health needs can be disclosed to members of a collaborative team with patient authorization as described in this policy.

P. Information not related to drug and alcohol treatment may be disclosed without patient authorization to members of a collaborative team who are providers of health, mental health or social services provided the information is for treatment, payment, or health care operations or other permitted disclosures as defined in the applicable sections of the HIPAA Privacy Rule. Disclosure to members of a collaborative team who are not providers of health, mental health, or social services requires the authorization of the person or the person's guardian or parent as described in this policy.

Q. Disclosure of information to persons involved in court proceedings including attorneys, probation/parole officers, guardian ad litem, and court appointed special advocates may or may not require an authorization depending upon the type of information to be disclosed and whether the court has issued an authorized order requiring the disclosure.

REFERENCES

2 N.N.C. § § 81 et seq.,

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NMAC 7.20.11.22
42 CFR 2.1 et seq.
A.R.S. § 36-509 (A) (13), §12-7 (6), § 36-6 (4), § 8-201 (21), § 41-3803, § 41-380, § 46-451 (A) (7)
R9-21-101 (B) (1)
ADHS/DBMHS Policy CO 1.4, Confidentiality
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation and the HIPAA Privacy Rule.

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Division of Behavioral & Mental Health Services

Notice of Privacy and Confidentiality

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health information which we receive and/or create about you, personally, in this program, relating to your past, present, or future health, treatment, or payment for health care services, is "protected health information" under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164. The confidentiality of alcohol and drug abuse client records maintained by this program is protected by another Federal law as well, commonly referred to as the Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2. Generally, the program may not say to a person outside the program that you attend the program or disclose any information identifying you as an alcohol or drug abuser or use or disclose any other protected health information except in limited circumstances as permitted by Federal law. Your health information is further protected by any pertinent tribal & state laws that are more protective or stringent than either of these two Federal laws.

This Notice describes how we protect personal health information (otherwise referred to as "protected health information") we have about you, and how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

Uses and disclosures that may be made of your health information:

Internal Communications: Your protected health information will be used within the Division of Behavioral & Mental Health Services, which is between and among program staff who have a need for the information in connection with our duty to diagnose, treat, or refer you for behavioral health/substance abuse treatment.

Qualified Service Organizations and/or Business Associates: Some or all of your protected health information may be subject to disclosure through contracts for services with qualified service organizations and/or business associates, outside of this program, which assist our program in providing health care. Examples of qualified service organizations and/or business associates include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and/or business associates to follow the same standards held by this program through terms detailed in a written agreement.

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Medical Emergencies: Your health information may be disclosed to medical personnel in a medical emergency, when there is an immediate threat to the health of an individual, and when immediate medical intervention is required.

To Researchers: Under certain circumstances, this office may use and disclose your protected health information for research purposes. All research projects, however, must be approved by Navajo Nation Institutional Review Board, which has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

To Auditors and Evaluators: This program may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs to ensure that the program is complying with regulatory mandates and is properly accounting for, and disbursing funds received.

Authorizing Court Order: This program may disclose your protected health information pursuant to an authorizing court order. This is a **unique** kind of court order in which certain application procedures have been taken to protect your identity, and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.

Crime on Program Premises or Against Program Personnel: This program may disclose a limited amount of protected health information to law enforcement when a client commits or threatens to commit a crime on the program premises or against program personnel.

Reporting Suspected Child Abuse and Neglect: This program may report suspected child abuse or neglect as mandated by state law.

As Required by Law: This program will disclose protected health information as required by state & tribal laws in a manner otherwise permitted by federal privacy and confidentiality regulations.

Appointment Reminders: This program reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.

Other Uses and Disclosure of Protected Health Information: Other uses and disclosures of protected health information not covered by this notice **will be made only with your written authorization or that of your legal representative**. If you or your legal representative authorize us to use or disclose protected health information about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already acted relying on the authorization.

Your rights regarding protected health information we maintain about you:

Right to Inspect and Copy: In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. You must provide your request and your reason for the request in writing and submit it to this office.

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Right to Amend Your Protected Health Information: If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing and submit it to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

- Is accurate and complete.
- Was not created by us, unless the person or entity that created the protected health information is no longer available to make the amendment.
- Is not part of the protected health information kept by or for us; or
- Is not part of the protected health information which you would be permitted to inspect and copy.

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosures of the protected health information at issue.

Right to an Accounting of Disclosures: You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations within our program and/or between our programs pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on protected health information we are permitted to use or disclose about you for treatment, payment, or health care operations within our program. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health.

Right to Request Confidential Communications: You have the right to request that we communicate with you about protected health information in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to this office and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with this office, Navajo Nation Division of Behavioral & Mental Health Services, or with the Navajo Nation Department of Health. To file a complaint with this office, please contact the Case Management Specialist, at the DMBHS office where you receive services. You will not be penalized or otherwise retaliated against for filing a complaint.

Our Program is Responsible for:

- Maintaining the privacy of your protected health information.
- Providing you with this notice of our legal duties and privacy practices with respect to your protected health information; and,
- Abiding by the terms of this Notice while it is in effect.

DBMHS reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all protected health information that we maintain. In the event that changes are made, this office will notify you of a revised Notice by mail at the current address provided on your medical file, or at the site where you receive services, or by posting changes on our Web site.

To receive additional information:
For further explanation of this Notice, you may contact DBMHS Case Management Specialist or intake screening staff at the office where you received this notice.

Availability of Notice of Privacy Practices:
This notice will be posted where registration occurs. You have a right to receive a copy of this notice, and all individuals receiving care will be given a hard copy.

Acknowledgement:

I hereby acknowledge that I received a copy of the Notice of Privacy Practices regarding protected health information governed by the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164 and Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2.

Client Signature Date Parent/Guardian Signature (If Applicable) Date

~~1. Overview of Confidentiality Information: All information obtained in the course of providing substance abuse treatment services is confidential and cannot be disclosed unless permitted by federal or state law. The law regulates two major categories of confidential information:~~

~~a. Information obtained through behavioral health services not related to alcohol or drug abuse treatment.~~

~~b. Information obtained in the referral, diagnosis and treatment of alcohol or drug abuse.~~

~~2. Drug and Alcohol Abuse Information: For the purpose of this policy, only drug and alcohol abuse information will be addressed. Information regarding treatment for alcohol or drug abuse is afforded special confidentiality by applicable Federal statute and regulation. This includes any~~

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~~information concerning a person's diagnosis or treatment from a federally assisted alcohol or drug abuse program or referral to a federally assisted alcohol or drug abuse program.~~

~~3. General Procedures for all Disclosures:~~

~~a. Unless otherwise made an exception by Navajo, federal or state law, all information obtained about a person related to the provision of substance abuse treatment services to a person is confidential whether the information is in oral, written or electronic format.~~

~~b. All records generated as a part of the Navajo DBHS grievance and appeal processes are legal records, not medical records, although they may contain copies of portions of a person's medical record. To the extent these legal records contain personal medical information, Navajo DBHS will redact or re-identify the information to the extent allowed or required by law.~~

~~c. List of Persons Accessing Records: Navajo DBHS ensures that a list is kept of every person or organization that inspects a currently or previously enrolled person's record other than the person's clinical team, the uses to be made of that information, and the staff person authorizing access. The access list shall be placed in the enrolled person's record and shall be made available to the enrolled person, their guardian or other designated representative.~~

~~d. Disclose to Collaborate Teams: Disclosure of information to members of a collaborative team may or may not require an authorization depending upon the type of information to be disclosed and the status of the receiving party. Information concerning diagnosis information concerning diagnosis, treatment or referral for drug or alcohol treatment can only be disclosed to members of a collaborative team with patient authorization as described in F.4.f.(1)(b). Information not related to drug and alcohol treatment may be disclosed without patient authorization to members of a collaborative team who are providers of health providers, mental health or social services provided the information is for treatment purposes as defined in the applicable sections of the HIPPA Rule. Disclosure to members of collaborative team who are not providers of health, mental health, or social services required the authorization of the person or the person's guardian or parent as described in F.3.b.(2).~~

~~e. Disclosure to persons in court proceedings: Disclosure of information to persons involved in court proceedings including attorneys, probation or parole officers, guardian's as item and court appointed special advocates may or may not require an authorization depending upon the type of information to be disclosed and whether the court has entered orders permitting the disclosure.~~

~~4. Disclosure of Alcohol and Drug Information:~~

~~a. Navajo DBHS notifies compliance with all provisions contained in the Federal Drug and Alcohol statutes and regulations referenced above.~~

~~b. Navajo DBHS notifies each person seeking and receiving alcohol or drug abuse services of the existence of the federal confidentiality law and regulations and provides each with a written summary of the confidentiality provisions. The notice and summary is provided at the time of admission to the chemical dependency service.~~

~~c. Navajo DBHS does not require any enrolled persons to carry cards or any form of identification that will identify a person as a recipient of drug or alcohol services.~~

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~~d. Navajo DBHS does not acknowledge that a currently or previously enrolled person is receiving or has received alcohol or drug abuse services without the enrolled person's consent.~~

~~e. Navajo DBHS responds to any request for a disclosure of the records of a currently or previously enrolled person that is not permissible under this policy or federal regulations in a way that will not reveal that an identified individual has been, or is being diagnosed or treated for alcohol or drug abuse.~~

~~f. Release of information concerning diagnosis, treatment or referral from a Navajo DBHS program may be made only as follows:~~

~~i. The currently or previously enrolled person or their guardian authorizes the release of information. In this case:~~

~~1. Navajo DBHS advises the person or guardian of the special protection given to such information by federal law.~~

~~2. Authorization is documented on the authorization form which has not expired or been revoked by the client. The proper authorization form must contain each of the follows:~~

~~a. The name of the general designation of the program making the disclosure;~~

~~b. The name of the individual or organization that will receive the disclosure;~~

~~c. The name of the person who is the subject if the disclosure;~~

~~d. How much and what kind of information will be disclosed;~~

~~e. A statement that the person may revoke the authorization at any time, except to the extent that the program has already acted in reliance on it;~~

~~f. The date, event or condition upon which the authorization expires, if not revised before;~~

~~g. The signature of the person or guardian; and~~

~~h. The date on which the authorization is signed.~~

~~3. Re-disclosure – Any disclosure, whether written or orally made with the person's authorization as provided above, must be accompanied by the following written statement: "This information has been disclosed to you from our records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use if the information to criminally investigate or prosecute any alcohol or drug abuse patient."~~

~~ii. If the person is a minor, both the minor and his or her parent or legal guardian shall give authorization.~~

~~iii. If the person is deceased, authorization may be given by:~~

~~1. A court appointed executor, administrator or other personal representative,~~

~~2. If no such appointments have been made, by the person's spouse,~~

~~3. Or if there is no spouse, by any responsible member of the person's family.~~

~~iv. Authorization is not required under the following circumstances:~~

~~1. Medical Emergencies – information may be disclosed to medical personnel who Need the information to treat a condition which poses an immediate threat to~~

~~the health of any individual, not necessarily the currently or previously enrolled person, and which requires immediate medical intervention. The disclosure must be documented in the person's medical record and must include the name of the medical person to whom disclosure is made and his or her affiliation with any health care facility, name of the person making the disclosure, date, time, of the disclosure and the nature of the emergency. After emergency treatment is provided, written confirmation of the emergency must be secured from the requesting entity.~~

~~2. Research activities — information may be disclosed for the purpose of conducting scientific research according to the provisions of 42 CFR § 2.52.~~

~~3. Audit and Evaluation Activities — information may be disclosed for the purpose of audit and evaluation activities according to the provisions of 42 CFR § 2.53.~~

~~4. Qualified Service Organizations – information may be provided to a qualified service organization when needed by the qualified service organization to provide services to a currently or previously enrolled person.~~

~~5. Internal Agency Communications — the staff of an agency providing alcohol and drug abuse services may disclose information regarding an enrolled person.~~

~~6. Information concerning an enrolled person that does not include any information about the enrolled person's receipt of alcohol or drug abuse diagnosis, treatment or referral for treatment is not restricted under this section. For example, information concerning an enrolled person's receipt of medication for a psychiatric condition, unrelated to the person's substance abuse, could be released provided in section F.3. of this policy.~~

~~7. Court ordered disclosures — A state or federal court may issue an order that authorizes an agency to make a disclosure of identifying information that would otherwise be prohibited. A subpoena, search warrant or arrest warrant is not sufficient standing alone, to require or permit an agency to make a disclosure.~~

~~v. All documents signed by the client at intake are considered confidential and are regulated by the Confidentiality Policy and Procedure. Included is:~~

~~1. Consent for the Release of Confidential Treatment Information — New Mexico Contract Client~~

~~Navajo DBHS Outpatient Services~~
~~CONSENT FOR THE RELEASE OF CONFIDENTIAL TREATMENT INFORMATION~~
~~NEW MEXICO CONTRACT CLIENT~~

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~~I, _____, AUTHORIZE Navajo DBHS Outpatient Services to disclose to the Behavioral Health Services Division (BHSD of the New Mexico Department of Health(DOH), to the five (5) Regional Care Coordinators (RCCs), to the behavioral health service providers subcontracted with the RCCs, and to the BHSD funded providers who are involved in the Behavioral Health Information System (BHIS): (1) information required to register me; (2) information to determine my eligibility; (3) information to permit communication among the entities listed above to coordinate my care; and (4) information to reimburse the Regional Care Coordinator (s) and/or the BHSD funded provider(s) for services.~~

~~The purpose of this authorized disclosure is to register you in the BHSD Behavioral Health Information System in order to ensure the uniform registration process for administrative and statistical (i.e., valid and reliable) purposes.~~

~~**THE INFORMATION USED FOR THE ABOVE PURPOSES WILL BE KEPT STRICTLY CONFIDENTIAL IN ACCORDANCE WITH ALL STATE AND FEDERAL CONFIDENTIALITY LAWS AND REGULATIONS.**~~

~~This consent expires automatically upon the following condition(s): 120 days after case closure, 120 days after completion of treatment, or 120 days after last day of treatment.~~

~~**I understand that I may revoke this consent at any time, however, if I do revoke my signed consent, I may be no longer eligible for treatment through the Behavioral Health Services Division.**~~

~~The Behavioral Health Services Division, the regional Care Coordinators, the behavioral health service providers subcontracted with RCCS, and the BHSD funded providers are subject of the following prohibition:~~

~~Prohibition on re-disclosure of Information Concerning Client in Alcohol or Drug Abuse Treatment~~

~~This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.~~

~~Dated: _____~~

~~Signature of Participant~~

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~~d. Arizona Disclosure at Confidential Information to Human Rights Committees~~

I. ~~i. Policy~~ POLICY

Records of currently or previous ~~clients~~ ~~enrolled persons~~ shall be provided to Arizona Human Rights Committees in accordance with applicable Navajo Nation, federal and state laws.

II. ~~ii. Purpose~~PURPOSE

To disclose information to Human Rights Committees for the purposes of providing independent oversight and protecting the rights of all ~~enrolled persons~~clients receiving services under the RBHA to the extent allowable under Navajo, Ffederal and Sstate law.

~~iii. Definitions~~DEFINITIONS

III.

A. **Abuse**
: The infliction of or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement, or serious emotional damage which may be evidenced by severe anxiety, depression, ~~withdrawal~~withdrawal, or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency.

B. **ADHS Office of Human Rights**
: The Office ~~of~~if Human Rights is established within ADHS and is responsible for hiring, training, ~~supervision~~supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.

C. **Alcohol and Drug Abuse Program**
: An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment, or referral for treatment; an identified unit within a general medical facility that holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment; medical personnel or other staff in a general medical care facility whose primary

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function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment and who are identified as such providers.

D. **Confidential HIV Medical Information**
~~:~~ Information concerning whether a person has had an HIV-related test or has HIV infection, HIV related illness or acquired immune deficiency syndrome and includes information which identifies or ~~reasonably permits~~permits identification of that person or the person's contacts.

E. **Enrolled ~~person~~Person (Client)**
~~:~~ A title XIX, Title XXI or Non-Title XIX/XXI eligible person recorded in the ADHS Information System as specified as ADHS.

F. **Human Rights Committees**
~~:~~ Human Rights Committees are established within ADCHS to provide independent oversight and to ensure that rights of enrolled persons are protected.

G. **Navajo Nation Human Rights Commission (NNHRC)**
NNHRC's mission is "To protect and promote the human rights of Navajo Nation citizens by advocating human equality at the local, state, national and international levels based on the Diné principles of Sa'a Naaghai Bik'e Hozhoo, Hashkéejí, Hózhóójí and K'é."

H. **Neglect:**
If there is and allegation that an adult is a victim of neglect, neglect is a pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, ~~heating~~heating, or other services necessary to maintain physical or mental health. If there is an allegation that a child is a victim of neglect, neglect is the inability or unwillingness of a parent, ~~guardian~~guardian, or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or willingness causes substantial risk of harm to the child's health or welfare.

I. **Violation of Rights:**
Any action or inaction, which deprives the client of any of his or her legal right, as articulated in law or applicable Navajo Nation laws.
~~For all enrolled persons, a violation of those rights contained in A.A.C. R9-20-2023 and, for persons enrolled as seriously mentally ill, rights contained in A.A.C. Title 9, Chapter 21, Article 2~~

IV. ~~iv. Procedures~~ PROCEDURES

~~1.~~ Navajo ~~DBHS~~ DBMHS ~~shall~~may provide Incident, Accident, and Death Reports concerning issues including,

A. ~~B~~but not limited to, reports of possible abuse, neglect or denial of rights of Human Rights Committee~~s~~ ~~as required in ADHS/DBHS Policy and Procedure QM 2.5, Reports of Incidents, Accidents and Deaths.~~

B. ~~2.~~ When a Human Rights Committee requests information regarding the outcome of a report of ~~_____~~ possible abuse, neglect or violation of rights~~;~~, TRBHA, and DBMHS are ~~the Navajo DBHS is~~ responsible to do one of the following:

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1. ~~a.~~ Investigate ~~Conduct an investigation of~~ the incident:
   a. ~~i.~~ For incidents in which a seriously mentally ill person ~~person currently or previously enrolled as seriously mentally ill~~ is the possible victim, written documentation will be reviewed~~investigation shall follow the requirements in A.A.C. Title 9, Chapter 21, Article 4~~.
   b. ~~ii.~~ For incidents in which a currently or previously enrolled child or non-seriously mentally ill adult is the possible victim, the investigation shall be completed within 35 days of the request and shall determine: all information surrounding the incident, whether the incident constitutes abuse, neglect, or a violation of rights, and any corrective action needed as a result of the incident.
2. ~~b.~~ If an investigation has already been conducted by the ~~Navajo DBHS~~DBMHS and can be disclosed without violating any confidentiality provisions, the DBMHS ~~Navajo DBHS~~ provides the final investigation decision to the Human Rights Committee. The final investigation decision consists of, at a minimum, the following information:
   a. ~~i.~~ The accepted portion of the investigation report with respect to the facts ~~found;~~found,
   b. ~~ii.~~ A summary of the investigation finding; and
   c. ~~iii.~~ Conclusions and corrective action taken.
3. ~~c.~~ Protected Health information regarding any currently or previously ~~enrolled person~~client shall not be included in the final investigation decision provided to the Human Rights Committee.

~~3.~~ When a Human Rights Committee requests protected health information concerning a currently or previously ~~enrolled person~~client, it must first demonstrate to ADHS/DBHS that the information is

C. ~~4.~~ Nnecessary to perform a function that is related to the oversight of the behavioral health system or have written authorization from the person to review protected health information.

1. ~~a.~~ DBMHS ~~The Navajo DBHS shall~~ will do the following:
   ~~i. In the event that ADHS/DBHS determines that the Human Rights Committee needs protected health information in its capacity as a health oversight agency, or the Human Rights Committee has the person's written authorization, the Navajo DBHS shall do the following in providing information in response to the committee's request:~~
   a. ~~ii. The Navajo DBHS~~DBMHS will first review the request, ed information and ~~determine if any of the following types of information are present: communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program. If no such information is present, then the Navajo DBHS shall~~ provide the information adhering to applicable

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Navajo Nation law~~the requirements in F.3.a.(1)(a)(iii-iv) below. If communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program is found, then the Navajo DBHS shall:~~

~~1. Contact the currently or previously enrolled person or legal guardian if an adult, or the custodial parent or legal guardian of a child and ask if the person is willing to sign an authorization for the release of communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program. The Navajo DBHS provide the name and telephone number of a contact person with the Human Rights Committee who can explain the committee's purpose for requesting the protected information. If the person agrees to give authorization, the Navajo DBHS obtains written authorization as required in F.4 below and provide the requested information to the Human Rights Committee. Authorization for the disclosure of records of deceased persons may be made by the executor, administrator or the other personal representative appointed by will or by a court to manage the deceased person's estate. If no personal representative has been appointed the patient's spouse or, if none, any responsible family member may give the required authorization.~~

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~~2. If the person does not authorize the release of the communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program, the person's record shall be provided to the Human Rights Committee with all communicable disease related information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program redacted. Other forms of protected health information shall be included in the record provided to the Human Rights Committee.~~

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i. ~~3. Requested information that does not require the currently or previously enrolled person's authorization shall be provided within 15 working days of the request. If the currently or previously enrolled person's authorization I required, r~~Requested information shall be provided within 5~~fifteen (15)~~ working days of receipt of the currently or previously enrolled ~~person's~~ client's written authorization.

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ii. ~~4. When protected health information is sent, the Navajo DBHS~~DBMHS includes a cover letter addressed to the Human Rights Committee that states that the information is confidential, is for the

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official purposes of the committee, and is not to be re-released under any circumstances.

b. ~~iii. In the event that~~If ADHS/DBHS denies the Human Rights Committee's request for protected health information:

i. ~~1.~~ ADHS/DBHS must notify the Human Rights Committee within 5 working days that the request is denied, specific reason for the denial, and that the Committee may request, in writing, that the ADHS Director reviews this decision. The Committee's request to review the denial must be received by the ADHS Director within 60 days of the first scheduled committee meeting after the denial decision is issued.

1. ~~a.~~ The ADHS Director, or designee shall conduct the review within 5 business days after receiving the request for review.
2. ~~b.~~ The ADHS Director's decision shall be the final agency decision and is subject to judicial review pursuant to A.R.S., title 12, Chapter 7, Article 6.
3. ~~c.~~ No information or records shall be released during the ~~time frame~~time for filing a request for judicial review or when judicial review is pending.

2. ~~b.~~ Authorization Requirements

a. The name of general designation of the program making the disclosure.
b. The name of the individual or organization that will receive the disclosure.
c. The name of the person who is the subject of the disclosure.
d. How much and what kind of information will be disclosed.
e. A statement that the person may revoke the authorization at any time, except to the extent that the program has already acted in reliance on it.
f. The date, event, or condition upon which the authorization expires, if not revised before.
g. The notarized signature of the person or guardian; and
h. The date on which the authorization is signed.

~~j. A written authorization for disclosure of information concerning diagnosis, treatment or referral from an alcohol or substance abuse program and/r communicable disease related information, including confidential HIV information should include:~~

~~ii. The specific name or general designation of the program or person permitted to make the disclosure;~~
~~iii. The name or title of the individual or the name of the organization to which the disclosure is to be made;~~
~~iv. The name of the currently or previously enrolled person;~~
~~v. The purpose of disclosure;~~
~~vi. How much and what kind of information is to be disclosed;~~

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~~vii. The signature of the currently or previously enrolled person/legal guardian and, if the currently of previously enrolled person is a minor, the signature of a custodial parent or legal guardian;~~
~~viii. The date on which the authorization is signed;~~
~~ix. A statement that the authorization is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it; and~~
~~x. The date, event, or condition upon which the authorization will expire if not revoked before. This date, event or condition must ensure that the authorization will last no longer than reasonably necessary to serve the purpose for which it is given.~~

D. ~~5.~~ Problem Resolution: The Human Rights Committee may address any problems with receipt of requested information as provided in this policy, other than a denial of requested information, to the DBMHS ~~Navajo DBHS~~ designated contact person. If the problem is not resolved, the Human Rights Committee may then address the problem to the ~~Deputy~~ Executive Director of the ~~Division of Behavioral Health Services~~Navajo Department of Health.

~~v. References~~REFERENCES

2 N.N.C. § § 81 et seq.

~~• Adapted from disclosure of Confidential Information to Human Rights Committee Policy and Procedure, Arizona Department of Health Services, Division of Behavioral Health Services Policy and Procedure Manual:~~

- *42 CFR 2.1 et seq.*
- *A.R.S § 36-509 (A) (13)*
- *A.R.S. Title 12, Chapter 7, Article 6 A.R.S. Title 36, Article 4 A.R.S. § 8-201 (21)*
- *A.R.S. § 41-3803A.R.S. § 41-3804*
- *A.R.S. § 46-451 (A) -(7)*
- *R9-20-203*
- *R9-21-101 (B)(1)*
- *ADHS/DBHS Policy QM 2.5, reports of Incidents, Accidents and Deaths*
- *ADHS/DBHS Policy CO 1.4, Confidentiality*

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~~C. Informed Consent to Treatment~~

I. ~~i. Policy~~ POLICY

~~Navajo DBHS insures that Navajo tribal members seeking behavioral health services agree to those services and are made aware of the behavioral health service options available to them. When a specific treatment has risks and benefits associated with it, the client is made aware of those risks and benefits associated with it, the client is made aware of those risks and benefits and any other relevant~~ DBMHS ensures that all persons served participate in a process of informed consent.~~,~~
information.

II. ~~ii. Purpose~~PURPOSE

To ~~provide information including~~ensure all DBMHS clients are made aware of the behavioral health ~~benefits and~~ risks and benefits, and ~~a~~to agree to receive specified services. ~~obtain consent to treatment before client is provided the specified treatment.~~

III. DEFINITIONS

A. **Informed Consent**
The process of providing a current or prospective client with information describing services offered and the potential risks or benefits of those services. Consent must be conducted in a manner and language understandable to the person served. Informed consent may also include a description of actions which, if undertaken by the person served, have potential to affect the risks or benefits of services provided. For example, informed consent may include a recommendation that the client attend all scheduled treatment sessions to maximize treatment benefits and avoid the harm that could be caused by early discharge due to non-attendance.

IV. ~~iii. General Information~~RULES

A. Any person, aged 18 years and older, seeking behavioral health services is required to give voluntary informed consent to treatment, demonstrated by the person's or legal guardian's signature, before receiving behavioral health services except in an emergency situation or pursuant to a court order.
B. For persons under the age of 18, the parent, legal guardian, or a court ordered custodial agency is required to give informed consent to treatment, demonstrated by the parent, legal guardian, or a court ordered custodial agency representative's signature prior to the delivery of behavioral health services, except in an emergency situation or pursuant to a court order.
C. Unless pursuant to a court order or in an emergency situation, any person aged 18 years and older or the person's legal guardian, or in the case of persons under the age of 18, the parent, legal guardian or a court ordered custodial agency, after being fully informed of the consequences, benefits and risks of treatment, has the right not to consent to receive behavioral health services.

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D. If someone other than the child's parent intends to provide informed consent to treatment, DBMHS must obtain proof of legal guardianship, custody, or power of attorney and file this documentation in the electronic health record (EHR).

E. Any minor who has contracted a lawful marriage, whether that marriage has been dissolved subsequently; or is legally emancipated; or any homeless minor may provide general and informed consent to treatment without parental consent. DBMHS must obtain proof of marriage, emancipation, or certificate of death and file this document in the EHR.

F. For any child who has been removed from the home by Navajo Division of Social Services and Navajo Nation Family Court, the legal guardian may give consent for the following:
   1. Evaluation and treatment for emergency conditions that are not life-threatening, including behavioral health conditions; and
   2. Routine medical and dental treatment and procedures, including early periodic screening, diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions.

G. In emergency situations involving a child in need of immediate hospitalization or medical attention, informed consent to treatment is not required.

H. Any child, 12 years of age or older, who is determined upon diagnosis of a licensed physician, to be under the influence of a dangerous drug or narcotic, not including alcohol, may be considered an emergency situation and can receive behavioral health care as needed for the treatment of the condition without informed consent to treatment.

I. Navajo tribal members diagnosed with a serious mental illness may need special assistance to participate in activities associated with receiving behavioral health services. For example, special assistance could be used to help a person during the process of establishing informed consent. Either DBMHS staff or human rights advocates within the tribal or state Office of Human Rights may provide or arrange for special assistance.

~~1. Informed consent is obtained before the provision of a specific treatment that has risks and benefits associated with it. Informed consent is required prior to the provision of the following services and procedures:~~
   ~~a. Application for a voluntary evaluation.~~
   ~~b. Research.~~
   ~~c. Sweat Lodge~~
   ~~d. Procedures or services with known substantial risks or side effects.~~

~~2. Any person, under the aged of 18, in need of substance abuse services is required to give voluntary general consent to treatment, demonstrated by the person's or legal guardian's signature, before receiving behavioral health services except in an emergency situation or pursuant to a court order.~~

~~3. For persons under the aged of 18, the parent, legal guardian, or a court ordered custodial agency is required to give general consent to treatment, demonstrated by a parent, legal guardian, or a court ordered agency representative's signature prior to the delivery of behavioral health services, except in an emergency situation or pursuant to a court order.~~

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~~4. Unless pursuant to a court order or an emergency situation, any person aged 18 years and older or the person's legal guardian, or in the case of persons under the age of18, the parent, legal guardian or a court ordered custodial agency, after being fully informed of the consequences, benefits and risks of treatment, has the right not to consent to receive behavioral health services.~~

~~5. Special Requirements for Children~~

~~a. Non-Emergency Situation~~

~~i. In a case where the parent is unavailable to provide general or informed consent and the child is being supervised by a caregiver who is not the child's legal guardian (e.g. grandparent or other relative), Navajo DBHS must obtain general and informed consent from the court ordered legal guardian or the government agency authorized by the court.~~

~~ii. If someone other than the child's parent intends to provide general and, when applicable, informed consent to treatment, Navajo DBHS must obtain proof of legal guardianship and file this documentation in the child's medical record.~~

~~iii. A copy of the court order assigning custody to the governmental agency must be included with documented evidence of general and, when applicable, informed consent to treatment and filed in the child's medical record.~~

~~iv. Any minor who has contracted a lawful marriage, whether or not that marriage has been dissolved subsequently; or any homeless minor may provide general and when applicable, informed consent to treatment without parental consent.~~

~~v. For any child who has been removed from the home by Navajo Child Protective Services (CPS), the foster parent, group home staff, foster home staff, relative or other person or agency whose care the child is currently placed may give consent for the following:~~

~~1. Evaluation and treatment for emergency conditions that are not life threatening; and~~

~~2. Routine medical and dental treatment and procedures, including early periodic screening, diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions.~~

~~b. Emergency Situations~~

~~i. In emergency situations involving a child in need of immediate hospitalization or medical attention, general and, when applicable, informed consent to treatment is not required.~~

~~ii. Any child, 12 years of age or older, who is determined upon diagnosis of a licensed physician, to be under the influence of dangerous drug or narcotic,~~

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~~not including alcohol, may be considered an emergency situation and can receive behavioral health care as needed for the treatment of the condition without general and, when applicable, informed consent to treatment.~~

~~c. Special Assistance for Persons Determined to Have a Serious Mental Illness: Navajo tribal members determined to have a serious mental illness may be in need of special assistance to participate in activities associated with receiving behavioral health services. For Example: special assistance could be used to help a person when developing an individual service and treatment plan, filing a grievance or appeal or requesting an investigation concerning a potential rights violation. The Navajo DBHS Case Manager, behavioral health providers and the human rights advocates within the Office of Human Rights are responsible for providing special assistance. Advocates within the Office of Human Rights may provide or arrange for the provision of special assistance to a person when the person initiates a request for assistance, another involved representative or a provider agency. To contact the Office of Human Rights, call (602) 634-4574 or (800) 431-2124.~~

~~i. Informed Consent: Prior to obtaining informed consent, an appropriate DBHS representative must present the facts necessary for a person to make an informed decision regarding whether or not to agree to the specific treatment and procedures. Navajo DBHS must include documentation in the person's comprehensive clinical record, including the person's signature when required that the required information was given and that the person agreed to the specific treatment.~~

~~1. Written informed consent is obtained by Navajo DBHS from the person, parent, legal guardian, or a court or competent jurisdiction in the following circumstances:~~

~~a. Prior to the provision of a voluntary evaluation for a person.~~

~~b. Prior to the delivery of any other procedure or service with known substantial risks or side effects, i.e. sweat lodge.~~

~~c. For persons determined to have a traditional service, prior to the involvement of the person in research activities.~~

~~2. When providing information that forms the basis of an informed consent decision for any circumstance identified above, the information must be:~~

~~a. Presented in a manner that is understandable to the person, parent, legal guardian or an appropriate court.~~

~~3. In all cases where informed consent is required, informed consent must include:~~

~~a. Information about the person's diagnosis and the proposed treatment, including the intended outcome, nature and all available procedures involved in the proposed treatment.~~

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~~b. The risks, including any side effects, of the proposed treatment, as well as the risks of not proceeding.~~
~~c. The alternatives to the proposed treatment, particularly alternatives offering less risk or other adverse effects.~~
~~d. Any consent given may be withheld or withdrawn in writing or verbally at any time; however, the Navajo DBHS Case Manager or the behavioral health service provider must document the person's choice in the client record.~~
~~e. The potential consequences of revoking the informed consent to treatment.~~
~~f. A description of any clinical indications that might require suspension or termination of the proposed treatment.~~

~~4. If informed consent is revoked, treatment must be promptly discontinued, except in cases that abrupt discontinuation of treatment may pose an imminent risk to the person. In such cases, treatment may be phased out to avoid any harmful effects.~~

V. ~~iv. Procedure~~PROCEDURES

A. Informed consent is obtained at the time of intake or admission to services, and at any time thereafter when an additional service is added to the treatment plan, which was not covered under informed consent already granted by the client.
B. Informed consent is obtained before the provision of a specific treatment that has risks and benefits associated with it. Informed consent is required prior to the provision of the following services and procedures:
   1. Application for a voluntary evaluation,
   2. General behavioral health treatments, therapies, and interventions,
   3. Sweat Lodge and other traditional ceremonies,
   4. Spiritual-based services,
   5. Acupuncture or other therapies using acupressure points,
   6. Participation in research,
   7. Procedures or services with known substantial risks or side effects.
C. Informed consent is documented at the beginning of services using the Consent to Treatment Form, and is also addressed through additional documentation (e.g., Notice of Privacy Practices & Confidentiality, Consent for Sweat Lodge, etc.) which is placed in the EHR.
D. Informed consent must include:
   1. Information about the condition(s) being treated and the proposed treatment, including the intended outcome, nature and all available procedures involved in the proposed treatment,
   2. The risks, including any side effects, of the proposed treatment, as well as the risks of not proceeding,

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3. The alternatives to the proposed treatment, particularly alternatives offering less risk or other adverse effects.

E. Any applicable financial arrangements are explained during the informed consent process, including whether DBMHS intends to seek third-party reimbursement for services rendered to the client.

F. When obtaining informed consent, the DBMHS staff person reviews the above information, the consent to treatment forms and other approved DBMHS forms with the person seeking treatment or the persons representing this individual.

G. Information presented in the documents is explained to the person seeking treatment in a language and manner understandable to him or her. A Navajo bilingual staff person provides this explanation if necessary.

H. The staff person answers any questions asked by the person seeking services.

I. The person seeking services, or their legally authorized representative, signs the documents acknowledging their receipt and understanding of the information and consent to receive behavioral health services as specified.

J. Accommodations are made as needed for hearing, vision, or other impairments. If client understanding appears limited despite all reasonable accommodations, both accommodations and possible limitations are documented in the EHR.

K. Any consent given may be withheld or withdrawn in writing or verbally at any time, and the following must be documented by the DBMHS staff person in the EHR:

1. The potential consequences of revoking the informed consent to treatment.
2. A description of any clinical indications that might require suspension or termination of the proposed treatment.
3. Prompt discontinuation of treatment, except in cases that abrupt discontinuation of treatment may pose an imminent risk to the person. In such cases, treatment may be phased out to avoid any harmful effects, and this process is documented accordingly.

L. Minor children served in the State of New Mexico require a separate informed consent for treatment with psychotropic medication that identifies the specific medication prescribed and includes acknowledgement by the physician and parent/guardian that the risks and benefits have been explained.

REFERENCES

NMAC 7.20.11.22

~~1. Staff reviews the Consent to Treatment and other appropriate Navajo DBHS Outpatient Treatment Legal Forms with the person seeking treatment or the persons representing this individual.~~
~~2. Staff answers any questions the client asks.~~
~~3. Staff requests this person or the representative to sign the documents.~~

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Division of Behavioral and Mental Health Services

Consent to Treatment

I, _____, hereby consent to participate in the therapeutic program of the Division of Behavioral & Mental Health Residential Treatment Services (DBMHS). This program is designed to treat substance use/dependence and co-occurring mental health problems. The treatment program consists of individual counseling, group therapy, family therapy (mandatory for all parents/guardians), education, recreation therapy, Adventure Based Counseling, Sweat therapy, traditional/spiritual counseling, outpatient programs, support groups, and follow-up contacts. All of these activities are without substantial risk and have been demonstrated to be beneficial and therapeutic to the client's recovery process.

I understand that the treatment program may include participation in off-campus activities. These include educational/recreational field trips, which may include overnight stays or camping; cultural activities, which may include a traditional sweat lodge, and support groups such as Alcoholics Anonymous meetings or others.

I understand that grounds for immediate discharge include alcohol and/or drug use, sexual activities, violent behavior, legal stipulations, and non-compliance with treatment.

I hereby give consent to allow DBMHS to routinely test for drugs and alcohol through a breathalyzer, urine, or swab drug test.

I hereby give consent to allow DBMHS to take a specimen of my urine, saliva, or breathalyzer for a random or reasonable suspicion drug test. I understand that positive test results, refusal to be tested or any attempt to affect the outcome may result in discharge from services. All drug screens are used to provide therapeutic feedback to clients.

I understand that DBMHS will search for my belongings for the purpose of controlling/preventing trafficking in contraband and to ensure that only appropriate personal items/clothing are brought into the center. I understand that the Navajo Nation Police may be contacted in the event of suspected illegal activities.

I further understand that I may be held liable for any of my actions that may result in property damage of and/or personal injury to others and that I may not hold DBMHS liable for injuries I may sustain as a result of my own misconduct and misuse of property and facilities.

I have also been informed that surveillance security cameras will be used for security purposes and to monitor client/staff behavior in the open areas of the Center, not to be utilized in private residence quarters.

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This requires all clients to consent to this type of security. I have been made aware of, and fully understand, my rights and responsibilities as a client of the DBMHS Residential Treatment Center. I have received a copy of the DBMHS Family and Client Residential Handbook. I understand and agree to my responsibility to abide by these standards while in treatment at DBMHS.

My signature indicates my consent to participate and to release DBMHS and the Navajo Nation from liability not related to actions of DBMHS Residential Treatment Center program and the Navajo Nation.

Client Signature _____ Date _____ Parent/Guardian Signature (if applicable) _____ Date _____

DBMHS Staff Signature _____ Date _____

~~**Navajo DBHS Outpatient Treatment Services**~~

~~**ADOLESCENT OUTPATIENT CONSENT FOR TREATMENT**~~

~~I, _____, hereby consent to participate in the therapeutic program of the Navajo DBHS Outpatient Services. This program has been described to me as consisting of individual counseling, Adventure Based Counseling, traditional counseling, family counseling, and spiritual contacts. All of these activities are without substantial risk and have been demonstrated to be beneficial and therapeutic to individuals' in recovery.~~

~~I understand that the treatment program may include participation in outdoor activities outside of the outpatient treatment center. These activities include educational/recreational field trips, which also may include overnight stays or camping, cultural activities, and day trip outdoor activities. Outdoor activities do include activities such as Adventure Based Activities and day hikes.~~

~~I understand that I may be given the opportunity to consent to or refuse special programs (spiritual/traditional activities), which staff may feel that I need. I understand the use of alcohol/drugs; sexual activities, violent behavior, and non-compliance with treatment are grounds for possible discharge from treatment or referral to a residential treatment facility, based on the severity and offense. In the event of any illegal activity, I am aware that the proper authorities will be contacted.~~

~~I understand that on outdoor activity outside of the outpatient treatment center the staff will search the clients' belongings for the purpose of controlling/preventing trafficking in contraband and to insure the safety and well being is maintained for both the client and the group.~~

~~I further understand that I may be held liable for any of my actions that may result in property damage and personal injury to self or others and that I may not hold Navajo DBHS Outpatient Services liable for injuries I may sustain as the result of my own misconduct and misuse of property and facilities.~~

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~~I have been made aware of and fully understand my rights and the responsibilities of Navajo DBHS Outpatient Services. I understand and agree to my responsibility to abide by these standards while I am in treatment.~~

~~Client Signature: Date:~~

~~Parent/Legal Guardian Signature Date:~~

~~Witness: Date:~~

~~**Navajo DBHS Outpatient Treatment Services**~~

~~**ADOLESCENT ADVENTURE-BASED COUNSELING RELEASE**~~

~~In return for my child, , being allowed to participate in Navajo DBHS Outpatient Service's Adventure Based Counseling activities and Ropes course Facilities at any time in the future, I hereby agree as follows:~~

- ~~I release the Navajo DBHS Outpatient Services and the Specific Ropes Course, utilized, its directors, school boards, agents, successors and assignees from all liabilities, claims, and causes of action. Whatsoever, breach of contract or any other fault, in anyway relating to or arising at any timeout of my child's participation in any activity of the Ropes Course, equipment and facilities.~~

- ~~I assume all liability for, agree to indemnify, protect, and hold harmless Navajo DBHS Outpatient Services and the Roes Course utilized, its director, employees, school boards, agents, successors, and assignees from all liabilities, losses, damages, expenses, including whatsoever, breach of contract or any other fault, in anyway relating to or arising out of my child's participation in any activity or the Ropes Course, equipment, and facilities.~~

~~I have read and understand this agreement. I understand that by making this agreement I surrender valuable rights. I do so freely and voluntarily.~~

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~~Print Client Name~~ ~~Date~~

~~Client Signature~~ ~~Date~~

~~Print Parent/Legal Guardian Name~~ ~~Date~~

~~Parent/Legal Guardian Signature~~ ~~Date~~

~~Witness Signature~~ ~~Date~~

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~~**Navajo DBHS Outpatient Services**~~

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~~**ADOLESCENT TRANSPORTATION WAIVER/IDEMNITY**~~

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~~I, the parent /legal guardian of _____, do hereby give my consent and permission for my son/daughter to be transported to and from the treatment center while involved in appropriate activities and services.~~

~~WAIVER OF RESPONSIBILITY~~

~~In consideration of your acceptance of this organization, for myself, heirs, executors, administrators, I hereby waive and release any and all rights and claims for damages I may have against the Navajo Nation, Department of Behavioral Health Services, including transportation for treatment activities, related directly or indirectly to my child's participation in the treatment progress.~~

~~INDEMNITY AGREEMENT~~

~~As the parent/legal guardian of the undersigned I hereby agree to indemnify and hold harmless the Navajo nation, Department of Behavioral Health Services for any claims assessed against or collected from said entities by or on behalf of said child.~~

~~Client Signature: Date:~~

~~Parent/Legal Guardian Signature Date:~~

~~Witness Date:~~

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I. POLICY

DBMHS applies Navajo Nation Personnel Policies in conducting investigations prompted by applicable tribal, state, or federal regulations, client-filed grievance, request for investigation, or any condition requiring investigation as defined in this policy.

II. PURPOSE

To conduct investigations in a fair and consistent manner to allow an informed decision to be made.

III. DEFINITIONS

A. **Appeal**
A request for review of an action, or review of an adverse decision by DBMHS in response to a grievance.

B. **Condition Requiring Investigation**
An incident or condition occurring in the course of treatment and affecting a person served by DBMHS, which appears to be dangerous, illegal or inhumane, including but not limited to allegations of physical abuse, sexual abuse, and violations of rights, or the death of a person served by DBMHS.

C. **Grievance or Request for Investigation**
A written complaint that is filed by a person served by DBMHS or other concerned person regarding any condition requiring investigation or any violation of rights of the person served during the course of service.

D. **Preponderance of Evidence**
A standard of proof that it is more likely than not that an alleged event has occurred.

E. **Special Assistance**
Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the individual service plan process, the treatment and discharge plan, the appeal process, or the grievance/request for investigation process.

IV. RULES

A. Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements of DBMHS and Navajo Nation Policy.
B. DBMHS shall respond to grievances and requests for investigations in accordance with the timelines contained in DBMHS **Client Grievance Policy**.
C. DBMHS Treatment Center will respond directly to client grievances whenever possible. However, at the discretion of either the client or the Clinical Specialist/Director, the grievance and request for investigation may be filed with either the DBMHS Behavioral Health Director/Clinical Director, or the state regulating agency.
D. DBMHS Sites located outside the jurisdiction of the Navajo Nation are subject to grievance and investigation procedures of the relevant state licensing or certifying agency.

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V. PROCEDURES

A. DBMHS shall establish a unique case number for each investigation. The case number shall be established as follows:
   1. The letter "B" for those grievances investigated by DBMHS, or other state agency; and the letter "N" for grievances investigated by the Navajo Nation.
   2. The date of receipt of the Grievance or Request for Investigation using the MMDDYY format.
   3. The letter code "S" designating that the person is enrolled in services for the Seriously Mentally Ill; or "R" for DBMHS Residential; or "Q" for Off-Reservation, Non-DBMHS Residential; or "O" for DBMHS Outpatient.
   4. A four-digit sequential number beginning "0001" with the first investigation of each calendar year.

B. Agency Responsible for Identifying Conditions Requiring Investigation:
   1. The DBMHS Clinical Specialist/Director to whom a grievance or request for investigation is submitted, will immediately take any action reasonable to protect the health, safety and security of any client, complainant, or witness.
   2. The Clinical Specialist/Director shall review each client incident report submitted as required in DBMHS **Incident Reporting Policy**, to determine if a grievance issue or condition requiring investigation exists. Incidents in which a person receiving services reports that their rights have been violated will be reviewed internally.
   3. The Clinical Specialist/Director will report and forward any client incident reports to the DBMHS Health Services Administrator (HSA) for a review to determine further action (i.e. investigation).
   4. Grievances or requests for investigation involving physical or sexual abuse or death that occurred at a DBMHS site or as a result of an action of a person employed by DBMHS shall be addressed to the Navajo Nation Police Department.

C. Grievance or Request for Investigation timelines, procedures for filing and responding:
   1. Grievances or a request for investigation must be submitted to DBMHS in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This timeframe may be extended for good cause as determined by the Behavioral Health Director (BHD) or Clinical Director (CD) before whom the grievance or request for investigation is pending.
   2. Upon receiving an oral grievance from a client, DBMHS staff will direct the person to an available supervisor or managerial employee who can assist the person to file a written grievance or request for investigation.
   3. All oral grievances and requests for investigation must be accurately reduced to writing by the DBMHS supervisory or managerial employee, and the written document must be signed by the client.
   4. Summary Disposition – Within seven (7) business days of receiving a grievance or request for investigation, the DBMHS BHD or designee, may summarily dispose of a grievance or request for investigation when:

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i. The alleged violation occurred more than one year prior to the date of request.
ii. The grievance request is primarily directed to the level or type of treatment provided and can be fairly and efficiently addressed through the treatment planning process.

5. Disposition without investigation - Within seven (7) business days of receiving a grievance or request for investigation, the DBMHS Behavioral Health Director or designee, may resolve the matter without an investigation when:
   i. There is no dispute of the facts alleged in the grievance or request for investigation;
   ii. The allegation is frivolous, meaning that it:
      1. Involves an issue that is not within the scope of applicable tribal, state or federal laws or regulations, applicable ethical codes, or standards of practice;
      2. Could not possibly have occurred as alleged;
      3. Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated.; or
      4. Within 7 days of receipt of the grievance or request for investigation, the person filing the grievance or requesting the investigation agrees that the matter can be resolved fairly and efficiently without formal investigation.
6. Preliminary Disposition Response – Within seven (7) business days of a grievance or request for investigation, the DBMHS Behavioral Health Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and information to request assistance. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the appropriate Office of Human Rights/DBMHS for persons who need special assistance due to a disabling condition.

D. Process of conducting investigations:
1. If an extension of a time frame contained in DBMHS grievance or investigation procedures is required, it may be requested in writing from the DBMHS Behavioral Health Director or designee.
2. For grievance investigations into allegation of rights violations, the investigator shall:
   a. Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation.
3. For grievance investigations into allegation of physical or sexual abuse, the investigator shall inform the local law enforcement immediately.

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4. If the person who is the subject of the investigation needs special assistance the investigator shall contact the person's advocate, or if no advocate is assigned, contact the appropriate state regulatory agency and request that an advocate be present to assist the person during the interview and any other part of the investigation process.
5. The investigator shall prepare a written report that contains at a minimum:
   b. A summary for each individual interviewed of information provided by the individual during the interview conducted;
   c. A summary of relevant information found in documents reviewed;
   d. A summary of any other activities conducted as a part of the investigation;
   e. A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation;
   f. A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and
   g. Recommended actions or a recommendation for required corrective action, if indicated.
6. Within five business days of receipt of the investigator's report, the DBMHS Behavioral Health Director shall review the investigation case record and the report, and issue a written, dated decision which shall either:
   a. Accept the report and state a summary of findings and conclusions and any action or corrective action required of the DBMHS BHD and subject to state and federal confidentiality requirements send copies of the decision to the investigator, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), and the appropriate state regulatory agency. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the grievant by certified mail or be hand delivered.
   b. Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to the Behavioral Health Director within 10 days.

E. Outcome of Investigations – The HSA and BHD may identify actions to be taken, which may include:
1. Identifying training or supervision for an employee found to be responsible for a condition requiring investigation;
2. Verbal or written warning against an employee depending on the outcome of the investigation;
3. Formal disciplinary action against an employee based on investigation;

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4. Developing or modifying program's practices or protocols;
5. The Clinical Supervisor or HSA will notify the regulatory entity that licensed or certified an individual of the findings from the investigation; or
6. Imposing corrective action plan on the program, as applicable through State licensing or Accreditation Boards.

F. In the event an administrative appeal is filed, the HSA will coordinate with Navajo Nation Department of Justice (DOJ) for consult on the appeal, who will determine further course of action.

G. Investigation Records and Tracking System – DBMHS will maintain records in the following manner:
   1. All documentation received related to the investigation process will be date stamped on the day received.
   2. DBMHS will maintain a grievance investigation case record for each case. The record shall include:
      a. The number assigned according to this policy;
      b. The original grievance/investigation request letter;
      c. Copies of all information generated or obtained during the investigation;
      d. The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions and recommendations;
      e. A copy of the acknowledgment letter, final decision letter and any information/ documentation generated by an appeal of the grievance decision.
   3. DBMHS will maintain all grievance and investigation files in a secure designated area and retain for at least seven (7) years.

H. All documentation will be provided with other information as necessary regarding grievances and investigations to the DBMHS quality improvement team for the purpose of:
   1. Identifying events, trends and patterns that may affect client health, safety, and/or treatment efficacy;
   2. Submitting findings and recommendations the HSA for further action, including but not limited to:
      a. Changes in policies and/or procedures;
      b. Employee and assignment changes;
      c. Additional education or training for employee;
      d. Addition or deletion of services.

I. Pursuant to the applicable tribal, state, and federal statutes, DBMHS shall maintain confidentiality and privacy of investigation proceedings and records at all times.

J. Notice shall be given to a law enforcement agency or other entity as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.

K. DBMHS shall notify the applicable state regulatory agency when:

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1. A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee;
2. An employee or contractor files a complaint with law enforcement alleging criminal conduct against a person receiving services;
3. An employee, contracted employee, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.

L. Any investigation of criminal activity reported under this section will be conducted by entities with legal jurisdiction on the Navajo Nation. State regulatory agencies will be informed of the investigation outcome in accordance with this policy.

REFERENCES

NMAC 7.20.11.17; NMAC 7.20.11.20
Arizona Department of Health Services, Division of Behavioral Health Services Policy and Procedures Manual (ADHS/DBMHS Policy) GA 3.3 Appeals Process for Persons Receiving Services; GA 3.5, Notice Requirements; GA 3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness; CO 1.4, Confidentiality; QM 2.5, Reports of Incidents, Accidents and Deaths;
A.R.S. § 41-1092 et seq.; A.R.S. Title 32, Chapter 33;
9 A.A.C. 21, Articles 3 and 4; A.A.C. R9-1-107.

~~VI. Rights of Persons Served~~

~~a. Client Rights~~

~~i. Policy~~

~~The Navajo DBHS employee will inform and implement the rights of the client at the time of screening, admission and throughout the continuum of care.~~

~~ii. Purpose~~

~~To inform the Navajo DBHS employee on the rights of the client~~

~~iii. General Information~~

~~A. All DBHS employees according to treatment locations will adhere to the applicable Tribal, State, and Federal regulations.~~

~~B. A licensed employee shall ensure that:~~

~~a. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receives a written list and verbal explanation of the client rights~~

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~~b. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation.~~

~~c. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.~~

~~C. A licensed employee shall ensure that a client is afforded the rights according to their licensing regulations.~~

~~D. A client has the following rights:~~

~~a. To be treated with dignity, respect, and consideration.~~

~~b. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.~~

~~c. To receive treatment that:~~

~~i. Supports and respects the client's individuality, choices, strengths, and abilities~~
~~ii. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, by the client's general consent, or as permitted in this Chapter; and~~
~~iii. Is provided in the least restrictive environment that meets the client's treatment needs.~~
~~iv. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.~~
~~v. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation.~~
~~vi. Allow grievances to be handled in a fair, timely, and impartial manner.~~
~~vii. Seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense.~~
~~viii. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.~~
~~ix. Allows a client who may be enrolled by Regional Behavioral Health Authority (RBHA) as an individual who is seriously mentally ill (SMI), to receive assistance from human rights advocates provided by the State of Arizona Department of Health or their designee in understanding, protecting, or exercising the client's rights.~~
~~x. Ensures that the client's information and records are kept confidential and released only as permitted in accordance to regulations;~~
~~xi. Ensures privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:~~
~~xii. For photographing for identification and administrative purposes.~~
~~xiii. For video recordings used for training and supervision purposes that are maintained only on a temporary basis.~~
~~xiv. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist.~~
~~xv. To be informed that Navajo DBHS does not offer a fee for services.~~

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~~xvi. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;~~

~~xvii. To be offered or referred for the treatment specified in the client's treatment plan; To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan; To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.~~

~~xviii. To be free from:~~

~~1. Abuse.~~

~~2. Neglect.~~

~~3. Exploitation.~~

~~4. Coercion.~~

~~5. Manipulation.~~

~~6. Retaliation for submitting a complaint.~~

~~7. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.~~

~~8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.~~

~~9. To participate or refuse to participate in religious/pastoral or traditional activities.~~

~~10. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment.~~

~~11. To receive treatment services in a smoke free facility, although smoking may be permitted outside the facility;~~

~~12. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and~~

~~13. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.~~

~~iv. Procedures~~

~~During the admission process, all direct service providers will ensure the client has been informed of client rights in the language of the client's understanding. The direct service staff and client~~

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~~will document this by signing the "Client Rights" form. The original form is maintained in the client's record and a copy will be given to the client.~~

~~**v. References**~~

- ~~Arizona Department of Behavioral Health Services/Division of Behavioral Health Services — Policies and Procedures~~
- ~~New Mexico Division of Health Policies and Procedures~~
- ~~Utah Department of Health Policies and Procedures~~
- ~~Legislation No. 0470-04 (S2105; S2106; S2107; S2108) Enacting the Health Commitments Act of 2004 — Amending Title 13 of the Navajo Nation Code.~~

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~~Navajo DBHS Outpatient Services~~
~~CLIENT RIGHTS~~

- ~~You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, preferences, and requirements.~~
- ~~You have the right to privacy in your treatment, care, and fulfillment of your personal needs.~~
- ~~You have the right to be fully informed on all services available through DBHS and accompanying charges.~~
- ~~You have the right to be fully informed of your rights as a client, and all rules and regulations governing your conduct as a patient with DBHS.~~
- ~~You have the right to manage your personal financial affairs, and should you desire assistance, staff will refer you to an appropriate agency.~~
- ~~You have the right to know about your physical, emotional, and mental condition, and to participate in development of your treatment.~~
- ~~You have the right to continuity of care. You will not be transferred or discharged except for medical reasons, your personal welfare, welfare of others, or non-participation in your treatment. Should your transfer or discharge become necessary, you will be given reasonable advance notice, except in emergent situations.~~
- ~~You have the right to voice a grievance regarding services or policies of DBHS, without fear of restraint, interference, undue pressure, discrimination, or reprisal.~~
- ~~You have the right to be free of physical, mental and chemical abuse. Physical and chemical restraints may be applied only when ordered by a physician in writing, and for specified, limited time, except when necessary to protect you or others from injury.~~
- ~~You have the right to confidential personal and medical records. Information from these sources will not be released without your prior consent, except in your transfer to another DBHS component, or as required by law.~~
- ~~You have the right to refuse to perform any service for the program or other clients, unless such service is part of your therapeutic treatment plan that you agree to.~~
- ~~You have the rights of any U.S. citizen, and your participation in treatment is voluntary. Clients who are responsible to a parole or probation officer will be subject to the control such an officer may legally exercise.~~
- ~~You have the right to know when tape recorders, one way mirrors, audio visual equipment, and cameras are being used. These items will not be used without your written consent. Your refusal to consent will not affect your treatment in any manner.~~
- ~~This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.~~

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Date Client

Date Parent, or Guardian (if applicable)

Date CounselorWitness

b. Restriction of Client Rights

i. Policy

Restriction of client rights may be necessary and therapeutic for client self-growth.

ii. Purpose

To establish occasions when client's rights may be restricted.

iii. General Information

1. Client rights may be restricted under emergency circumstances, e.g. confidentiality may be breached when a life is endangered by risk of suicidal or homicidal behavior, suspicion of child abuse or neglect.

1. Client rights may be restricted when a proper court order is presented.
2. Client rights may be restricted when the client is unable to comprehend the purpose for an intervention or treatment service.
3. Client rights may be restricted when client(s) are excluded from the outpatient services (see Exclusion Criteria).

iv. Procedure

- The Clinical Specialist will approve the restriction of any client's rights.
- The client will be informed on any decision regarding restriction of their rights.
- The decision will be documented in the client's progress note.

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~~c. Client Grievance~~

~~i. Policy~~

~~All Navajo DBHS clients, parents/caregivers of minor clients, and other agencies also serving DBHS clients (e.g., referral sources) may submit complaints. Complaints will be investigated and a response will be written. Every effort will be made to use the information to improve program performance and prevent future problems.~~

~~ii. Purpose~~

~~To provide a systematic process for client grievances regarding their dissatisfaction with services, resolving problems, and to protect client rights in the process.~~

~~iii. General Information~~

~~1. The Grievance Procedure document will be posted in the front lobby area of the facility.~~

~~2. All complaint(s) shall be submitted in writing for proper documentation and will be reviewed by the Clinical Specialist in consultation with the Program Supervisor.~~

~~3. The name of the complainant or any name in the complaint is maintained as confidential and is not to be disclosed without written authorization of the client, individual, parent, or legal guardian.~~

~~4. Navajo DBHS does not discriminate in any way against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in the complaint investigation process.~~

~~5. Navajo DBHS does not discriminate in any way against any employee who advocates on behalf of the client.~~

~~6. Any client, client's parents, legal guardian, custodian, designated representative, who feels he/she has been discriminated may report their grievance to Navajo DBHS Central office to the attention of the Clinical Specialist Coordinator.~~

~~7. Navajo DBHS Client Grievance Acknowledgement is reviewed with client, client's parent, guardian, custodian, designated representative, during the admissions process.~~

~~8. The client, client's parents, guardian, custodian, designated representative, verifies that the Grievance Procedure has been reviewed with him/her by signing and dating the DBHS Client Rights form.~~

~~iv. Procedure~~

~~1. All complaints received will be handled in the following manner:~~

~~a. Upon receipt of a complaint, the Clinical Specialist in consultation with the Program Supervisor will review the complaint within 24 hours and formulate a written response.~~

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~~b. If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.~~

~~c. If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.~~

~~2. A complaint may be submitted in writing to the Primary Counselor, Program Supervisor, Clinical Specialist, or directly to the Navajo DBHS Central Administration in Window Rock, Arizona, if the grievance remains unresolved.~~

~~3. Clients can request assistance in writing the complaint from staff, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.~~

~~4. If the complaint is against a program other than DBHS, the Program Supervisor or Clinical Specialist will forward the complaint to the appropriate program.~~

~~5. The Clinical Specialist or Program Supervisor will coordinate formal resolution of the complaint or grievance with the client and in coordination with the primary counselor.~~

~~6. If the complaint is clinical in nature, it will go to the Clinical Specialist and if it is programmatic in nature, it will go to the Program Supervisor.~~

~~7. Client satisfaction surveys will be conducted as part of regular discharge procedures, or at other regular intervals.~~

~~8. A suggestion box will be maintained within each facility for the purpose of obtaining consumer feedback and suggestions, to be considered for program improvement purposes.~~

~~9. Clients have the right to remain anonymous when providing feedback.~~

~~10. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.~~

~~11. Clients shall not be terminated from services, or their treatment plans altered without their consent, as a result of any complaint or suggestion they have submitted.~~

~~12. All clients are informed they can file complaints directly with the Clinical Specialist Coordinator and Department Manager at the Central Office of Navajo Behavioral Health as follows:~~

~~Navajo Nation Behavioral Health Services~~

~~Post Office Box 709 Window Rock, AZ 86515~~

~~Phone: (928) 871-6235~~

~~Fax: (928) 871-2266~~

~~13. If a client is not satisfied with the outcome through the above outlined process, he/she has the option to pursue further remedies at his/her own discretion.~~

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Navajo DBHS Outpatient Services

Grievance Procedures Acknowledgment

As a registered Navajo DBHS client, if you feel that you have not received proper treatment, have been denied services, or placed on an unreasonable or indefinite waiting list for services, you may submit a verbal or written notification to your Primary Counselor, the Clinical Specialist, or the Program Supervisor at the Outpatient Treatment Center. If you are not comfortable presenting your grievance at the Outpatient Treatment Center, you may go in person or mail your complaint(s) to the Clinical Specialist Coordinator and Department Manager at the DBHS Central Office in Window Rock, Arizona.

Clinical Specialist/Department Manager

Department of Behavioral Health Services

P.O. Box 709

Window Rock, AZ 86515

(928) 871-6235 Fax: (928) 871-2266

The following steps will be taken to help resolve your complaint or grievance:

- Upon receipt of a complaint, the Clinical Specialist, in consultation with the Program Supervisor, will review the complaint within 24 hours and formulate a written response.
- If the complaint warrants further action, it will be investigated within 3 days with a preliminary report completed.
- If there is a need for a more extensive investigation, the investigation will be conducted in 10 days and a report will be completed.

The report will include Steps taken to respond initially to the complaint/grievance findings, suggested resolutions, and any preliminary actions taken to resolve the issue.

This certifies that the grievance procedures acknowledgement has been read and explained to me in the language that I understand.

_____ _____

Client's Signature Date

_____ _____

Parent / Guardian Signature Date

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Counselor's Signature Date

d. Conduct of Investigation Concerning Persons with Serious Mental Illness

i. PolicyPOLICY

Investigations are conducted into allegations of physical abuse, sexual abuse, and violations of rights, and conditions that are dangerous, illegal, or inhumane. Investigations shall also be conducted in the event of a client death. Investigations conducted pursuant to this policy are only conducted when the person receiving services is enrolled in services for persons with serious mental illness.

ii. PurposePURPOSE

To establish procedures related to investigations conducted by the Regional Behavioral Health Authority, the Arizona State Hospital, and the ADHS/DBHS.

iii. DefinitionsDEFINITIONS

Administrative Appeal:

An appeal to the ADHS/DBHS of a decision made by the Navajo DBHS as the result of a grievance.

Appeal:

A request for review of an action, and for a person determined to have a serious mental illness, or review of an adverse decision by Navajo DBHS or ADHS/DBHS.

Condition Requiring Investigation:

An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with SMI.

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~~Grievance or Request of Investigation:~~
~~A complaint that is filed by a person with SMI or other concerned person regarding a violation of rights of the person with SMI, or a condition requiring investigation.~~

~~Physical Abuse:~~
~~A. The infliction of physical pain, injury, impairment of body function, or disfigurement of a person receiving services and that is caused by acts or omissions of a Navajo DBHS employee.~~

~~Preponderance of Evidence:~~
~~A standard of proof that it is more likely than not that an alleged event has occurred.~~

~~Special Assistance:~~
~~Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the individual service plan process, the inpatient treatment and discharge plan, the appeal process, or the grievance/request for investigation process.~~

~~Sexual Abuse:~~
~~Sexual misconduct caused by acts or omissions of a Navajo DBHS employee. Sexual abuse includes molestation, sexual assault, incest, or prostitution of, or with, a person receiving services.~~

~~iv. General InformationRULES~~
~~1. Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements in ADHS/DBHS Policy GA 3.5, Notice Requirements.~~
~~2. Navajo DBHS administration shall respond to grievances and requests for investigations in accordance with the timelines contained in 9 A.A.C. 21, Article 4.~~
~~3. Computation of Time: In computing any period of time prescribed or allowed by this policy, the period begins the day after the act, event or decision occurs and includes all calendar days and the final day of the period. If the final day of the period is a weekend or legal holiday, the period is extended until the end of the next day that is not a weekend or a legal holiday. If the period of time is not designated as calendar days and is less than 11 days, then intermediate Saturdays, Sundays and legal holidays must not be included in the computation.~~
~~4. The RBHA and/or the Navajo DBHS shall establish a unique ADHS/DBHS Docket Number for each Grievance or Request for Investigation filed. The Docket Number shall be established as follows:~~
~~a. The letter "B" for those issues investigated by the ADHS/DBMHS.~~
~~b. The letter "T" for those issues investigated by TRBHA.~~
~~c. The letter "NN" for those issued by the Navajo Nation.~~
~~d. The date of receipt of the Grievance or Request for Investigation using the MMDDYY format.~~
~~e. The letter code "S" designating that the person is enrolled in services for the Seriously Mentally Ill.~~
~~f. A four digit sequential number.~~
~~5. Agency Responsible for Resolving Grievances and Requests for Investigation.~~
~~a. Navajo DBHS administration reviews each incident report submitted as required in ADHS/DBHS Policy QM 2.5, Response of Incidents, Accidents, and Deaths to determine if a grievance issue or condition~~

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~~requiring investigation exists. Incidents in which a person receiving services reports that their rights have been violated or that they have been physically or sexually abused shall be treated as grievances.~~

~~b. Grievances involving an alleged rights violation, or a request for investigation involving an allegation that a condition requiring investigation exists, which occurred in a Navajo DBHS site, and which does not involve a client death or an allegation of physical or sexual abuse, shall be filed with and investigated by Navajo DBHS administration.~~

~~c. Grievances or requests for investigation involving physical or sexual abuse or death that occurred in Navajo DBHS or as a result of an action of a person employed by Navajo DBHS shall be addressed to the ADHS/DBHS and investigated by the ADHS/DBHS.~~

~~6. The Navajo DBHS director, before whom a grievance or request for investigation is pending, immediately takes any action reasonable to protect the health, safety and security of any client, complainant, or witness.~~

~~7. Grievance/Request for Investigation Process~~

~~a. Timeliness and Method Forfor Filing Grievances~~

~~i. Grievances or a request for investigation must be submitted to Navajo DBHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This timeframe may be extended for good cause as determined by the Navajo DBHS Director before whom the grievance or request for investigation is pending.~~

~~ii. Navajo DBHS shall, upon request, assist a person receiving services, or their legal guardian, in making an oral or written grievance or request for investigation or direct the person to an available supervisory or managerial staff who shall assist the person to file a grievance or request for investigation.~~

~~iii. All oral grievances and requests for investigation must be accurately reduced to writing by the Navajo DBHS personnel that receives the grievance or request, on the ADHS/DBHS Appeal or SMI Grievance Form (Attachment B).~~

~~iv. The Navajo DBHS submits the complaint form and all subsequent correspondence concerning the case to the ADHS/DBHS Office of Grievance and Appeals, including:~~

~~1. Whether or not the person who is the subject of the grievance or request for investigation is a person who needs special assistance, and~~

~~2. A report of any corrective action taken as a result of the findings of the investigation.~~

~~b. Preliminary Disposition~~

~~i. Summary Disposition — Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may summarily dispose of a grievance or request for investigation when:~~

~~1. The alleged violation occurred more than one year prior to the date of request.~~

~~2. The grievance request is primarily directed to the level or type of mental health treatment provided and can be fairly and efficiently addressed through the service planning or appeal process as described in 9 A.A.C. 21, Articles 3 and 4.~~

~~ii. Disposition without investigation - Within seven days of receiving a grievance or request for investigation, the Navajo DBHS Director or designee, may resolve the matter without conducting an investigation when:~~

~~1. There is no dispute of the facts alleged in the grievance or request for investigation.~~

~~2. The allegation is frivolous, meaning that it:~~

~~a. Involves an issue that is not within the scope of Title 9, Chapter 21;~~

~~b. Could not possibly have occurred as alleged.~~

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c. Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated.; or

d. Within 7 days of receipt of the grievance or request for investigation, the person filing the grievance or requesting the investigation agrees that the matter can be resolved fairly and efficiently without formal investigation.

iii. Preliminary Disposition Response — Within seven days of a grievance or request for investigation, the Navajo DBHS Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and information to request assistance. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the ADHS/DBHS Office of Human Rights for persons who need special assistance.

c. Conducting Investigations of Grievances — Navajo DBHS shall conduct the investigation pursuant to A.A.C. R9-21-406.

i. If an extension of a time frame contained in A.A.C. R9-21-406 is needed, it may be requested pursuant to A.A.C. R9-21-410. B. Specifically:

1. A request for an extension made by a Navajo DBHS appointed investigator

2. A request for an extension made by an ADHS/DBHS appointed investigator shall be addressed to the ADHS Director or designee.

ii. For grievance investigations into allegation of rights violations, or physical or sexual abuse, the investigator shall:

1. Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation, or physical or sexual abuse.

2. If the person who is the subject of the investigation needs special assistance, the investigator shall contact the person's advocate, or if no advocate is assigned, the ADHS/DBHS Office of Human Rights, and request that an advocate be present to assist the person during the interview and any other part of the investigation process.

3. Request assistance from the ADHS/DBHS Office of Human Rights if the person identified as the subject needs assistance to participate in the interview and any other part of the investigation process.

4. Prepare a written report that contains at a minimum:

a. A summary for each individual interviewed of information provided by the individual during the interview conducted.

b. summary of relevant information found in documents reviewed.

c. A summary of any other activities conducted as a part of the investigation.

d. A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation.

e. A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and

f. Recommended actions or a recommendation for required corrective action, if indicated.

iii. Within five days of receipt of the investigator's report, the Navajo DBHS Director shall review the investigation case record and the report, and issue a written, dated decision which shall either:

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1. Accept the report and state a summary of findings and conclusions and any action or corrective action required of the Navajo DBHS Director and send copies of the decision, subject to confidentiality requirements in ADHS/DBHS Policy CO-1.4, Confidentiality to the investigator, Navajo DBHS Director, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), and the ADHS/DBHS Office of Human Rights for persons deemed in need of special assistance. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the grievant by certified mail or be hand delivered.
2. Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to the Navajo DBHS Director within 10 days.

iv. The Navajo DBHS Director may identify actions to be taken, as indicated in (e)(l) above, which may include:
1. Identifying training or supervision for or disciplinary action against an individual found to be responsible for a rights violation or condition requiring investigation identified during the course of investigation of a grievance or request for investigation.
2. Developing or modifying a mental health agency's practice or protocols.
3. Notifying the regulatory entity that licensed or certified an individual according to A.R.S. Title 32, Chapter 33 of the findings from the investigation; or
4. Imposing sanctions, which may include monetary penalties, according to the terms of a contract, if applicable.

v. In the event an administrative appeal is filed, the Navajo DBHS, shall forward the full investigation case record, which includes all elements in A.A.C. R9-21-409 (D)(1), to the ADHS/DBHS Deputy Director through the ADHS/DBHS Office of Grievance and Appeals. The Navajo DBHS shall prepare and send with the investigation case record, a memo in which states:
1. Any objections the Navajo DBHS has to the timeliness of the administrative appeal,
2. The Navajo DBHS response to any information provided in the administrative appeal that was not addressed in the investigation report, and
3. The Navajo DBHS understanding of the basis for the administrative appeal.

vi. Within 15 days of the filing of the administrative appeal, the ADHS/DBHS Deputy Director, or designee, will review the appeal and the investigation case record and may discuss the matter with any of the persons involved or convene an informal conference, and prepare a written, dated decision which shall either:
1. Accept the investigator's report with respect to the facts as found, and affirm, modify, or reject the decision of the appropriate individual (i.e., agency director) with a statement of reasons; or
2. Reject the investigator's report for insufficiency of facts and return the matter with instructions to the Navajo DBHS for further investigation and decision. In such a case, the Navajo DBHS shall conduct further investigation and complete a revised report and decision to the ADHS/DBHS Deputy Director within ten days. The ADHS/DBHS Deputy Director, or designee, shall render a final decision within 15 days of the appropriate individual (i.e., agency director) revised decision and send copies to the appellant along with a notice of the right to request an administrative hearing within 30 days from the date of the decision; the Navajo DBHS Director; and the Office of Human Rights and the applicable human rights committee for persons who are in need of special assistance.

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vii. ~~Any grievant or person who is the subject of the grievance who is dissatisfied with the decision of the ADHS/DBHS Deputy Director may request an administrative hearing before an administrative law judge within 30 days of the date of the decision.~~

viii. ~~Upon receipt of a request for a hearing, the hearing shall be scheduled and conducted according to the requirements in ARS 541-1092 et seq. and A.A.C. R9-1-107.~~

ix. ~~After the expiration of the time frames for administrative appeal and administrative hearing as described above, or after the exhaustion of all appeals regarding outcome of the investigation, the Navajo DBHS Director, or the Deputy Director of the ADHS/DBHS, shall take any corrective action required and add to the record a written, dated report of the action taken. A copy of the report shall be sent to the ADHS/DBHS Office of Human Rights for persons in need of special assistance for distribution to the appropriate human rights committee.~~

~~1. Conducting Investigations of Conditions Requiring Investigation — The investigation shall be conducted in the same manner described above in section d.7 (Grievance/Request for Investigation Process) of this policy.~~

~~2. Investigations into the deaths of persons receiving services shall be conducted as described in ADHS/DBHS Policy GA-3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness.~~

~~3. Grievance Investigation Records and Tracking System — ADHS/DBHS and the Navajo DBHS will maintain records in the following manner:~~

x. ~~All documentation received and mailed related to the grievance and investigation process will be date stamped on the day received.~~

xi. ~~Navajo RBHA and the Navajo DBHS will maintain a grievance investigation case record for each case. The record shall include:~~

~~1. The docket number assigned according to section d.4 of this policy.~~

~~2. The original grievance/investigation request letter and the ADHS/DBHS Appeal or SMI Grievance Form.~~

~~3. Copies of all information generated or obtained during the investigation.~~

~~4. The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions and recommendations.~~

~~5. A copy of the acknowledgment letter, final decision letter and any information/ documentation generated by an appeal of the grievance decision.~~

xii. ~~ADHS/DBHS and the Navajo DBHS will maintain all grievance and investigation files in a secure designated area and retain for at least five years.~~

xiii. ~~The Public Log — The ADHS/DBHS, Office of Grievance and Appeals (OGA), the Navajo RBHA and the Navajo DBHS shall maintain a public log of all grievances or requests for investigation in the ADHS/DBHS OGA Database. Entry must be made within three (3) working days of each reportable event. The Public Log will contain the following information:~~

~~1. A docket numbers.~~

~~2. A description of the grievance or request for investigation issued.~~

~~3. The date of the filing of the grievance.~~

~~4. The date of the initial decision or appointment of the investigator.~~

~~5. The date of the filing of the investigator's final report.~~

~~6. The dates of all subsequent decisions, appeals or other relevant events.~~

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~~7. A description of the final decision and any actions taken by the Navajo DBHS~~

~~4. d. Other Matters Related to the Grievance Process:~~

~~i. Pursuant to the applicable statutes and ADHS/DBHS Policy CO 1.4, Confidentiality, the Navajo DBHS shall maintain confidentiality and privacy of grievance matters and records at all times.~~

~~ii. Notice shall be given to a public official, law enforcement officer, or other person, as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.~~

~~iii. The Navajo DBHS shall notify the Deputy Director of ADHS/DBHS when:~~

~~1. A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee.~~

~~2. An employee or contracted staff files a complaint with law enforcement alleging criminal conduct against a person receiving services;~~

~~3. An employee, contracted staff, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.~~

~~v. References~~

~~Policy and Procedures adapted from:~~

- ~~Arizona Department of Health Services~~
- ~~Division of Behavioral Health Services~~
- ~~Policy and Procedures Manual~~
- ~~A.R.S. S 41-1092 et seq.~~
- ~~A.R.S. Title 32, Chapter 33~~
- ~~9 A.A.C. 21, Articles 3 and 4~~
- ~~A.A.C. R9-1-107~~
- ~~ADHS/DBHS Policy GA 3.3 Appeals Process for Persons Receiving Services~~
- ~~ADHS/DBHS Policy GA 3.5, Notice Requirements~~
- ~~ADHS/DBHS Policy GA 3.7, *Reporting and Investigations of Deaths of Persons with Serious Mental Illness*~~
- ~~ADHS/DBHS Policy CO 1.4, Confidentiality~~
- ~~ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths~~

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~~e. AZ: Seriously Mentally Ill Adults in Need of Special Assistance~~

~~i. Policy~~

~~A person determined to have a serious mental illness and deemed to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's needs. Having a guardian or designated representative does not preclude the need for special assistance. The need for special assistance may be deemed by any of the following:~~

~~1. A qualified clinician,~~
~~2. A case manager,~~
~~3. A clinical team of a Navajo RBHA,~~
~~4. Navajo RBHA,~~

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5. DBHS Program Supervisor, Clinical Specialist, other Navajo DBHS clinical employees,
6. The Deputy Director of the Arizona Department of Health Services, or
7. A hearing officer.

ii. Purpose

To establish uniform guidelines for:

Identification of adults determined to have a serious mental illness that need special assistance; Monitoring to assure that Special Assistance is provided; and Maintenance of required reports.

iii. Definitions

ADHS Office of Human Rights: The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.

Human Rights Committees: Human Rights Committees are established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness, and enrolled children are protected.

Special Assistance: Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP), the appeal process, or the grievance, or request for investigation process.

iv. General Information

1. A person is determined to need special assistance if the person is unable to communicate preferences for services and/or participate in service planning and/or the grievance, appeal and/or investigation process due to any one or more of the following:
   a. Cognitive ability.
   b. Intellectual capacity.
   c. Sensory impairment.
   d. Language barriers (which does not include speaking a foreign language), including but not limited to deaf, hard of hearing, mute or developmental delay in language development; and/or
   e. Medical condition.
2. Navajo RBHA must ensure:
   a. Identification of persons in need of special assistance.
   b. Notification to the Office of Human Rights and the appropriate Human Rights Committee of each person identified to be in need of special assistance including the specific need(s) via a monthly report;
   c. Provision of training to applicable Navajo RBHA and provider staff of requirements related to special assistance; and
   d. Monitoring of the provision of special assistance to those persons identified to be in need.
3. The Office of Human Rights maintains a tracking of all people identified as needing special assistance and will assure provision of special assistance as needed.

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~~4. Human Rights Committees must make regular visits to the residential environments of people in need of special assistance to ensure that the person's needs are being met and to determine the person's satisfaction with the care.~~

~~v. Procedures~~

~~1. Navajo RBHA and Navajo DBHS are required to periodically assess whether a person determined to have a serious mental illness is in need of special assistance. Minimally, the need for special assistance should be considered in the following situations:~~

~~a. Discharge planning.~~

~~b. Service planning; and~~

~~c. Appeal, grievance, or investigation process.~~

~~2. The Office of Human Rights provides assistance when a person or other involved person or agency initiates a request. In such situations, the TRBHA and Navajo DBHS will be advised of the Office of Human Rights involvement and the obligation to assess the person's need for special assistance.~~

~~3. Navajo RBHA and Navajo DBHS shall submit the Request for Special Assistance Form (Attachment I) to the Office of Human Rights within three working days of identifying a person as in need of special assistance. If the special assistance is needed immediately, the request shall be submitted immediately.~~

~~4. The Office of Human Rights will respond to the Navajo RBHA and/or Navajo DBHS within three working days of receipt of a Request for Special Assistance Form and will identify how the request for special assistance will be accommodated. Special assistance may be provided by the Office of Human Rights or through the local Human Rights Committee.~~

~~5. The Request for Special Assistance Form is maintained in the person's comprehensive clinical record. The Office of Human Rights will provide the name of the person, the location of the person and the nature of the special assistance that is needed to the appropriate Human Rights Committee. The Office of Human Rights and members of the Human. Rights Committees must obtain written authorization for release of information in order to gain access to person specific clinical information. Navajo RBHA and Navajo DBHS provides access to the person's clinical records to representatives of the Office of Human Rights and Human Rights Committees who have written authorization from the person or the person's legal guardian. A copy of the written authorization shall be provided to the Navajo RBHA and/or the Navajo DBHS for placement in the person's comprehensive clinical record.~~

~~6. The Office of Human Rights will provide the Navajo RBHA with copies of signed confidentiality agreements for all members of the Navajo RBHA regional Human Rights Committees.~~

~~7. The Office of Human Rights, the Human Rights Committees, the Navajo RBHA and the Navajo DBHS shall maintain open communication during the time special assistance is being provided, including the specific types of assistance being provided, planned interventions and outcomes of interventions.~~

~~8. The Office of Human Rights will maintain:~~

~~a. A current list of all persons determined to have a serious mental illness that have been identified as needing special assistance; and~~

~~b. A separate list of all persons for whom the Office of Human Rights is directly providing special assistance.~~

~~9. The Office of Human Rights will provide the lists to each Navajo RBHA on a quarterly basis and to the Human Rights Committees monthly basis.~~

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~~10. If a Navajo RBHA or subcontracted provider fails to submit required information to the Office of Human Rights, the Office of Human Rights will notify the Navajo RBHA Director and the Deputy Director of ADHS/DBHS in writing. ADHS/DBHS will follow-up with the Navajo RBHA and may require specific corrective action.~~

~~11. When a qualified clinician, case manager, clinical team or Navajo RBHA determines that a person who has been designated to be in need of special assistance is no longer in need of special assistance, the Navajo RBHA shall notify the person and the Office of Human Rights within 10 days of the determination. The notification shall include the reasons for the determination that the person is no longer in need of special assistance (Attachment I, Part C). The Office of Human Rights or a Human Rights Committee representative may continue to assist the person with the person's consent.~~

~~vi. References~~

~~A.R.S. 36-107, 36-504, 36-509, 36-517.01 9 A.A.C 21 (AZ)~~

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~~AZ: REQUEST FOR SPECIAL ASSISTANCE~~

~~A person deemed by a qualified clinician, case manager, clinical team or Navajo RBHA to need special assistance is to be identified regardless of whether or not the program believes it is accommodating the person's need(s). An individual should be determined to need special assistance if, due to any one or more of the following: cognitive ability; intellectual capacity; sensory impairment; language barriers and/or medical condition, he/she is unable to communicate preferences for services and/or participate in service planning and/or the grievance/appeal process.~~

~~PART A (to be completed by the Navajo RBHA or provider and faxed to Office of Human Rights at (602) 364-4590:~~

~~The following person may in need special assistance in participating in the Individual Service Planning process or in understanding and participating in the appeal, grievance, or investigating process:~~

~~NAME:~~ _____

~~ADDRESS:~~ _____

~~CITY:~~ _____ ~~STATE:~~ _____ ~~ZIP:~~ _____ ~~PHONE:~~ _____

~~CLINICAL LIAISON/CASE MANAGER:~~ _____

~~PROVIDER/NAVAJO RBHA:~~ _____ ~~PHONE/FAX:~~ _____

~~Please list specifically what services are needed to enable the client to participate in the ISP, appeal, grievance, or investigation processes (e.g., He/she has a developmental disability and has trouble understanding the grievance process):~~

_____
_____
_____

~~What, if any, services are currently being arranged/provided to accommodate the special assistance need.~~

_____
_____
_____
_____

~~Is the person aware that you have requested special assistance for him/her?~~
~~Yes~~ _____ ~~No~~ _____ ~~(Explain)~~ _____
_____
_____
_____

~~PART B (to be completed by OHR and faxed to originator of request):~~
~~What assistance will be provided by the Office of Human Rights, or the Human Rights Committee; include the date when assistance will be provided?~~ _____
_____
_____

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~~OHR/HRC Contact Name and Number:~~

~~PART C (to be completed by the Navajo RBHA or provider and faxed to OHR at 602-364-4590):~~

~~As of the following date, the above referenced client is no longer in need of special assistance.~~

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Navajo Nation Division of Behavioral & Mental Health Services

POLICIES AND PROCEDURES MANUAL

Section: 2 Client Focused Functions
Subsection: 2.1 Rights and Protections of Persons Served
Title: 2.1.09 Client Labor Force **Page 1 of 1**

~~a. Labor~~

I. POLICY

~~I.~~ Clients do not provide any type of labor for ~~Navajo DBHS~~DBMHS ~~organizations~~.

II. PurposePURPOSE

To ensure clients are not taken advantage of during their course of ~~treatment, and~~treatment and prevent any incident from occurring.

III. DEFINITIONS

A. **Labor**
Expenditure of physical or mental effort especially when difficult or compulsory.

IV. POLICIES

A. Clients do not provide any type of labor for DBMHS.

V. PROCEDURES

A. RESERVED

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~~I. ASAM Levels of Care~~

I. ~~i. Policy~~POLICY

I. DBMHS uses the current DSM-5 and ASAM Client Placement Criteria for assessment and treatment of clients with substance use disorders and/or with co-occurring disorders. ~~All Substance Disorder clients are screened utilizing the ASAM Levels of Care assessment tool to determine the appropriate level of treatment.~~

II. ~~ii. Purpose~~PURPOSE

The DSM-5 and ASAM Client Placement Criteria classification systems will be utilized in conjunction with cultural/spiritual support in accordance with clients' values.
~~The ASAM Levels of Care assessment tool is utilized to identify the least restrictive treatment environment that meets the needs of the client while ensuring client safety and security.~~

III. ~~iii. Definitions~~DEFINITIONS

~~**ASAM:** American Society of Addiction Medicine~~

A. **American Society of Addiction Medicine (ASAM)**
Founded in 1954, a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

B. **Level of Care**
The continuum of substance abuse care provided to people seeking substance abuse treatment, including outpatient, day treatment, residential and hospitalization.

ASAM Dimensional Placement Criteria:

1. **Acute Intoxication and/or withdrawal**: The client has no signs or symptoms of withdrawal or his or her withdrawal needs can be safely managed in a residential setting. Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued substance use treatment services.
2. **Biomedical Condition and Complications**: Client's status is characterized by biomedical conditions and problems, if any, that is sufficiently stable or permits

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participation in residential treatment (e.g. uncomplicated pregnancy or asymptomatic HIV disease.)

3. **Emotional, Behavioral or Cognitive Conditions and Complications**: Client status is characterized by (a) *and* (b); *and* (c) *or* (d):
   a. The client has no symptoms of a co-occurring mental disorder, or any symptoms are mild, stable, fully related to substance use, and do not interfere with the client's ability to focus on addiction treatment issues; *or*
   b. The client's psychiatric symptoms (such as anxiety, guilt, or thought disorders) are mild, mostly stable, and primarily related to substance use or to a co-occurring cognitive, emotional or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition and behavior; for example, fluctuations in mood only recently stabilized with medication, substance-induced depression that is resolving but still significant, or a client with schizophrenic disorder recently released from a hospital; *and*
   c. The client's mental status does not preclude his or her ability to: (1) understand the information presented and (2) participate in treatment planning and the treatment process; *and*
   d. The client is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.
4. **Readiness to Change**: The client's status in Dimension 4 is characterized by (a) and (b); or (c) or (d):
   a. The client expresses willingness to participate in treatment planning and to attend all scheduled activities mutually agreed upon in the treatment plan; *and*
   b. The client acknowledges that he or she has a substance-related and/or mental health problem and want help to change; *or*
   c. The client is ambivalent about substance-related and/or mental health problems. He or she requires monitoring and motivating strategies, but not an acute care setting. For example, the client has sufficient awareness and recognition of a substance use and/or mental health problems to allow engagement and follow-through with attendance at intermittent treatment sessions as scheduled; *or*
   d. The client may not recognize that he or she has a substance-related and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such a client may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.
5. **Relapse, Continued Use or Continued Problem Potential**: In Dimension 5, the client is assessed as able to achieve or maintain abstinence and related recovery goals, or to achieve awareness of a substance problem and related motivational enhancement goals, only with support and scheduled therapeutic contact to assist

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him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol or other drug use, craving, peer pressure, and lifestyle and attitude changes.

In addition, the client with co-occurring disorders is assessed as able to achieve or maintain mental health functioning and related goals only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) impulses to harm self or others and difficulty in coping with his or her affect, impulses or cognition.

6. **Recovery Environment**: Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services. The client's status in Dimension 6 is characterized by one of the following:
   a. The client's psychosocial environment is sufficiently supportive that residential treatment is feasible (for example, a significant other agrees with the recovery effort; there is supportive work environment or legal coercion; adequate transportation to the program is available; and the support meeting location and non-alcohol/drug-centered work are near the home environment and accessible); *or*
   b. The client does not have an adequate primary or social support system, but has demonstrated motivation and willingness to obtain and support system; *or*,
   c. The client's family, guardian or significant others are supportive but require professional interventions to improve the client's chance of treatment success and recovery. Such interventions may involve assistance in limit setting, communication skills, a reduction in rescuing behaviors, and the like.
7. **ASAM Risk Ratings and Intensity of Service Needed**
   0 – No risk and no service needed
   1 – Mild risk and low intensity of service needed
   2 – Moderate risk and moderate intensity of service needed
   3 – Significant risk and moderately high intensity of service needed
   4 – Severe risk and high intensity of service needed

~~**Levels of care:** the continuum of substance abuse care provided to people seeking substance abuse treatment; including early prevention, outpatient, day treatment, residential and hospitalization.~~

IV. ~~iv. General Information~~RULES

A. ASAM Outpatient (Level 1) Treatment~~Criteria~~:
   1. May be the initial level of care for a client whose severity of illness and level of function warrants this intensity of treatment.
   2. Clients should be able to complete a professionally directed addiction and/or co-occurring mental health treatment.

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3. May represent a step-down from a more intensive level of care.
4. May be used for a client who is in the early stages of change and who is not ready to commit to full recovery.
5. May be used for a client as a direct admission if a co-occurring condition is stable and monitored whether or not they have responded to more intensive services.

~~1. The client is ready for recovery, but needs motivating and monitoring strategies to strengthen readiness by utilizing the ASAM Dimensional Placement Criteria.~~
~~2. The client is able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support. The client therefore needs Level 1 motivational enhancement program.~~
~~3. The client's recovery environment is supportive and/or the client has the skills to cope.~~

V. ~~v. Procedure~~PROCEDURES

A. A client may enter the continuum at any level most appropriate to their needs. A client could begin at a more intensive level and move to a less intensive levels either in consecutive order or by skipping levels. As the client moves through treatment in any one level of care, their progress is continually assessed.
B. The discharge criteria for each level of care presume that the client has progressed towards a state of greater health and thus may be discharged to a less intensive level of care. Clients may, however, worsen or fail to improve at a given level of care. In such cases, modification to the treatment plan is necessary.
C. Clients referred for services will complete an intake packet that includes screening to determine their eligibility for receiving service.
D. On completion of intake and screening:
   1. The intake/screening will be case staffed by the Clinical Team.
   2. The Clinical Team will determine the appropriate level of care in accordance with ASAM Dimensional Placement Criteria, defined above.
   3. The client is admitted, referred to, or placed on a waiting list.

~~**1. Clients requesting services will complete a screening to determine their eligibility for receiving outpatient treatment services.**~~
~~**2. On completion of Screening the client will be:**~~
~~**a) Accepted for treatment and begin at the earliest possible date/time.**~~
~~**b) Transferred for treatment at the appropriate level of care.**~~
~~**c) The clients recovery environment is supportive and/or the client has the skills to cope.**~~

~~vi. Reference~~
~~Mee-Lee D, Shulman GD, Fishman M. Gastfriend DR, and Griffith JH, eds. (2001). ASAM Patient Placement Criteria for the Treatment of Substance-related Disorders, Second~~

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Edition Revised (ASAM PPC-2R). Chevy Chase, MD: American Society of Addiction Medicine, Inc.

ASAM Dimensional Placement Criteria for Level I (Outpatient Services)

1) **Dimension 1:** Acute Intoxication and/or withdrawal: The client has no signs or symptoms of withdrawal or his or her withdrawal needs can be safely managed in an outpatient setting.

2) **Dimension 2:** Biomedical Condition and Complications: Client's status is characterized by biomedical conditions and problems, if any, that is sufficiently stable or permits participation in outpatient treatment. (e.g. uncomplicated pregnancy or asymptomatic HIV disease.)

3. **Dimension 3:** Emotional, Behavioral or Cognitive Conditions and Complications: Client's status is characterized by (a) or (b) and (c) and (d)
   a) The client has no symptoms of a co-occurring mental disorder, or any symptoms are mild, stable, fully related to substance use, and do not interfere with the patient's ability to focus on addiction treatment issues; *or*
   b) The client's psychiatric symptoms (such as anxiety, guilt, or thought disorders) are mild, mostly stable, and primarily related to substance use or to a co-occurring cognitive, emotional or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition and behavior; for example, fluctuations in mood only recently stabilized with medication, substance induced depression that is resolving but still significant, or a patient with schizophrenic disorder recently released from a hospital; and
   c) The client's mental status does not prelude his or her ability to: (1) understand the information presented and (2) participate in treatment planning and the treatment process; and
   d) The client is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.

4. **Dimension 4:** Readiness to Change: The client's status in Dimension 4 is Characterized by (a) and (b) or (c) or (d):
   a) The client expresses willingness to participate in treatment planning and to attend all scheduled activities and mutually agreed upon in the treatment plan; *and*

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~~b) The client acknowledges that he or she has a substance-related and/or mental health problem and want help to change; *or*~~

~~c) The client is ambivalent about a substance-related and/or mental health problem. He or she requires monitoring and motivating strategies, but not a structured milieu program. For example, the client has sufficient awareness and recognition of a substance use and/or mental health problems allow engagement and follow-through with attendance at intermittent treatment sessions as scheduled; *or*~~

~~d) The client may not recognized that he or she has a substance-related and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such a client may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.~~

~~**5. Dimension 5:**Relapse, Continued Use or Continued Problem Potential: In Dimension 5, the client is assessed as able to achieve or maintain abstinence and related recovery goals, or to achieve awareness of a substance problem and related motivational enhancement goals, only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol or other drug use, craving, peer pressure, and lifestyle and attitude changes.~~

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~~In addition to the foregoing criteria, the client in Dual Diagnosis Programs is assessed as able to achieve or maintain mental health functioning and related goals only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) impulses to harm self or others and difficulty in coping with his or hers affects, impulses or cognition.~~

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~~**Dimension 6:** Recovery Environment: The client's status in Dimension 6 is characterized by (a) or (b) or (c)~~

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~~(a) The client's psychosocial environment is sufficiently supportive that outpatient treatment is feasible (for example), significant others are in agreement with the recovery effort; there is a supportive work environment or legal coercion; adequate transportation to the program is available, and the support meeting locations and non-alcohol/drug-centered work are near the home environment and accessible); *or*~~

~~(b) The client does not have an adequate primary or social support system, but he or she has demonstrated motivation and willingness to obtain a support system; *or*~~

~~(c) The client's family, guardian, or significant others are supportive but require professional interventions to improve the client's chance of treatment~~

~~success and recovery. Such interventions may involve assistance in limit setting, communication skills, a reduction in rescuing behaviors, and the like.~~

REFERENCE

Mee-Lee D, Shulman GD, Fishman M. Gastfriend DR, and Griffith JH, eds. (2001). ASAM Patient Placement Criteria for the Treatment of Substance-related Disorders, Second Edition-Revised (ASAM PPC-2R). Chevy Chase, MD: American Society of Addiction Medicine, Inc.

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~~j. Admission Criteria~~

I. ~~j. Policy~~POLICY

~~Any client admitted to the Navajo DBHS Outpatient Treatment services~~Admitted clients will meet the DSM-~~IV-TR~~ Substance Related Disorders diagnosis or may be family members or significant others suffering from the addictive process.

II. ~~ii. Purpose~~ PURPOSE

To acknowledge addiction as a "Family Disease" and encourage the accurate clinical diagnosis of all clients admitted to DBMHS ~~Navajo DBHS~~ Outpatient Treatment services.

III. ~~iii. Definition~~DEFINITION

A. **Diagnostic and Statistical Manual Disorders (DSM-~~IV-TR~~):**
A Clinical guide to assist the clinician in diagnosis of substance of related disorders or rRelational pProblems rRelated to individuals suffering from substance related disorders. The DSM-~~IV~~V ~~TR~~ is based on extensive clinical empirical research and provides standardized mental disorder diagnostic categories.

IV. ~~iv. General Information~~RULES

A. The individual must be a member of a federally recognized tribe, the significant other or family member of a person who is the member of a federally recognized tribe.
~~A.~~ Pregnant Women/Adolescents/IV Drug Users are First Priority in Admission Process
B.
C. ~~1.~~ Criteria for Substance ~~Abuse~~Use disorder:
~~a.~~ A maladaptive pattern of substance abuse leading to a clinically significant impairment
1. distress, as manifested by one (or more) of the following, occurring within a 12-month period:
a. ~~i.~~ Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., substance related absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children of household),
b. ~~ii.~~ Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use),

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c. ~~ii.~~ Recurrent substance-related legal problems (~~e.g~~e.g., arrests for substance-related disorderly conduct).

d. ~~iv.~~ Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights, etc.).

D. ~~2. Criteria for Substance Dependence~~ ASAM risk ratings intensity of services needed determines the appropriate level of treatment.

~~a. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:~~

~~i. Tolerance, as defined by either of the following:~~

~~ii. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.~~

~~iii. Markedly diminished effect with continued use of the same amount of the substance.~~

~~b. Withdrawal, as manifested syndrome from the substance.~~

~~i. The characteristic withdrawal syndrome from the substance.~~

~~ii. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.~~

~~c. The substance is often taken in larger amounts or over a longer period than was intended.~~

~~d. There is a persistent desire or unsuccessful efforts to cut down or control substance use.~~

~~e. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects.~~

~~f. Important social, occupational, or recreational activities are given up or reduced because of substance abuse.~~

~~g. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).~~

~~3. Criteria for Relational Problems Due to Substance Related Disorders~~

~~a. V61.19 (Relational Problem Related to a Mental Disorder or General Medical Condition): This category should be used when the focus of clinical attention is a pattern of impaired interaction that is associated with a mental disorder (Substance Related Disorder).~~

~~b. V61.20 (Parent-Child Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction between parent and child~~

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~~(e.g., substance-related disorder) that is associated with clinically significant impairment in individual or family functioning or the development of clinically significant symptoms in parent or child.~~

~~c. V61.10 (Partner Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction between spouses or partners characterized by negative communication (e.g., unrealistic expectations), or non-communication (e.g., withdrawal) that is associated with clinically significant symptoms in one or both of the partners.~~

~~d. V61.10 (Sibling Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction among siblings that is associated with clinically significant impairment in individual or family functioning or the development of symptoms in one or more of the siblings.~~

~~e. V61.10 (Relational Problem Not Otherwise Specified): This category should be used when the focus of clinical attention is on relational problems that are not classifiable by any of the specific problems listed above (e.g., difficulties with co-workers).~~

V. ~~v. Procedure~~PROCEDURES

A. ~~1.~~ Individual requesting services will complete a screening and intake process to determine their eligibility for receiving outpatient treatment services. ~~The documentation gathered will include completing the Screening form, providing a copy of the Certificate of Blood, a copy of the social security card and a picture ID (if available).~~

B. At intake, the client will provide:
   1. Certificate of Indian Blood (CIB)
   2. Birth Certificate (for adolescents only)
   3. Social Security Card
   4. Driver's License or valid Picture ID
   5. Insurance or Medicaid eligibility
   6. Completed physical exam.
   7. Referral agency and contact information (if applicable)

C. If the client doesn't provide the required documents, they may provide them during admission.

D. Adolescents (ages 13-17) must be accompanied by a parent or legal guardian during the admission process and guardianship papers are required.

E. Adult clients who have court appearances and legal obligations, consideration will be made depending on when court is scheduled (Note: If court is within next 2 weeks, an exception can be made for admission).

F. ~~2.~~ On completion of sScreening, intake, and case staffing, the client ~~will~~ may be:

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1. ~~a.~~ Accepted and begin treatment services immediately; or ~~.~~
2. ~~b.~~ Transferred for treatment to~~at~~ the appropriate level of care; or~~.~~
3. Provided referral resources to other agencies; or,
4. ~~c.~~ Placed on waiting list with follow-up ~~based on policies and procedures.~~

~~3. At intake, the client will provide:~~
- ~~a. Certificate of Indian Blood (CIB)~~
- ~~b. Birth Certificate~~
- ~~c. Social Security Card~~
- ~~d. Driver's License or valid Picture ID~~
- ~~e. Income Verification~~

~~vi. Reference:~~REFERENCE

Mee-Lee D, Shulman GD, Fishman M. Gastfriend DR, and Griffith JH, eds. (2001). ASAM Patient Placement Criteria for the Treatment of Substance-related Disorders, Second Edition-Revised (ASAM PPC-2R). Chevy Chase, MD: American Society of Addiction Medicine, Inc.

~~American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text revision. Washington D.C., American Psychiatric Association~~

~~**Global assessment of Functioning (GAF) will be used as the basis for Adult Substance Abuse Level of Eligibility (LOE) assessment**~~

~~**ADULT SUBSTANCE ABUSE CHECKLIST:**~~

~~**ASAM Level III**~~
- ~~A. 3 year history and DSM IV TR dependence diagnosis~~
- ~~B. More than3 episodes of restrictive treatment with relapses~~
- ~~C. GAF score of 30 or lower~~

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~~D. If A, B, and C are checked, then Level III~~

~~**ASAM Level II**~~
~~A. DRM-IV-TR dependence diagnosis AND~~
~~B. GAF score if 50 or lower OR~~
~~a. GAF score between 51 and 70 and service dependency OR~~
~~b. DSM-IV-TR substance abuse disorder and co-occurring disorder OR~~
~~c. GAF score over 50 ad co-occurring disorder~~
~~C. IF A and B are checked, THEN Level II OR~~
~~D. IF C checked, THEN Level II~~

~~**ASAM Level I**~~
~~A. DSM-IV-TR abuse or dependency disorder AND~~
~~B. GAF score of 70 or lower~~

~~**ASAM Level .5**~~
~~A. At known risk of developing a substance abuse disorder~~

~~The Global Assessment of Functioning (GGAF) scale is commonly used as Axis V of the DS-IV-TR diagnosis. This section addresses the use of the GAF for LOE assessment. The GAF is used for LOE assessment for Adult Substance Abuse clients. GAF scores range from 100 (for a high functioning individual) to 1(for a very ow functioning individual). For the purpose of LOE assessment, the GAF score is based on the lowest functioning over the past week.~~

~~Please use the following steps as guidelines in establishing a GAF score:~~
~~Step1: Start at the highest level and ask, "Is either the patient's symptoms severity or the patient's level of functioning worse than what is indicated in the range?~~
~~Step 2: Move down until the range matches the symptom or the level of functioning, whichever is worse.~~
~~Step 3: Double check (range immediately below should be too severe on both symptoms and level of functioning; if not, keep it moving down).~~
~~Step 4: Determine the specific number within the 10 point range, based on the hypothetical comparison with all patients in the range.~~
~~GAF scale: Consider psychological, social and occupational functioning on a hypothetical comparison continuum of mental health illness. Do not include impairment of functioning due to physical (or environmental) limitations. (See DSM-IV-TR Diagnostic Manual)~~

~~For LOE Assessment, base rating on the lowest functioning during the last past week. Please keep in mind that other factors in addition to the GAF score (such as service dependency and dual diagnosis) are also factors in determining the client's Level of Eligibility.~~

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Navajo Nation Division of Behavioral and Mental Health Services

~~POLICY~~ POLICIES AND PROCEDURES MANUAL

Section: 2 Client Focused Functions
Subsection: 2.~~5~~2 Screening and Access to Services
Title: 2.2.~~035.12~~ Exclusion Criteria **Page 1 of 2**

~~I. Exclusion Criteria~~

I. ~~i. Policy~~POLICY

A client may be excluded from Navajo ~~DBHS~~ treatment services when ~~he/she is~~ they are assessed to be unable to benefit from the treatment services available or provided.

II. ~~ii. Purpose~~PURPOSE

To provide treatment appropriate to the client's needs.

III. DEFINITIONS

RESERVED

IV. ~~iii. General Information~~RULES

~~1. When the client does not meet the admission criteria, he/she~~they may ~~be~~ be excluded from ~~the~~

A. ~~program~~ services ~~(see Assessment Process) If applicable~~, and referred to appropriate treatment services ~~are identified~~.

B. ~~2. Exclusion Criteria:~~

1. ~~a.~~ Exhibiting symptoms of withdrawal, ~~i.e.~~i.e., nausea and vomiting, tremors, ~~sweats~~sweat, anxiety, agitation, tactile, disturbances, auditory disturbances, visual disturbances, headache, fullness in head, and/or disorientation and clouding of sensorium.
2. ~~b.~~ Actively suicidal, requiring close supervision.
3. ~~c.~~ Assaultive requiring close supervision.
4. ~~d.~~ Severely disorganized ~~so as to~~to render danger to self.
5. ~~e.~~ Severely impulsive in self-destructive but not ~~life threatening~~life-threatening ways ~~i.e.~~i.e., self-mutilating.
6. ~~f.~~ Severely impulsive in destructive ways, i.e., destroys property.
7. ~~g.~~ Uncontrollable alcohol and substance abuse.
8. ~~h.~~ Hyperactive manic psychotic phase that requires containment.
9. ~~i.~~ Physically unable to care for basic needs.
10. ~~j.~~ Unmotivated and unwilling to participate in the program.
11. ~~k.~~ Inability to function or benefit in the program.

V. ~~iv. Procedure~~PROCEDURES

~~1. All clients will be screened to determine their eligibility.~~

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A. Decisions regarding application of admission and exclusion criteria are determined by the Clinical Supervisor and Clinical Team, based on assessment of client clinical data, presenting problems, the client's cultural context, and current program capacity.

~~2. Upon completion of screening, the client will be accepted for excluded from receiving services.~~

B. ~~3.~~ If excluded, as the Program is unable to provide services, the case will be ~~referred~~ transferred to the appropriate Level of Care or ~~placed on a waiting list based on the Navajo DBHS Client Waiting List policy and procedure~~treatment resources to complete substance use treatment;.

C. ~~a.~~ Documentation will be completed in the ~~progress note~~electronic health record, ~~:~~ it will include the date, reason for exclusion, referral placement, counselor's name and title.

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~~m. Transfer Criteria~~

I. ~~i. Policy~~ POLICY

When a client's behavior requires a more restrictive level of care, the client is transferred to a facility ~~an organization~~ that provides the appropriate level of care.

II. ~~ii. Purpose~~PURPOSE

To ensure the safety of each client and to provide services that meets ~~his/her~~their needs.

III. DEFINITION

RESERVED

IV. ~~iii. General Information~~RULES

A. ~~1. The Navajo DBHS~~DBMHS may transports ~~ant~~ clients who meets the transfer criteria to the receiving service site.

B. ~~2.~~ Two people are required to transport a client~~, who meets the transfer criteria. One person is a staff~~ staff person~~person~~, and ~~while the other person may~~one other ~~be another staff person, family member etc.~~ or family member.

C. ~~3.~~ Transfer Criteria:

1. Exhibiting symptoms of withdrawal, i.e., nausea and vomiting, tremors, sweat, anxiety, agitation, tactile, disturbances, auditory disturbances, visual disturbances, headache, fullness in head, and/or disorientation and clouding of sensorium.
2. Actively suicidal, requiring close supervision.
3. Assaultive requiring close supervision.
4. Severely disorganized to render danger to self.
5. Severely impulsive in self-destructive but not life-threatening ways i.e., self-mutilating.
6. Severely impulsive in destructive ways, i.e., destroys property.
7. Uncontrollable alcohol and substance abuse.
8. Hyperactive manic psychotic phase that requires containment.
9. Physically unable to care for basic needs.

~~a. Exhibiting symptoms of withdrawal, i.e., nausea and vomiting, tremors, sweats, anxiety, agitation, tactile disturbances, auditory disturbances, visual disturbances, headache, fullness in head, and/or disorientation and clouding of sensorium.~~
~~b. Actively suicidal requiring supervision~~
~~c. Assaultive requiring close supervision~~
~~d. Severely disorganized so as to render her/him a danger to self.~~

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~~e. Severely impulsive in self-destructive but not life-threatening ways i.e., self-mutilating.~~
~~f. Severely impulsive in destructive ways i.e. destroys property.~~
~~g. Hyperactive manic psychotic phase, which requires containment.~~

D. ~~4.~~ When a client needs a more restrictive program, the Clinical ~~Specialist~~Supervisor/~~designee~~ collaborates with the ~~attending psychiatrist~~healthcare provider or Navajo Regional Health Authority ~~to obtain a medical order~~ to transfer the client to a more restrictive ~~healthcare~~ program.

V. ~~iv. Procedure~~ PROCEDURES

A. ~~1.~~ If applicable, the Case Management Specialist or Primary Counselor contacts the receiving ~~healthcare~~ organization and coordinates the transfer of the client, providing a. ~~He/she provides a~~ detailed report to the receiving ~~healthcare~~ organization prior to the client's admission. The report includes:
1. ~~a.~~ Name
2. ~~b.~~ Age
3. ~~c.~~ Behavior meriting transfer
4. ~~d.~~ Response to treatment
5. ~~e.~~ Any special precautions
6. ~~f.~~ Any identified medical problems
7. ~~g.~~ Any precautions
8. ~~h.~~ Current medications (if known)
9. ~~i.~~ Identified allergies (if known)
10. j. Assessments/evaluations

~~2. Two Navajo DBHS employees or a family member transports client to the referred organization.~~
~~3. The Clinical Specialist or designee explains the reason for the transfer to the client.~~

B. ~~a.~~ Transfer of the client is documented ~~on the progress notes~~ in the EHR, and includes the following:
1. Completed Release of Information with supported documentation.
~~b. Information given in report to receiving healthcare organization.~~
2. ~~c.~~ Where ~~client~~the client is transferred.
~~d. How~~Transportation of the client ~~was transferred, and by whom.~~
3. ~~e. Escorted by whom.~~

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~~c. Traditional Treatment Methods~~

I. ~~i. Policy~~POLICY

DBMHS makes available traditional and cultural healing services to help stabilize the client while participating in therapeutic activities.

~~The Navajo DBHS Outpatient Services makes available traditional and cultural healing services to help stabilize the client while participating in therapeutic activities.~~

II. ~~ii. Purpose~~ PURPOSE

To assist clients in reengaging the sense of harmony in their lives with mind, body and spirit by understanding and exposing the client to the Navajo and other cultural healing practices.

~~To assist the clients regain a sense of harmony in their lives with mind, body and spirit by understanding and exposing the client to the Navajo and other cultural healing practices.~~

~~iii. Definitions~~ DEFINITIONS

III.

A. **American Indian Rights:**
The American Indian Religious Freedom Act of 1978 has explicitly protected the American Indian right to practice their way of life. The use of eagle feathers, sweat lodges, natural herbs, and plants for a variety of medicinal and spiritual reasons aids in purification and prayer and is protected under this act.

B. **Mountain Tobacco:**
~~A.~~ Upon request from the client(s), approval from the Clinical Team, and consultation with medical doctor, the Mountain Blessing Way tobacco is utilized to further enhance mental, emotional, physical, and spiritual well-being. Clients may request the Mountain Tobacco Blessing in preparation for challenges in everyday life. The client has the option of utilizing the specially prepared corn husk tobacco or the regular ceremonial pipe used in a Diné traditional smoke ceremony to treat the client who is experiencing loss of balance, focus, memory, mental anguish, confusion, or to realign the Diné frame of mind with the four and/or six directions of spiritual significance and which regulate desired mental attitude, behavior and personal development.~~Upon request from the client(s), approval from the Clinical Team, and consultation with medical doctor, the Mountain Blessing Way tobacco is utilized to further enhance mental, emotional, physical, and spiritual well-being. Clients may request the Mountain Tobacco Blessing in preparation for challenges in everyday life. The client has the option of utilizing the specially prepared corn husk tobacco or the regular ceremonial pipe used in a Dine' traditional smoke ceremony to treat the client who is experiencing loss of balance, focus, memory, mental anguish, confusion, or to realign the Dine' frame of mind with the four and/or six directions of spiritual significance and which regulate desired mental attitude, behavior and personal development.~~

C. **Cedar Blessings:**

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The cedar, an evergreen withstands extreme cold, intense heat and strong winds. The characteristics and attributes of the cedar help transform the human mind in order to overcome life struggles and problems of substance abuse, related issues. Clients have the option of requesting a blessing to acknowledge and appreciate the gift of life. ~~Clients~~Clients', express gratitude to grandfather and grandmother fire ~~(ko')~~ for the abundance of life blessings and learning opportunities through treatment.

D. **Sweat Lodge:**

Sweat lodge participation is a traditional healing activity that involves exposure to ~~higher than-normal~~higher-than-normal temperatures to teach clients about endurance, patience, and meditation, etc. ~~Because sweat lodge may cause~~Due to possible dehydration, clients must be medically cleared to participate.

IV. ~~iv. Procedures~~RULES

A. ~~1.~~The following is a list of traditional treatment services offered:

~~a.~~1. Traditional counseling
~~b.~~2. Sweat Lodge ~~session~~Sessions
3. Traditional Cultural Education
4. Traditional Diagnosis - Diné Traditional Ceremonies depends on traditional diagnosis (type of ceremonies available should be kept on file at all DBMHS sites)
5. Native American Church Ceremonies
6. Navajo Traditional Ceremonies
7. Traditional Case Staffing
8. Ceremonial Peacemaking
9. Traditional Talking Circle
10. Traditional and Cultural seasonal activities
11. Aftercare Services
12. Transportation from site to site for Traditional Services

~~c. Traditional education~~
~~d. Traditional diagnosis~~
~~e. Native American Church ceremonies~~
~~f. Minor Navajo Traditional ceremonies~~
~~g. Traditional Case Staffing~~

B. Conduct all traditional treatment through clinical case staffing or by recommendation of the primary counselor.
C. Implement all traditional healing through the treatment plan by the primary counselor in consultation with the Traditional Practitioner.
D. Sign all required DBMHS waiver and consent forms for client to participate in the traditional healing ceremonies.
E. The client is to adhere to the four-day observance ceremonial protocol as part of healing and restoration.
F. A Native American Church (NAC) ceremony will be allowed for clients at any time during treatment to cleanse, purify, and provide healing for restoration of harmony and balance.

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G. Traditional healing grounds will be maintained and cleansed by the Traditional Practitioner after each use in accordance with the Traditional Healing Grounds- Inspection Form.
H. Traditional Practitioners may overlap services with other DBMHS sites with proper approval.
I. Traditional Practitioners cannot charge fees to DBMHS clients for traditional services; traditional services are provided based on the client's treatment plan.
J. Client's family members are required to participate in the ceremony and provide ceremonial items such as firewood, corn husks, tobacco, and spiritual food, etc., if applicable.
K. The Traditional Coordinator or designated personnel will perform a quarterly inspection of the healing grounds. If the inspection is unsatisfactory, another inspection will be done within three (3) days.
L. A storage shed is provided for all Traditional Practitioners to store and maintain tools and ceremonial items. Sheds must be kept locked when not in use.
M. All Traditional Practitioners who conduct Native American Church ceremonies must be certified through Azee' Bee Nahagha or other NAC organizations with a copy of certification provided to DBMHS.
N. Traditional Practitioners who conduct traditional ceremonies must be certified through the Diné Hataalii Association and Diné Medicine Man Association.

V. PROCEDURES

A. Traditional Practitioners will provide an orientation to the client on proper traditional protocols, and health and safety guidelines.
B. Clients are to adhere to appropriate etiquette (proper attire, language and full participation) from preparation to completion of ceremony.
C. Traditional Practitioners shall receive proper approval from appropriate oversight to gather herbs and other ceremonial materials for traditional healing ceremonies for proper reverence and adherence to traditional practices, American Indian Religious Freedom Act of 1978, and Diné Fundamental Laws.
D. DBMHS will adhere to all Navajo Department of Health and all Traditional Practitioner Associations guidelines.
E. The following guidelines will be adhered to in response to communicable diseases:
    1. Do not attend if you are sick or have been recently exposed to a communicable disease.
    2. Use a shade house or Hogan/home with windows and doors open weather permitting.
    3. Ventilate or "air out" the sweat lodge/hogan for at least 24 hours before re-use.
    4. Avoid sharing objects (tobacco/smoking pipes, drinking cups, utensils, food)
    5. Bring individual drinking water in closed containers.
    6. Clean and disinfect all objects used.
    7. Wash your hands after or use a hand sanitizer with at least 60% alcohol.
    8. When using the sweat lodge, bring a towel to sit on and remove after use, hang in direct sunlight.

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9. During a sweat lodge/ceremony session identify an individual to remain outside for any assistance.
10. Remove and hang any fabric door/floor coverings in direct sunlight.

F. Anyone desiring to participate in a sweat lodge ceremony is required to follow the Sweat Lodge Policy and Procedures 2.2.06.

~~2. All traditional treatment services will be conducted through a Traditional Case Staffing with the primary counselor, client, and if applicable, family members, and Traditional Practitioner.~~
~~3. All traditional services will be implemented through the treatment plan.~~
~~4. Anyone desiring to participate in a sweat lodge is required to have a medical clearance by his or her Medical Provider.~~
~~5. The client is requested to sign the Sweat Lodge Waiver before he/she can participate in the sweat lodge.~~

~~**d. Sweat Lodge**~~

~~**i. Policy**~~

~~All clients who choose to participate in sweat lodge sessions are required to consult their medical provider before they are allowed to participate.~~

~~**ii. Purpose**~~

~~To ensure the safety of participants in Navajo DBHS facilitated sweat lodge sessions.~~

~~**iii. Definition**~~

~~**Sweat Lodge:** Sweat lodge is a traditional healing activity that involves exposure to higher than normal temperatures to teach clients about endurance, patience and meditation, etc. Because sweat lodge can cause dehydration, clients must be medically cleared to participate.~~

~~**iv. General Information**~~

~~1. Sweat lodge participation, an age-old traditional activity has been applied to assist with many ailments and is widely accepted as an effective intervention in many traditional communities. There has also been increasing participation in similar ceremonies by non-native peoples. Its risks are similar to participation in saunas and are primarily those associated with the following:~~

~~a. Exposure to high heat (dehydration, heart overload, hypothermia or heat stroke, kidney problems.~~
~~b. Exposure to superheated rocks (burns).~~
~~c. Inhalation of tobacco and other ceremonially used products that are burned or smoked during a sweat ceremony (asthma, emphysema, exacerbation of pneumonia or bronchitis).~~
~~d. Psychological issues related to the confined space and darkness.~~

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~~e. Transmission of infectious agents if the lodge is not regularly cleaned and aired between sweat lodge sessions.~~

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~~2. Unfortunately, there is limited information on how sweat lodge can affect specific illnesses or disease states.~~

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~~3. Common illnesses that may be exacerbated by sweat lodge include diabetes, kidney conditions, and heart disease. Dehydration has been identified as a contributor to deterioration of kidney functioning. Dehydration and extreme heat place significant stress on the heart. People with heart problems may be at risk for heart attack or heart failure. Pregnant clients may also be vulnerable to heart-related problems~~

~~4. Some medications used to treat mental conditions may cause problems in how our bodies manage heat, and increase the chances for heat stroke and heat exhaustion. Below are listed some general categories of medications and how they affect body heat regulation.~~

~~a. Medications that Affect Heat Loss:~~

~~i. Any medication with anti-psychotic effects including the common older anti-psychotics such as chlorpromazine (Thorazine), haloperidol (Haldol), and others as well as agents such as metoclopramide and newer medications such as olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel) and others.~~

~~ii. Medications with prominent anti-cholinergic effects (anti-cholinergic medications reduce sweating and evaporate heat loss) such as benztropine (Cogentin), diphenhydramine (Benadryl) and others as well as many other agents such a stricyclic antidepressants (nortriptyline – Pamelor, imipramine – Tofranil, desipramine – Desyrel) and cimetidine (Tagamet).~~

~~b. Medications that Increase Endogenous (internal) Heat Production:~~

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~~i. Oxidative phosphorylation uncouplers (impair ATP formation), includes phenolic compounds (often used as insect/herbicides) and salicylates (aspirin).~~

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~~ii. Increased Muscular Tone (Neuroleptic Malignant Syndrome) – Any anti-psychotic but particularly implicated are high potency anti-psychotics such as haloperidol (Haldol) and fluphenazine (Prolixin).~~

~~iii. The increased number of medications (particularly combinations of the above) being administered plus other physiologic (body function) conditions (i.e. excessive fluids loss due to diuretics/high blood sugars; poor heart function) may effect body temperature and fluid balance, thus increase the risk if heartstoke or heat exhaustion.~~

~~c. Medical recommendations for Clients Choosing to Participate in Sweat Lodge Ceremonies.~~

~~i. A client must consult his/her personal doctor prior to participation if:~~

~~ii. There is any history of problems with sweating, or heart, lungs or kidneys.~~

~~iii. Pregnant~~

~~iv. Taking regular medications including prescribed or over-the-counter.~~

~~v. Client is fearful of dark or tight spaces.~~

~~d. General Recommendations for Clients Choosing to Participate in Sweat Lodge:~~

~~i. 4-8 hours before the sweat lodge ceremony, client should drink enough water that the urine (pee) is close to colorless. This will reduce the risk of post-sweat headache due to dehydration. Client is urged to drink regularly between rounds with some salt, if needed.~~

~~ii. Some experienced in facilitating sweats is recommended to accompany the client(s).~~

~~iii. Client(s) must NEVER, EVER sweat alone.~~
~~iv. Co-ed (mixing male and female participants) sweat lodge ceremonies are NOT permitted.~~
~~v. Extreme caution must be practiced around the sweat rocks. Even after their glow has disappeared, they can cause immediate severe burns when touched. Respect them!~~
~~vi. Sweat lodge carpets must be hung out to dry upon ending the session.~~
~~vii. Intoxicants or alcohol must not be used in conjunction with participation in a sweat.~~
~~viii. If the client is feeling sick, faint, or begins, to complain of a headache, have him/her get out safely. Sweats are intended to heal, not hurt. Even warrior sweats are generally not associated with the above symptoms for the properly prepared participant.~~

~~**v. Procedure**~~
~~1. Anyone desiring to participate in a sweat lodge is required to have a physical assessment by his or her Medical Provider.~~
~~2. The client is requested to sign the *Sweat Lodge Waiver* before he/she can participate in the sweat lodge.~~
~~3. The Client is required to sign the *Sweat Lodge Sign I* Sheet before he/she can participate in the sweat lodge.~~
~~**vi. Reference:**~~
~~*Navajo Department of Behavioral Health Services, Navajo Traditional Healing Handbook, (see Appendix).*~~

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~~INFORMED CONSENT FOR TREATMENT AND SWEAT LODGE WAIVER~~

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~~I, undersigned, have read and understand the following:~~

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- ~~I understand that sweat lodge ceremonies involve exposure to high heat, darkness, and extremely hot rocks. I understand that if I am suffering from any active medical conditions or am taking any medications, it is my responsibility to discuss my participation in the sweat lodge ceremony with my personal physician. Conditions that may be particularly affected by participation in such environments include but are not limited to pregnancy, heart conditions, lung conditions, anxiety disorders such as claustrophobia, and any other medical conditions that may affect sweating, or body heat and fluid regulation.~~
- ~~I understand that any such concerns or conditions should be discussed with the sweat lodge sponsor or leader prior to participation.~~
- ~~Participants are recommended to ensure that they have pre-hydrated themselves prior to the ceremony and that they maintain adequate intake of fluids throughout the ceremony.~~
- ~~Sweat lodge participants are expected to maintain the lodge in appropriate fashion to ensure a clean and safe environment.~~
- ~~Sweat lodge activities include the gathering of firewood, building of sweat lodge, preparing the fire as well as attending the sweat lodge ceremony.~~
- ~~I understand that I have the right to refuse to attend any part of the activities and it will not affect any other part of my treatment process.~~
- ~~The Navajo Department of Behavioral Health Services and India Health Service will not be held liable for any injury related to participation in the sweat lodge and connected with such conditions as described above, or from injuries resulting from improper use or preparation for the sweat lodge ceremony.~~

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~~I, the undersigned, have read the above and agree to the conditions and stipulations as stated.~~

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~~Signature of Participant: Date:~~

~~Signature of Parent of Guardian *(if client is a Minor)* Date:~~

~~Witness Signature: Date:~~

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~~d. Sweat Lodge~~

I. ~~i. Policy~~POLICY

All ~~c~~All clients who choose to participate in sweat lodge services have completed the required Traditional/Spiritual Screening Form. ~~Sweat sessions are required to consult their medical provider before they are allowed to participate.~~

II. ~~ii. Purpose~~PURPOSE

To provide sweat lodge services and ensure the safety of participants in Navajo DBHS facilitated ~~sweat lodge~~ sessions.

III. ~~iii. Definition~~DEFINITIONS

A. **Sweat Lodge**
~~: Sweat lodge is a~~A traditional healing activity that involves exposure to ~~higher than normal~~higher-than-normal temperatures to teach clients about endurance, ~~patience~~patience, and meditation, etc. It has been used to assist with many ailments and is widely accepted as an effective intervention in many traditional communities. ~~Because sweat lodge can cause dehydration, clients must be medically cleared to participate.~~

IV. ~~iv. General Information~~RULES

~~1. Sweat lodge participation is associated with the following , an age-old traditional activity has been applied to assist with many ailments and is widely accepted as an effective intervention in many traditional communities.~~

A. ~~There has also been increasing participation in similar ceremonies by non-native peoples. Its risks are similar to participation in saunas and are primarily those associated with the following:~~
1. ~~a.~~ ~~Exposure to high heat (~~dDehydration, heart overload, hypothermia or heat stroke, kidney problems.
2. ~~b.~~ ~~Exposure to superheated rocks (burns).~~
3. ~~c.~~ ~~Inhalation of tobacco and other ceremonially used products that are burned or smoked during a sweat ceremony (asthma, emphysema, exacerbation of pneumonia or bronchitis).~~
4. ~~d.~~ ~~Psychological issues related to the confined~~confined space and darkness.
5. ~~e.~~ ~~Transmission of infectious agents if the lodge is not regularly cleaned and aired between sweat lodge sessions.~~

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~~2. Unfortunately, there is limited information on how sweat lodge can affect specific illnesses or disease states.~~

B. ~~3.~~ Common illnesses that may be exacerbated by sweat lodge ~~include~~include:

1. ~~D~~diabetes.~~,~~
2. ~~kidney conditions, and h~~Heart disease. ~~Dehydration has been identified as a contributor to deterioration of kidney functioning. Dehydration~~ dehydration, ~~and~~ and extreme heat place significant stress on the heart. People with heart problems may be at risk for heart attack or heart failure.
3. Pregnant clients may also be vulnerable to heart-related problems.

C. ~~4.~~ Some medications used to treat mental conditions may cause problems in how our bodies manage ~~heat, and~~heat and increase the chances for heat stroke and heat exhaustion. Below are listed some general categories of medications and how they affect body heat regulation.

1. ~~a.~~ Medications that ~~Affect Heat Loss~~affect heat loss;
   a. ~~i.~~ Any medication with anti-psychotic effects including the common older anti-psychotics such as chlorpromazine (Thorazine), haloperidol (Haldol), and others as well as agents such as metoclopramide and newer medications such as olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel) and others.
   b. ~~ii.~~ Medications with prominent anti-cholinergic effects (anti-cholinergic medications reduce sweating and evaporate heat loss) such as benztropine (Cogentin), diphenhydramine (Benadryl) and others as well as many other agents such a stricyclic antidepressants (nortriptyline – Pamelor, imipramine – Tofranil, desipramine – Desyrel) and cimetidine (Tagamet).
2. ~~b. Medications that Increase~~ increase, ~~Endogenous~~ endogenous (internal) ~~Heat~~ heat ~~Production~~reduction;
   a. ~~i.~~ Oxidative phosphorylation uncouplers (impair ATP formation), includes phenolic~~_~~compounds (often used as insect/herbicides) and salicylates (aspirin).
   b. ~~ii.~~ Increased Muscular Tone (Neuroleptic Malignant Syndrome) – Any anti-psychotic but particularly implicated are high potency anti-psychotics such as haloperidol (Haldol) and fluphenazine (Prolixin).
   c. ~~iii.~~ The increased number of medications (particularly combinations of the above) being administered plus other physiologic (body function) conditions (i.e. excessive fluids loss due to diuretics/high blood sugars; poor heart function) may ~~effect~~affect body temperature and fluid balance, thus increase the risk ~~of~~if heat stroke or heat exhaustion.

~~c. Medical recommendations for Clients Choosing to Participate in Sweat Lodge Ceremonies.~~

3. ~~i.~~ A client must consult ~~his/her~~their ~~personal doctor~~primary doctor prior to participation, if:

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~~ii.~~ There is ~~any~~ history of problems with sweating, or heart, lungs or kidneys.
~~iii.~~ Pregnant
~~iv.~~ Taking regular medications including prescribed or ~~over-the-counter~~over the counter.
~~v. Client~~The client is fearful of dark or tight spaces.

4. ~~d.~~ General ~~Recommendations~~ recommendations for ~~Clients~~ clients ~~Choosing~~ choosing to ~~Participate~~ participate in ~~Sweat~~ sweat ~~Lodge~~lodge:
   a. Clients should drink plenty of water ~~i.~~ 4-8 hours before the sweat lodge ceremony~~, client should drink enough water, that the urine (pee) is close to colorless.~~ This will reduce the risk of post-sweat headache due to dehydration. Client is urged to drink regularly between rounds with some salt, if needed.
   b. ~~ii.~~ Someone experienced in facilitating sweats is recommended to accompany the client(s).
   c. ~~iii.~~ Client(s) must ~~NEVER, EVER~~never sweat alone.
   d. ~~iv.~~ Co-ed (mixing male and female participants) sweat lodge ceremonies are ~~NOT~~ not permitted.
   e. ~~v.~~ Extreme caution must be practiced around the sweat rocks. Even after their glow has disappeared, they can cause immediate severe burns when touched. Respect them.~~!~~
   f. ~~vi.~~ Sweat lodge carpets must be hung out to dry upon ending the session.
   g. ~~vii.~~ Intoxicants or alcohol must not be used in conjunction with participation in a sweat.
   h. ~~viii.~~ If the client is feeling sick, faint, or ~~begins to~~ complains of a headache, have ~~him/her~~them get out safely. ~~Sweats are~~Sweat is intended to heal, not hurt. ~~Even warrior sweats are generally not associated with the above symptoms for the properly prepared participant.~~

V. ~~v. Procedure~~PROCEDURES

A. ~~1.~~ Anyone desiring to participate in a sweat lodge is required to have a Pphysical Aassessment Form by his or her Medical Provider per the Intake, Assessment, and Referral Policy and Procedures 3.1.03.
B. ~~2.~~ The client is ~~requested~~ required to sign the *Sweat Lodge Waiver* before ~~they~~he/she ~~can~~ may participate in the sweat lodge.
~~A.~~ The client is required to sign the Sweat Lodge Sign-In Sheet before he/she can participate in the sweat lodge.
C.

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Traditional Practitioners will follow Traditional Treatment Methods Policy 2.2.05. ~~3. The Client is required to sign the *Sweat Lodge Sign I* Sheet before he/she can participate in the sweat lodge.~~

D.

~~**vi. Reference:**~~

~~Navajo Department of Behavioral Health Services, Navajo Traditional Healing Handbook, (see Appendix).~~

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~~Navajo DBHS Outpatient Services~~DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES

~~INFORMED CONSENT FOR TREATMENT~~

~~AND~~ SWEAT LODGE WAIVER

I, undersigned, have ~~read~~read, and understand the following:

- ~~I understand that sweat~~Sweat lodge ceremonies involve exposure to high heat, darkness, and extremely hot rocks. ~~I understand that if~~If I am suffering from any active medical conditions or am taking any medications, it is my responsibility to discuss my participation in the sweat lodge ceremony with my pprimary care provider.~~ersonal physician. Conditions that may be particularly affected by participation in such environments include but are not limited to pregnancy, heart conditions, lung conditions, anxiety disorders such as claustrophobia, and any other medical conditions that may affect sweating, or body heat and fluid regulation.~~
- ~~I understand that any~~Any ~~such~~ concerns or conditions should be discussed with the sweat lodge ~~sponsor or~~ leader prior to participation.
- Participants are recommended to ensure that they have ~~pre~~-hydrated ~~themselves~~ prior to the ceremony and that they maintain adequate intake of fluids throughout the ceremony.
- Sweat lodge participants are expected to maintain the lodge in appropriate fashion to ensure a clean and safe environment.
- Sweat lodge activities include the gathering of firewood, building of sweat lodge, preparing the fire as well as attending the sweat lodge ceremony.
- ~~I understand that I~~ have the right to refuse to attend any part of the activities and it will not affect any other part of my treatment process.
- The Division of Behavioral and Mental Health Services will not be held liable for any injury related to participation in the sweat lodge, or any such conditions as described above, or from injuries resulting from improper use or preparation for the sweat lodge ceremony.
- ~~The Navajo Department of Behavioral Health Services and India Health Service will not be held liable for any injury related to participation in the sweat lodge and connected with such~~

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~~conditions as described above, or from injuries resulting from improper use or preparation for the sweat lodge ceremony.~~

I, the undersigned, have read the above and agree to the conditions and stipulations as stated.

Signature of Participant:

Date:

Signature of Parent of Guardian *(if client is a Minor)*

Date:

Witness Signature:

Date:

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~~c. Pastoral Services~~

I. ~~i. Policy~~ POLICY

~~The Navajo DBHS Outpatient Services makes available pastoral~~Pastoral (Faith-Based) Services ~~(Christian Based) services are available~~ to provide ~~help stabilize the client~~clients with spiritual support while participating in therapeutic activities.

II. ~~ii. Purpose~~ PURPOSE

To assist ~~the clients to to regain~~regain a sense of balance in their lives ~~by~~ with a faith-based/Christian approach. ~~experiencing the spiritually focused approach of the Christian faith~~

III. DEFINITIONS

RESERVED

IV. ~~iii. Procedure~~ PROCEDURES

A. ~~1. The following is a list of p~~Pastoral services vary by site, and ~~offered~~ may include:
   1. ~~a.~~ Pastoral counseling
   2. ~~b.~~ Bible study sessions
   3. ~~c.~~ Prayer Meeting
   4. ~~d.~~ Talking Circle

B. Pastoral services may be provided from clergy approved by DBMHS.

C. ~~2.~~ All pastoral services ~~will be~~are conducted through ~~Case~~ case ~~Staffing~~ staffing with the primary counselor, client, and applicable, family members, ~~and identified primary counselor.~~

D. ~~3.~~ All pastoral services will be implemented through the treatment plan.

~~iv. Reference~~

~~Navajo Department of Behavioral Health Services, Christian Based Treatment Procedure Handbook, (see Appendix)~~

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~~**f. Prevention and Health Education**~~

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~~**i. Policy**~~

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~~The Navajo DBHS Prevention Specialists and Substance Abuse Health Educators will provide substance abuse prevention and health education to the clients, schools, and community members.~~

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~~**ii. Purpose**~~

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~~To increase positive cultural values while decreasing the negative effects of alcohol, tobacco and other drugs, and related issues~~

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~~**iii. Procedure**~~

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~~1. The prevention component will adapt for utilization, the 6 (six) prevention strategies of the Center for Substance Abuse Prevention (CSAP); they are:~~

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~~a. Dissemination of information~~
~~b. Prevention education~~
~~c. Alternative activities~~
~~d. Community based processes~~
~~e. Environmental approaches and problem identification~~
~~f. Referral~~

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~~2. The emphasis of the prevention component is to provide education to students and communities to reduce the use and abuse of alcohol, tobacco and other drugs.~~
~~3. When appropriate, prevention and health education programs are presented in the Navajo language.~~
~~4. Prevention and health education activities are provided at no charge to the general public.~~
~~5. Information will be disseminated on Navajo DBHS Outpatient Treatment services and various topics to the communities using the media, billboards, etc.~~

~~6. Assessments will be conducted throughout communities to identify their needs and to plan according to findings; community readiness for change will also be assessed.~~
~~7. Prevention education will be provided through group sessions to registered clients.~~
~~8. The four domains of prevention strategies integrating Maslow's Hierarchy of Needs and the Dine'ji Ke Hoozhoogo iina (Navajo Blessing way of Life) will be utilized. Each domain will include resources and referrals. The four domains for prevention are:~~
~~a. Schools~~
~~b. Community~~
~~c. Family~~
~~d. Individual/Peer~~
~~9. The four domains of Dine'ji Hoozhoogo iina include:~~
~~a. Nisahakees~~
~~b. Nahat'a~~
~~c. Iina~~
~~d. Siihasin~~
~~iv. Reference:~~
~~*Navajo Department of Behavioral Health Services, Prevention and Health Procedure Handbook, (See Appendix)*~~

~~**Navajo DBHS Outpatient Services**~~
~~**PREVENTION AND HEALTH EDUCATION FORM**~~

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Date	Time	Classroom Promotional Event	Special Event	Advertisement Radio TV	Prevention and Health Educational Topic	Location of Event	# of Publications Handed Out	Approx. # of People Attending Activity

~~g. Home Based Services~~

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~~i. Policy~~

~~Navajo DBHS Outpatient Treatment counselors will provide services in the client's home when clinically indicated and staffing patterns allow.~~

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~~ii. Purpose~~

~~To establish a procedure that addresses client and counselor safety and therapeutic efficacy during provision of home based services.~~

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iii. General Information

1. Where client transportation or other clinical are present, The Navajo DBHS Outpatient treatment counselors will provide treatment services in the clients's home or other appropriate community setting.
2. Home Based Services are individual or family counseling sessions that are provided in locations that are not used for scheduled and structured counseling sessions. Usually the site is the client's home but may include other locations within the client's community.
3. The counselor will discuss confidentiality issues with the client.

iv. Procedure

1. The primary counselor will case staff the request for home based services with the Clinical Specialist or designee.
2. Documentation of the approval will be placed in the clients's case file along with the progress note of each individual session.
3. The documentation will include:
   - a. Name staff member(s) conducting home visit.
   - b. Session start time and estimated duration.
   - c. Location of the counseling session (physical description).
   - d. Phone number at the location or staff cell phone (if available).
   - e. Signature of staff and Clinical Specialist prior to leaving the DBHS site.
   - f. Time of departure from counselor's office, documented by Clinical Specialist or designee.
   - g. Time of return documented by Clinical Specialist or designee.
4. Where client and counselor are of a different gender, the counselor will have a co-counselor participate in the session.

h. Services to the Incarcerated

i. Policy

Navajo DBHS will provide services to clients who are incarcerated when clinically indicated and staffing patterns allow.

ii. Purpose

To establish a procedure to address client needs during the incarceration.

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~~**iii. General Information**~~

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~~1. Often individuals who are incarcerated are in need of referral of residential treatment.~~

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~~2. Establishing a clinical relationship with an incarcerated person is of critical importance for achieving success in treatment.~~

~~3. The individual must be registered as a client in order for Navajo DBHS to pay out of system services.~~

~~4. Arizona RBHA clients will be screened and referred in a manner consistent with RBHA processes and forms.~~

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~~**iv. Procedure**~~

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~~1. The Clinical Specialist received referral from the judicial system requesting substance abuse treatment assessment and referral.~~

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~~2. The Clinical Specialist will work with the referral source and determine the scheduling details of the assessment including location, date, and time.~~

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~~3. The assessment will include the use of:~~

~~a. Screening form~~
~~b. Staging tool~~
~~c. ASAM Dimensions / DSM IV TR Multi-axial Diagnosis Form~~
~~d. Legal Forms~~
~~i. Consent for Treatment~~
~~ii. Limits of Confidentiality~~
~~iii. Client Rights~~
~~iv. Grievance Procedure Acknowledgement~~
~~v. Release of Information (as needed)~~

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~~4. If client is appropriate for referral to residential services, the counselor will:~~

~~a. Provide a copy of the proper Health and Physical Examination form to be arranged by the client.~~

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~~b. Obtain a photocopy of the client's:~~

~~i. Certificate of Indian Blood (CIB)~~
~~ii. Birth Certificate~~
~~iii. Social Security Card~~
~~iv. Drivers License or Valid Picture ID~~

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~~c. Arrange for completion of the admission application as necessary.~~

~~d. Coordinate admission process with the residential treatment center~~

~~e. When the Residential Center has acknowledged the client is appropriate for services:~~

~~i. The counselor will case staff with the clinical Specialist~~
~~ii. The Clinical Specialist will submit request for payment to Clinical Specialist Coordinator at DBHS Central Office.~~

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~~**i. Services for Sensory Individuals**~~

~~**i. Policy**~~
~~Navajo DBHS provides speech, language, and/or hearing services for any client/family whose treatment would benefit from the provision of these services.~~

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~~**ii. Purpose**~~

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~~To ensure each sensory disabled person may benefit optimally from treatment provided.~~

~~**iii. General Information**~~

~~a Navajo/English interpreter is available at all time(s) for Navajo DBHS clients who only speak Navajo.~~

~~**iv. Procedure**~~

~~1. During the intake process, the counselor screens all clients for speech and/or hearing service needs.~~

~~2. If services are required, the counselor or designee arranges for the required services.~~

~~**j. Admission Criteria**~~

~~**i. Policy**~~

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Any client admitted to the Navajo DBHS Outpatient Treatment services will meet the DSM-IV-TR Substance Related Disorders diagnosis or may be family members or significant others suffering from the addictive process.

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ii. Purpose

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To acknowledge addition as a "Family Disease" and encourage the accurate clinical diagnosis of all clients admitted to Navajo DBHS Outpatient Treatment services.

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iii. Definition

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Diagnostic and Statistical Manual Disorders (DSM-IV-TR): A Clinical guide to assist the clinician in diagnosis of substance of related disorders or Relational Problems Related to individuals suffering from substance related disorders. The DSM-IV-TR is based on extensive clinical empirical research and provides standardized mental disorder diagnostic categories.

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iv. General Information

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The individual must be a member of a federally recognized tribe, the significant other or family member of a person who is the member of a federally recognized tribe.

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1. Criteria for Substance Abuse

a. A maladaptive pattern if substance abuse leading to a clinically significant impairment distress, as manifested by one (or more) of the following, occurring within a 12-month period:

i. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., substance related absences or poor work performance related to substance use; substance related absences, suspensions, or expulsions from school; neglect of children of household),

ii. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use),

ii. Recurrent substance related legal problems (e.g. arrests for substance related disorderly conduct).

iv. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights, etc.).

2. Criteria for Substance Dependence

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a. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

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i. Tolerance, as defined by either of the following:

ii. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.

iii. Markedly diminished effect with continued use of the same amount of the substance.

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~~b. Withdrawal, as manifested syndrome from the substance.~~

~~i. The characteristic withdrawal syndrome from the substance.~~

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~~ii. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.~~

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~~c. The substance is often taken in larger amounts or over a longer period than was intended.~~

~~d. There is a persistent desire or unsuccessful efforts to cut down or control substance use.~~

~~e. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects.~~

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~~f. Important social, occupational, or recreational activities are given up or reduced because of substance abuse.~~

~~g. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).~~

~~3. Criteria for Relational Problems Due to Substance Related Disorders~~

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~~a. V61.19 (Relational Problem Related to a Mental Disorder or General Medical Condition): This category should be used when the focus of clinical attention is a pattern of impaired interaction that is associated with a mental disorder (Substance Related Disorder).~~

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~~b. V61.20 (Parent Child Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction between parent and child (e.g., substance related disorder) that is associated with clinically significant impairment in individual or family functioning or the development of clinically significant symptoms in parent or child.~~

~~c. V61.10 (Partner Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction between spouses or partners characterized by negative communication (e.g., unrealistic expectations), or non communication (e.g., withdrawal) that is associated with clinically significant symptoms in one or both of the partners.~~

~~d. V61.10 (Sibling Relational Problem): This category should be used when the focus of clinical attention is a pattern of interaction among siblings that is associated with clinically significant impairment in individual or family functioning or the development of symptoms in one or more of the siblings.~~

~~e. V61.10 (Relational Problem Not Otherwise Specified): This category should be used when the focus of clinical attention is on relational problems that are not classifiable by any of the specific problems listed above (e.g., difficulties with co workers).~~

~~v. Procedure~~

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~~1. Individual requesting services will complete a screening process to determine their eligibility for receiving outpatient treatment services. The documentation gathered will include completing the Screening form, providing a copy of the Certificate of Blood, a copy of the social security card and a picture ID (if available).~~

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~~2. On completion of Screening, the client will be:~~
~~a. Accepted and begin treatment services immediately.~~
~~b/ Transferred for treatment at the appropriate level of care.~~
~~c. Placed on waiting list based on policies and procedures.~~
~~3. At intake, the client will provide:~~
~~a. Certificate of Indian Blood (CIB)~~
~~b. Birth Certificate~~
~~c. Social Security Card~~
~~d. Driver's License or valid Picture ID~~
~~e. Income Verification~~
~~**vi. Reference:**~~
~~American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text revision. Washington D.C., American Psychiatric Association~~

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~~Global assessment of Functioning (GAF) will be used as the basis for Adult Substance Abuse Level of Eligibility (LOE) assessment~~

~~ADULT SUBSTANCE ABUSE CHECKLIST:~~

~~ASAM Level III~~
~~A. 3 year history and DSM IV TR dependence diagnosis~~
~~B. More than3 episodes of restrictive treatment with relapses~~
~~C. GAF score of 30 or lower~~
~~D. If A, B, and C are checked, then Level III~~

~~ASAM Level II~~
~~A. DRM IV TR dependence diagnosis AND~~
~~B. GAF score if 50 or lower OR~~
~~a. GAF score between 51 and 70 and service dependency OR~~
~~b. DSM IV TR substance abuse disorder and co occurring disorder OR~~
~~c. GAF score over 50 ad co occurring disorder~~
~~C. IF A and B are checked, THEN Level II OR~~
~~D. IF C checked, THEN Level II~~

~~ASAM Level I~~
~~A. DSM IV TR abuse or dependency disorder AND~~
~~B. GAF score of 70 or lower~~

~~ASAM Level .5~~
~~A. At known risk of developing a substance abuse disorder~~

~~The Global Assessment of Functioning (GGAF) scale is commonly used as Axis V of the DS IV TR diagnosis. This section addresses the use of the GAF for LOE assessment. The GAF is used for LOE assessment for Adult Substance Abuse clients. GAF scores range from 100 (for a high functioning individual) to 1(for a very ow functioning individual). For the purpose of LOE assessment, the GAF score is based on the lowest functioning over the past week.~~

~~Please use the following steps as guidelines in establishing a GAF score:~~
~~Step1: Start at the highest level and ask, "Is either the patient's symptoms severity or the patient's level of functioning worse than what is indicated in the range?~~
~~Step 2: Move down until the range matches the symptom or the level of functioning, whichever is worse.~~

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Step 3: Double check (range immediately below should be too severe on both symptoms and level of functioning; if not, keep it moving down).
Step 4: Determine the specific number within the 10 point range, based on the hypothetical comparison with all patients in the range.
GAF scale: Consider psychological, social and occupational functioning on a hypothetical comparison continuum of mental health illness. Do not include impairment of functioning due to physical (or environmental) limitations. (See DSM IV TR Diagnostic Manual)

For LOE Assessment, base rating on the lowest functioning during the last past week. Please keep in mind that other factors in addition to the GAF score (such as service dependency and dual diagnosis) are also factors in determining the client's Level of Eligibility.

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~~**k. ASAM Levels of Care**~~

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~~**j. Policy**~~

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~~All Substance Disorder clients are screened utilizing the ASAM Levels of Care assessment tool to determine the appropriate level of treatment.~~

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~~**ii. Purpose**~~

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~~The ASAM Levels of Care assessment tool is utilized to identify the least restrictive treatment environment that meets the needs of the client while ensuring client safety and security.~~

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~~**iii. Definitions**~~

~~**ASAM: American Society of Addiction Medicine**~~

~~**Levels of care:** the continuum of substance abuse care provided to people seeking substance abuse treatment; including early prevention, outpatient, day treatment, residential and hospitalization.~~

~~**iv. General Information**~~

~~ASAM Outpatient (Level 1) Criteria:~~

~~1. The client is ready for recovery, but needs motivating and monitoring strategies to strengthen readiness by utilizing the ASAM Dimensional Placement Criteria.~~

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~~2. The client is able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support. The client therefore needs Level 1 motivational enhancement program.~~

~~3. The client's recovery environment is supportive and/or the client has the skills to cope.~~

~~**v. Procedure**~~

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~~1. Clients requesting services will complete a screening to determine their eligibility for receiving outpatient treatment services.~~

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~~2. On completion of Screening the client will be:~~

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a) Accepted for treatment and begin at the earliest possible date/time.
b) Transferred for treatment at the appropriate level of care.
c) The clients recovery environment is supportive and/or the client has the skills to cope.

vi. Reference

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Mee-Lee D, Shulman GD, Fishman M, Gastfriend DR, and Griffith JH, eds. (2001). ASAM Patient Placement Criteria for the Treatment of Substance-related Disorders, Second Edition Revised (ASAM PPC-2R). Chevy Chase, MD: American Society of Addiction Medicine, Inc.

ASAM Dimensional Placement Criteria for Level I (Outpatient Services)

1) Dimension 1: Acute Intoxication and/or withdrawal: The client has no signs or symptoms of withdrawal or his or her withdrawal needs can be safely managed in an outpatient setting.

2) Dimension 2: Biomedical Condition and Complications: Client's status is characterized by biomedical conditions and problems, if any, that is sufficiently stable or permits participation in outpatient treatment. (e.g. uncomplicated pregnancy or asymptomatic HIV disease.)

3. Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications: Client's status is characterized by (a) or (b) and (c) and (d)

a) The client has no symptoms of a co-occurring mental disorder, or any symptoms are mild, stable, fully related to substance use, and do not interfere with the patient's ability to focus on addiction treatment issues; *or*

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b) The client's psychiatric symptoms (such as anxiety, guilt, or thought disorders) are mild, mostly stable, and primarily related to substance use or to a co-occurring cognitive, emotional or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition and behavior; for example, fluctuations in mood only recently stabilized with medication, substance induced depression that is resolving but still significant, or a patient with schizophrenic disorder recently released from a hospital; *and*

c) The client's mental status does not prelude his or her ability to: (1) understand the information presented and (2) participate in treatment planning and the treatment process; *and*

d) The client is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.

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4. Dimension 4: Readiness to Change: The client's status in Dimension 4 is Characterized by (a) and (b) or (c) or (d):

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~~a) The client expresses willingness to participate in treatment planning and to attend all scheduled activities and mutually agreed upon in the treatment plan; *and*~~

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~~b) The client acknowledges that he or she has a substance-related and/or mental health problem and want help to change; *or*~~

~~c) The client is ambivalent about a substance-related and/or mental health problem. He or she requires monitoring and motivating strategies, but not a structured milieu program. For example, the client has sufficient awareness and recognition of a substance use and/or mental health problems allow engagement and follow through with attendance at intermittent treatment sessions as scheduled; *or*~~

~~d) The client may not recognized that he or she has a substance-related and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such a client may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.~~

~~**5. Dimension 5:Relapse, Continued Use or Continued Problem Potential**: In Dimension 5, the client is assessed as able to achieve or maintain abstinence and related recovery goals, or to achieve awareness of a substance problem and related motivational enhancement goals, only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol or other drug use, craving, peer pressure, and lifestyle and attitude changes.~~

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~~*In addition to the foregoing criteria, the client in* **Dual Diagnosis Programs** *is assessed as able to achieve or maintain mental health functioning and related goals only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) impulses to harm self or others and difficulty in coping with his or hers affects, impulses or cognition.*~~

~~**Dimension 6: Recovery Environment**: The client's status in Dimension 6 is characterized by (a) or (b) or (c)~~

~~(a) The client's psychosocial environment is sufficiently supportive that outpatient treatment is feasible (for example), significant others are in agreement with the recovery effort; there is a supportive work environment or legal coercion; adequate transportation to the program is available, and the support meeting locations and non-alcohol/drug-centered work are near the home environment and accessible); *or*~~

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~~(b) The client does not have an adequate primary or social support system, but he or she has demonstrated motivation and willingness to obtain a support system; *or*~~

~~(c) The client's family, guardian, or significant others are supportive but require professional interventions to improve the client's chance of treatment success and recovery. Such interventions may involve assistance in limit setting, communication skills, a reduction in rescuing behaviors, and the like.~~

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~~**I. Exclusion Criteria**~~

~~**i. Policy**~~
~~A client may be excluded from Navajo DBHS treatment services when he/she is assessed to be unable to benefit from the treatment services available or provided.~~

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~~**ii. Purpose**~~
~~To provide treatment appropriate to the client's needs.~~

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~~**iii. General Information**~~
~~1. When the client does not meet the admission criteria, he/she may be excluded from the program (see Assessment Process). If applicable, appropriate treatment services are identified.~~
~~2. Exclusion Criteria~~
~~a. Exhibiting symptoms of withdrawal, i.e. nausea and vomiting, tremors, sweats, anxiety, agitation, tactile, disturbances, auditory disturbances, visual disturbances, headache, fullness in head, and/or disorientation and clouding of sensorium.~~
~~b. Actively suicidal, requiring close supervision.~~
~~c. Assaultive requiring close supervision.~~
~~d. Severely disorganized so as to render danger to self.~~

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~~e. Severely impulsive in self-destructive but not life threatening ways i.e., self-mutilating.~~
~~f. Severely impulsive in destructive ways, i.e., destroys property.~~
~~g. Uncontrollable alcohol and substance abuse.~~
~~h. Hyperactive manic psychotic phase that requires containment.~~
~~i. Physically unable to care for basic needs,~~
~~j. Unmotivated and unwilling to participate in the program.~~
~~k. Inability to function or benefit in the program.~~

~~**iv. Procedure**~~
~~1. All clients will be screened to determine their eligibility.~~
~~2. Upon completion of screening, the client will be accepted for excluded from receiving services.~~
~~3. If excluded, the case will be referred to the appropriate Level of Care or placed on a waiting list based on the Navajo DBHS Client Waiting List policy and procedure;~~
~~a. Documentation will be completed in the progress note: it will include the date, reason for exclusion, referral placement, counselor's name and title.~~

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~~**m. Transfer Criteria**~~

~~**i. Policy**~~
~~When a client's behavior requires a more restrictive level of care, the client is transferred to an organization that provides the appropriate level of care.~~

~~**ii. Purpose**~~
~~To ensure the safety of each client and to provide services that meet his/her needs.~~

~~**iii. General Information**~~
~~1. The Navajo DBHS transports ant client who meets the transfer criteria to the receiving service site.~~
~~2. Two people are required to transport a client who meets the transfer criteria. One person is a staff person while the other person may be another staff person, family member etc.~~
~~3. Transfer Criteria~~

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~~a. Exhibiting symptoms of withdrawal, i.e., nausea and vomiting, tremors, sweats, anxiety, agitation, tactile disturbances, auditory disturbances, visual disturbances, headache, fullness in head, and/or disorientation and clouding of sensorium.~~

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~~b. Actively suicidal requiring supervision~~
~~c. Assaultive requiring close supervision~~
~~d. Severely disorganized so as to render her/him a danger to self.~~
~~e. Severely impulsive in self destructive but not life threatening ways i.e., self mutilating.~~
~~f. Severely impulsive in destructive ways i.e. destroys property.~~
~~g. Hyperactive manic psychotic phase, which requires containment.~~
~~4. When a client needs a more restrictive program, the Clinical Specialist/designee collaborates with the attending psychiatrist to obtain a medical order to transfer the client to a more restrictive healthcare program.~~

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~~iv. Procedure~~

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~~1. If applicable, the Case Management Specialist or Primary Counselor contacts the receiving healthcare organization and coordinates the transfer of the client. He/she provides a detailed report to the receiving healthcare organization prior to the client's admission. The report includes:~~

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~~a. Name~~
~~b. Age~~
~~c. Behavior meriting transfer~~
~~d. Response to treatment~~
~~e. Any special precautions~~
~~f. Any identified medical problems~~
~~g. Any precautions~~
~~h. Current medications (if known)~~
~~i. Identified allergies (if known)~~
~~j. Assessments/evaluations~~
~~2. Two Navajo DBHS employees or a family member transports client to the referred organization.~~
~~3. The Clinical Specialist or designee explains the reason for the transfer to the client.~~

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~~a. Transfer of the client is documented on the progress notes, and includes the following:~~
~~b. Information given in report to receiving healthcare organization.~~
~~c. Where client is transferred.~~
~~d. How the client was transferred.~~
~~e. Escorted by whom.~~

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Navajo Nation Division of Behavioral and Mental Health Services

POLICIESY AND PROCEDURES MANUAL

Section: 2 Client Focused Functions
Subsection: 2.25 Screening and Access to Services
Title: 2.5.062.08 Prevention and Behavioral Health Education—

~~f. Prevention and Health Education~~

I. ~~i. Policy~~POLICY

~~The Navajo DBHS~~DBMHS staff ~~Prevention Specialists and Substance Abuse Health Educators~~ will provide substance abuse prevention and behavioral health education to the clients, schools, and community members.

II. ~~ii. Purpose~~ PURPOSE

To increase positive cultural values and develop the traditional/spiritual program ~~,~~while decreasing the negative effects ~~of of alcohol, tobacco and other drugs~~substance use and co-occurring disorders~~, and related issues~~.

III. DEFINITIONS

A. **Center for Substance Abuse Prevention (CSAP)**
   1. The 6 (six) prevention strategies of the Center for Substance Abuse Prevention (CSAP) are:
      a. Information Dissemination
      b. Education
      c. Alternative activities
      d. Problem Identification and Referral
      e. Community-based processes
      f. Environmental approaches

B. **Substance Abuse and Mental Health Services Administration (SAMHSA)**
   The agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

C. **Dine'ji Ke Hoozhoogo iina (Navajo Blessing way of Life)**
   1. The four domains of Dine'ji Hoozhoogo iina include:
      a. Nisahakees
      b. Nahat'a
      c. Iina
      d. Siihasin

D. **Navajo Wellness Model**
   Emphasizes the four core teachings of health and wellness from the Navajo perspective that include self-identity, self-respect, self-care, protection of self, and resiliency.

E. **Strategic Prevention Framework (SPF)**

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1. The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems facing their states and communities.
    a. Assessment – Identify local prevention needs based on data.
    b. Capacity – Build local resources and readiness to address prevention needs.
    c. Planning – Find out what works to address prevention needs and how to do it well.
    d. Implementation – Deliver evidence-based programs and practices as intended.
    e. Evaluation – Examine the process and outcomes of programs and practices.
2. The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise of:
    a. Cultural Competence - The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
    b. Sustainability - The process of building an adaptive and effective system that achieves and maintains desired long-term results.

~~I.~~ RULES

~~IV.~~

A. DBMHS Prevention will be trained to utilize the SAMHSA Strategic Prevention Framework and the CSAP Prevention Strategies.
B. The emphasis of the prevention component is to provide education to students and communities to reduce the use and abuse of alcohol, tobacco and other drugs.
C. When appropriate, prevention and behavioral health education programs are presented in the Navajo language.
D. Prevention and behavioral health education activities are provided at no charge to the public.
E. Information will be disseminated on DBMHS Treatment services and various prevention topics to the communities using social media, billboards, etc.
F. Assessments will be conducted throughout communities to identify their needs and to plan according to findings; community readiness for change will also be assessed.
G. Prevention education will be provided through group sessions to registered clients.
H. Prevention will work with existing agencies and service providers to maximize efforts toward prevention of behavioral health education.
I. Education and community programs are considered outreach activities.

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J. All requests for programs from community organizations, schools, or other programs will be honored as time is available.
K. The public will be kept informed of available services in various ways: speaking engagements, newspaper, radio, social media, and through other organizations.

V. PROCEDURES

A. Prevention Specialist are trained and certified in:
   1. Question, Persuade, Refer (QPR)
   2. Mental Health First Aide for Adults and Youth (MHFA)
   3. Fatherhood is Sacred, Motherhood is Sacred
   4. Linking Generation by Strengthening Relationships
   5. Navajo Wellness Model
   6. Ethics in Prevention
   7. Substance Abuse Prevention
B. The Outreach Section must maintain documentation to verify outreach/personal report activities and document in the electronic health record.
C. Reports must include a description of services provided, date, location, and number of participants broken down by male/female, and age.
D. Counselors and Traditional Practitioners may assist with outreach activities, on a time available basis.

~~iii. Procedure~~

~~1. The prevention component will adapt for utilization, the 6 (six) prevention strategies of the Center for Substance Abuse Prevention (CSAP); they are:~~
~~a. Dissemination of information~~
~~b. Prevention education~~
~~c. Alternative activities~~
~~d. Community based processes~~
~~e. Environmental approaches and problem identification~~
~~f. Referral~~
~~2. The emphasis of the prevention component is to provide education to students and communities to reduce the use and abuse of alcohol, tobacco and other drugs.~~
~~3. When appropriate, prevention and health education programs are presented in the Navajo language.~~
~~4. Prevention and health education activities are provided at no charge to the general public.~~
~~5. Information will be disseminated on Navajo DBHS Outpatient Treatment services and various topics to the communities using the media, billboards, etc.~~
~~6. Assessments will be conducted throughout communities to identify their needs and to plan according to findings; community readiness for change will also be assessed.~~
~~7. Prevention education will be provided through group sessions to registered clients.~~

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~~A. 8. The four domains of prevention strategies integrating Maslow's Hierarchy of Needs and the Dine'ji Ke Hoozhoogo iina (Navajo Blessing way of Life) will be utilized. Each domain will include resources and referrals. The four domains for prevention are:~~

~~A. a. Schools~~
~~b. Community~~
~~c. Family~~
~~d. Individual/Peer~~

~~9. The four domains of Dine'ji Hoozhoogo iina include:~~

~~a. Nisahakees~~
~~b. Nahat'a~~
~~c. Iina~~
~~d. Siihasin~~

~~iv. Reference:~~

~~*Navajo Department of Behavioral Health Services, Prevention and Health Procedure Handbook, (See Appendix)*~~

~~Navajo DBHS Outpatient Services~~
~~PREVENTION AND HEALTH EDUCATION FORM~~

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Date	Time	Classroom Promotional Event	Special Event	Advertisement Radio TV	Prevention and Health Educational Topic	Location of Event	# of Publications Handed Out	Approx. # of People Attending Activity

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~~g. Home Based Services~~

I. ~~i. Policy~~POLICY

DBMHS may provide services in the client's home when clinically indicated and staffing patterns allow.

II. ~~ii. Purpose~~ PURPOSE

To address client and counselor safety and therapeutic efficacy during provision of home-based services.

III. ~~iii. General Information~~ RULES

A. ~~1.~~ Where client transportation or other clinical issues are present, DBMHS may provide treatment services in the client's home or other appropriate community setting.

B. ~~2.~~ Home-based services are individual or family counseling sessions that are provided in locations that are not used for scheduled and structured counseling sessions. ~~Usually~~Usually, the site is the client's home but may include other locations within the client's community.

~~A.~~C. ~~3.~~ The counselor will discuss confidentiality issues with the client.

~~B.~~D. Home visits require two staff to ensure ~~safety~~the safety of the counselor and client.

IV. ~~iv. Procedure~~ PROCEDURES

A. ~~1.~~ The primary counselor will case staff the request for home-based services with the Clinical Supervisor or designee.

B. ~~2.~~ Documentation of the approval will be entered ~~in to~~into the electronic health record (EHR), along with the progress note of each individual session.

C. ~~3.~~ The documentation will include:

1. Name of two staff members conducting home visit.
2. Session ~~start~~start time and estimated duration.
3. Location of the counseling session (physical description).
4. Phone number at the location or staff cell phone (if available).
5. Signature of approval in EHR prior to leaving the DBMHS site.
6. Time of departure and return to the office, documented on the log in/out sheet.

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~~h. Services to the Incarcerated~~

I. ~~i. Policy~~POLICY

Navajo ~~DBHS~~DBMHS will provide services to clients who are incarcerated when clinically indicated and staffing patterns allow.

II. ~~ii. Purpose~~PURPOSE

To establish a procedure to address client needs during ~~the~~ incarceration.

III. ~~iii. General Information~~RULES

A. ~~1. Often i~~Individuals ~~who are incarcerated are in need of~~may request for a referral for ~~residential~~ appropriate treatment~~treatment~~ services.

B. ~~2. Establishing a clinical relationship with an incarcerated person is of critical importance for achieving success in treatment.~~ Individuals must be incarcerated and referred by the detention center.

C. ~~3.~~ The individual must be ~~registered~~ entered as a referral or ~~as a~~ client in order for Navajo ~~DBHS~~DBMHS.

D. ~~to pay out of system services.~~ Establishing a clinical relationship with an incarcerated person is of critical importance for achieving success in treatment.

E. Clients may be referred to ~~4. Arizona RBHA~~Regional Behavioral Health Authority ~~(~~RBHA) ~~clients~~ for treatment services. Clients ~~w~~will be screened and referred in a manner consistent with RBHA processes and forms.

IV. ~~iv. Procedure~~PROCEDURES

A. ~~1.~~ The Clinical ~~Specialist~~ Supervisor/staff ~~receives~~received referral from the ~~judicial system~~detention center or court requesting substance ~~abuse~~ use treatment, assessment, ~~and~~ or referral.

B. ~~2.~~ The Clinical Supervisor/staff ~~Specialist~~ will work with the referral source and determine the scheduling details of the assessment including location, date, and time.

C. ~~3.~~ The assessment will include the use of:

~~a. Screening~~ Tools~~form~~

1. ~~b. Staging tool~~
2. ~~c.~~ ASAM Dimensions ~~/ DSM IV TR Multi-axial Diagnosis Form~~
3. DSM 5
4. ~~d.~~ Legal Forms:
   a. ~~i. Consent for Treatment~~Informed Consent
   b. ~~ii. Limits of Confidentiality~~Notice of Privacy and Confidentiality

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c. ~~iii.~~ Client Rights
d. ~~iv. Grievance Procedure Acknowledgement~~ Client Grievance
e. ~~v.~~ Release of Information (as needed)

D. ~~4.~~ If client is appropriate for referral to ~~residential~~ treatment services, the counselor will:

1. ~~a.~~ Provide a copy of the proper Health and Physical Examination form to be arranged by the client.
2. ~~b.~~ Obtain a photocopy of the client's:
   a. ~~i.~~ Certificate of Indian Blood (CIB)
   b. ~~ii.~~ Birth Certificate
   c. ~~iii.~~ Social Security Card
   d. ~~iv.~~ Drivers Driver's License or Valid Picture ID

~~c. Arrange for completion of the admission application as necessary.~~

3. ~~d.~~ Coordinate admission process with the ~~residential~~ recommended treatment center.

~~e. When the Residential Center has acknowledged the client is appropriate for services.~~

4. ~~i.~~ The counselor will case staff with the Clinical ~~Specialist~~ Supervisor.

Inform the client of admission or denial for treatment services.

~~ii. The Clinical Specialist will submit request for payment to Clinical Specialist Coordinator at DBHS Central Office.~~

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Navajo Nation Division of Behavioral and Mental Health Services

~~POLICY~~ POLICIES AND PROCEDURES MANUAL

Section: 2 Client Focused Functions
Subsection: 2.~~25~~ Screening and Access to Services
Title: 2.~~5.09~~2.11 Services for Sensory Individuals **Page 1 of 1**

~~i. Services for Sensory Individuals~~

I. ~~i. Policy~~POLICY

~~Navajo DBHS~~DBMHS provides speech, language, and/or hearing services for any client/family whose treatment would benefit from the provision of these services.

II. ~~ii. Purpose~~PURPOSE

~~To ensure each sensory disabled person may benefit optimally from treatment provided.~~ Accommodations for disabilities or language barriers are assessed or referred to ensure each client benefits optimally from treatment provided.

~~I.~~ DEFINITIONS

III.

A. Sensory Processing Sensitivity (SPS)
A personal disposition to being sensitive to subtle stimuli and being easily over-aroused by external stimuli.

B. Speech or Language Impairment
A communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment.

C. Hearing Impairment
Any degree of hearing loss ranging from mild to severe, including those who are deaf and those who are hard of hearing.

IV. ~~iii. General Information~~RULES

A. ~~a Navajo/English interpreter is available at all time(s) for Navajo DBHS clients who only speak Navajo.~~ Accommodations or referrals, are made as needed for hearing, vision, or other impairments. If client understanding appears limited despite all reasonable accommodations, clients will be referred for continued care. Both accommodations or referrals, are documented in the client's record.

B. A Navajo/English interpreter is available at all time(s) for clients who only speak Navajo.

V. ~~iv. Procedure~~ PROCEDURES

A. ~~1.~~ During the intake process, the counselor screens all clients for speech, sensory processing, language, and/or hearing service needs.

B. ~~2.~~ If services are required, the primary counselor will ~~or designee~~ arrangees for accommodations. ~~the required services.~~

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~~VIII. Program Structure and Staffing~~

~~a. Days and Hours of Operation~~

I. ~~i. Policy~~ POLICY

~~The Navajo DBHS~~DBMHS ~~Outpatient Treatment services days and hours of operation are based on the clinical needs of the clients as determined by the Clinical Specialist in cooperation with the Program Supervisor.~~ will follow Navajo Nation Personnel Policies Manual for hours of operation while continuing to meet the needs of our clients and the community. ~~The Outpatient Treatments Centers are closed on all Navajo Nation Official Holiday.~~

II. ~~ii. Purpose~~ PURPOSE

To provide ~~days and~~ days and hours of operation for ~~potential clients, clients, client's family, employees, etc.~~ clients and the community.

III. DEFINTIONS

RESERVED

IV. RULES

A. DBMHS Treatment services days and hours of operation are based on the Navajo Nation Personnel Policies Manual.
B. Clinical services will meet the needs of the clients as determined by the Clinical Specialist in cooperation with the Clinical Supervisor.
C. The Crisis Response Team will be available 24 hours a day, 7 days a week for individuals experiencing a behavioral or mental health emergency/crisis.

V. PROCEDURES

A. Days and hours of operation will be posted at each site.
B. Any expected or unexpected closures will be posted at each site, and on social media.
C. Mental Health Crisis warm lines will be posted on the DBMHS website and social media.
D. Crisis Warm lines will be answered at the treatment center site during regular business hours, and answered by appointed clinical staff after hours.
E. Crisis response phone tree will be utilized for individuals experiencing a behavioral or mental health emergency/crisis.

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~~**b. Client Expectations**~~
~~**i. Policy**~~
~~Navajo DBHS Outpatient Treatment services encourage clients to assume responsibility and to be involved in their individualized outpatient treatment.~~
~~**ii. Purpose**~~
~~To define minimal expectations to participate in the Navajo DBHS Outpatient Treatment Program~~
~~**iii. General Information**~~
~~1. Clients are expected to:~~
~~a. Be knowledgeable of their treatment plan.~~
~~b. Participate in their treatment.~~
~~c. Maintain confidentiality of peers.~~
~~d. Follow treatment rules~~
~~e. Smoke in designated areas only.~~
~~f. Not engage in threatening or violent behavior.~~
~~g. Not to be under the influence of drugs or alcohol when at a Navajo DBHS facility or activity.~~
~~h. Not carry firearms or weapons when at a Navajo DBHS facility or activity.~~

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~~c. Clinical Specialist Delegation of Authority~~

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~~i. Policy~~

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~~When the Clinical Specialist cannot physically be at the Navajo Outpatient Treatment Center worksite he/she will delegate a Clinical Specialist in writing.~~

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~~ii. Purpose~~

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~~To delegate a responsible person in the absence of the Clinical Specialist~~

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~~iii. General Information~~

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~~1. The delegated Program Supervisor assumes the responsibilities of the Clinical Specialist with daily clinical operations and the authority as written in the delegation memorandum.~~

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~~2. The delegated Clinical Specialist will be a licensed counselor.~~

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~~iv. Procedure~~

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~~1. The clinical Specialist will have a Memorandum of Delegation specifying the person to be delegated during his/her absence from the worksite.~~

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~~2. The memorandum will be posted in a visible site.~~
~~3. A copy of the Memorandum of Delegation will be faxed to the Navajo DBHS Central Office.~~

~~**d. Program Supervisor Delegation of Authority**~~
~~**i. Policy**~~
~~When the Program Supervisor cannot physically be at the Navajo DBHS Outpatient Treatment Center worksite, he/she will delegate a Program Supervisor in writing.~~

~~**ii. Purpose**~~
~~To delegate a responsible person in the absence of the Program Supervisor~~

~~**iii. General Information**~~
~~1. The delegated Program Supervisor assumes the responsibility of the Program Supervisor with daily program operations and the authority as written in the delegation memorandum.~~
~~2. The delegated Program Supervisor will be knowledgeable in the daily operations of the outpatient treatment facility.~~

~~**iv. Procedure**~~
~~1. The Program Supervisor will have a Memorandum of Delegation specifying the person to be delegated during his/her absence from the worksite.~~
~~2. The memorandum will be posted in a visible site.~~
~~3. A copy of the Memorandum of Delegation will be faxed to the Navajo DBHS Central Office.~~

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~~e. Fee Schedules~~
~~i. Policy~~
~~Fees are not charged to Navajo DBHS Outpatient Treatment Center clients.~~
~~ii. Purpose~~
~~To ensure that DBHS Outpatient Treatment Center clients are not assessed fees for their treatment.~~

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~~**f. Commercial Smoke and Smokeless Tobacco**~~

~~**i. Policy**~~

~~Commercial smoke and smokeless tobacco are not permitted in the Navajo DBHS Outpatient Treatment Centers or DBHS vehicles.~~

~~**ii. Purpose**~~

~~To provide a healthy and smoke free environment~~

~~**iii. Procedure**~~

~~1. Due to health problems associated with tobacco use, and potential fire hazards, all smoking and smokeless tobacco are prohibited in vehicles and buildings, except in designated areas.~~

~~2. A posted smoking area will be located at least ten feet away from the exterior of the facility.~~

~~**Exception:** Tobacco may be used in traditional healing ceremonies outside the facility.~~

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~~g. Visitor Log~~

~~i. Policy~~

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~~All Navajo DBHS Outpatient Center visitors will sign in upon entering the building and sign out when they leave the building.~~

~~ii. Purpose~~

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~~To ensure the confidentiality and safety of Navajo DBHS clients, employees, and visitors.~~

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~~iii. Definitions~~

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~~Visitors:~~ ~~Client's friends and family, previous clients, potential clients, representatives from community organizations, deliverymen, etc (anyone who comes to the facility that does not work for DBHS).~~

~~Visitor's Log:~~ ~~A log that documents the visitor's presence at and departure from the facility.~~

~~iv. General Information~~

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~~In case of an emergency evacuation, the designated employee will be responsible for ensuring everyone is accounted for by correlating the visitor name with the Visitor's Log.~~

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~~v. Procedure~~

~~1. All visitor's "sign in" on the Visitor Log upon arrival to the Navajo DBHS facility.~~

~~2. All visitors "sign out" on the Visitor Log at the time of their departure from the Navajo DBHS facility.~~

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~~3. After each visitor's departure, the administrative support staff will obscure the name of the visitor in order to maintain confidentiality.~~

~~4. The administrative support staff will file the Visitor's Log, and retain the log for a designated period of time.~~

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~~**Navajo DBHS Outpatient Services**~~
~~**VISITOR SIGN-IN LOG**~~

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~~Directions: Please print your name legibly. All visitors are to sign in on the Visitor's Log. Any parent or guardian shall sign for their child or any person unable to sign the log. All visitors are to "sign out" on the Visitor Log at the time of their departure. After each visitor's departure, the receptionist will cover the name of the visitor in order to maintain confidentiality.~~

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YOUR NAME	VISITING WHOM (First Name only)	DATE	TIME IN	TIME OUT

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~~h. Telephone Disclosure~~

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~~i. Policy~~

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~~Navajo DBHS Outpatient Treatment Centers will not disclose any client information over the telephone.~~

~~**ii. Purpose**~~
~~To protect the privacy and confidentiality of all the DBHS clients~~

~~**iii. General Information**~~
~~Client information will not be given to anyone over the telephone; this includes confirmation of a client's participation or non-participation in any treatment services.~~

~~**iv. Procedure**~~
~~1. All inquiring callers are told that Navajo DBHS does not allow disclosure of any information about a client over the telephone.~~
~~2. A suggested response to an inquiry is:~~
~~"Client confidentiality prevents me from being able to confirm or deny a person's presence in this organization or give out any information. I will be glad to take your name and number. If that person is here, they will be given your message, and if they wish, they may call you back."~~
~~3. The telephone message is given t the client who has the option to return the call.~~

~~**j. Off-site Activities and Transportation**~~

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~~**i. Policy**~~

~~All DBHS employees will observe proper procedures during off site activities and transportation of clients.~~

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~~**ii. Purpose**~~

~~Navajo DBHS makes every effort ensure the safety and welfare of clients and employees during off site activities.~~

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~~**iii. Definition**~~

~~**Off Site Activities:** Any activities involving Navajo DBHS clients and staff that is held away from the treatment center premises.~~

~~**iv. Procedure**~~

~~1. All drivers must have a current valid State Drivers License and Navajo Nation Operators Permit.~~
~~2. There shall be at least two staff members present on each off site activity.~~
~~3. At least one staff member must have a current certification in CPR and First Aid training.~~
~~4. All off site activity requires the *Off Site Activity and Transportation Form* to be completed and approved prior to the activity.~~
~~5. All vehicles are equipped with a First Aid Manual and kit, and vehicle emergency kit.~~
~~6. Off site activities correspond with age, behavioral status, development level, physical ability, mental condition, and treatment plans of each client participant.~~
~~7. Weather conditions are considered before leaving on an off site activity.~~
~~8. A medical card will be established for each client. The card includes the following information: Name, address, telephone number, allergies, name of all client's medications currently, prescribed or taken (including "over the counter" drugs).~~
~~9. The client is responsible for his/her own medication administration.~~
~~10. Ample drinking water is provided for every client and staff member.~~
~~11. Snacks are provided to clients and employees for off site activity lasting 2 or more hours.~~
~~12. Clients only may wear headphones or earphones during transportation.~~
~~13. Meals are provided for clients for activities lasting 4 or more hours.~~
~~14. A client may not left unattended in a vehicle.~~
~~15. All "Off Site Activity and Transportation Forms" are maintained for at least 12 months.~~
~~16. Clients are requested to fasten their seatbelts (every person is required to have and fasten a seatbelt).~~
~~17. Once all clients are in their seats with seatbelts fastened, vehicle doors are locked, (no one is allowed to be out of his/her seatbelt during transportation).~~

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~~18. The driver must adhere to speed limit and Navajo Nation Travel Policy.~~
~~19. The employees use caution when loading and unloading clients from the vehicle and the vehicle is parked in a safe manner away from other traffic and other hazardous obstructions.~~
~~20. Any stops are discouraged but will be made at discretion of the driver, based on the needs of client (e.g. bathroom use).~~
~~21. The driver removed the keys from the vehicle and sets the emergency brake before allowing the client(s) to leave the vehicle.~~

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~~Date:~~	~~Anticipated Departure Time~~	~~Anticipated Return Time:~~
~~Destination:~~		
~~Description of Activity:~~		
~~Address:~~		~~Telephone#~~
~~Client's name:~~		
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~~Accompanying Staff:~~		
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~~Approval:~~		~~Date:~~

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~~**Navajo DBHS Outpatient Services**~~
~~**ADOLESCENT TRANSPORTATION WAIVER/INDEMNITY**~~

~~I, the parent/legal guardian of _____, do hereby give my consent and permission for my son/daughter to be transported to and from the treatment center while involved in appropriate activities and services.~~

~~**WAIVER OF RESPONSIBILITY**~~

~~In consideration of my acceptance of treatment by this organization for myself, heirs, executors, and administrators, I hereby waive and release any and all rights and claims for damages I may have against the Navajo Nation, Department of Behavioral Health Services, including transportation for treatment activities, related directly and indirectly to my child's participation in the treatment program.~~

~~**INDEMNITY AGREEMENT**~~

~~As the parent/ legal guardian of the undersigned, I hereby agree to indemnify and hold harmless the Navajo Nation, Department of Behavioral Health Services for any claims assessed against or collected from said entities by or on behalf of said child.~~

~~**The information contained in this document has been explained to me and I have a clear understanding of the content.**~~

~~**Client Signature Date:**~~

~~**Parent/Legal Guardian Signature Date:**~~

~~**Witness Signature Date:**~~

~~**Navajo DBHS Outpatient Treatment Services**~~
~~**ADOLESCENT MEDICAL PERMISSION FORM**~~
~~My son/daughter, _____, has permission to be seen by the medical~~

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~~personnel of the most accessible Indian Health Service Medical Facility or other appropriated medical facilities with the Navajo DBHS Outpatient Service Staff for as long as he/she is enrolled in the treatment program.~~

~~I consent to the provision of services, which may include primary health care, preventive health care/education, first aid, dental procedures, counseling, or emergency care by qualified medical Personnel.~~

~~**The information contained in this document has been explained to me and I have a clear understanding of the content.**~~

~~**Parent/Legal Guardian Signature** **Date**~~

~~**Witness Signature** **Date**~~

~~**j. Activity Verification**~~

~~**i. Policy**~~

~~All staff activity including services provided to Navajo DBHS clients are documented on a daily basis using approved activity codes.~~

~~**ii. Purpose**~~

~~To establish a uniform method of accounting for and verifying staff and client activity in order to facilitate accurate employee time keeping, client services billing and necessary reports.~~

~~**iii. Procedure**~~

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~~1. Client participation is recorded on a daily basis. The record will include the date and time of the client's participation and the activity code.~~

~~a. Participation in group activities will be recorded using the *Group Sign In Sheet*.~~

~~b. Individual clinical contracts will be recorded by the clinician on their *Staff Activity Record*.~~

~~2. All clinical contact will be documented in the client's record. This record of clinical activity will be verification of the contact.~~

~~3. Every Friday by the end of the workday, all employees will submit their Staff Activity Record to the designated timekeeper. The timekeeper will distribute the Record to the appropriate data personnel.~~

~~4. The Office Specialist maintains all Client Participation Records in a locked cabinet for a period of 7 years.~~

~~**Navajo DBHS Outpatient Services**~~
~~**STAFF ACTIVITY RECORD**~~

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Employee Name:					To:	From:
Date	Start	End	Work Hours	Activity Code	Client / Participant	Date Time
Total Hours:				**Signing this Timesheet is verification that time worked is accurate and true.**		

Employee Signatures ________________ Date ________________

Supervisor Signature Date

~~Navajo DBHS Outpatient Services~~
~~GROUP SIGN-IN SHEET~~
~~Today's Date:_____________ TIME:__________am / pm TO:_________am / pm Hours_____~~
~~GROUP:____________________________________ TOPIC:______________________~~
~~FACILITATORS:~~____
~~GROUP CODES:~~ ~~(Please Circle)~~ **~~107 108 109 111 112 113 118 130 146 148 152~~**

-	**~~PRINT NAME~~**	**~~DOB~~**	**~~SS #~~**	**~~Primary Counselor~~**	**~~Claim (INITIAL)~~**
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~~k. Staffing Guidelines~~

~~i. Policy~~

~~Navajo DBHS Programs ensure an adequate number of qualified employees to provide treatment services to its clients.~~

~~ii. Purpose~~

~~To establish guidelines for providing an adequate number of qualified staff to serve Navajo DBHS clients~~

~~iii. Definitions~~

~~Direct Service Time:~~ ~~Counseling session, face-to-face screening, assessment, traditional services, pastoral services, home visits and travel time when related to services to a specific client or clinical service.~~

~~Equivalent Assigned Activity:~~ ~~Clinical Staff assigned by the Clinical Specialist to duties beyond direct client contact may count other activities toward their 20 hour expectation. These activities may include but are not limited to: Direct Supervision of clinical staff as assigned, meetings with individuals in the community when the meeting is directly related to planning of clinical services to the community, outreach and prevention activities when assigned, providing technical assistance or training as assigned, etc. For Senior Substance Abuse Counselor (SSAC) and Substance Abuse Counselor (SAC), time spent in training and receiving direct supervision will be counted as client contact hours.~~

~~Off Site Activity:~~ ~~Any activity that occurs away from designated treatment sites.~~

~~iv. General Information~~

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~~1. Staff is expected to maintain 20 hours a week face-to-face client contact or equivalent assigned activity.~~
~~2. All off site activities are required to have at least:~~
~~a. 2 Navajo DBHS staff present.~~
~~b. One CPR certified staff member who is with the clients.~~
~~c. One First Aid certified staff member who is with clients.~~
~~d. One staff member to have a current Food Handler's permit if food is to be prepared.~~
~~3. All clinical staff is expected to participate in client intake although the Substance Abuse Counselor is primarily responsible for this function.~~
~~4. Assessment are conducted by either a Senior or Principal Substance Abuse Counselor~~
~~5. Staffing needs vary per therapeutic activity and are determined by the Clinical Specialist in collaboration with the Program Supervisor.~~

~~**J. Employee Work Schedule**~~

~~**i. Policy**~~
~~Work schedules for clinical staff will be based on a 40 hour week as determined by the clinical needs of the clients and program pursuant to the best judgment of the Clinical Specialist in collaboration with the Program Supervisor.~~

~~**ii. Purpose**~~
~~In the Outpatient Treatment setting it is necessary to react on a daily basis to a population that is free and reacting to a constantly changing environment. To meet the needs of the clients requires a flexible clinical schedule. The process expressed in this policy is intended to meet that need for flexibility. In order to accomplish that goal, submitting the work schedule through the chain of command to the Program Supervisor by the Clinical Specialist provides effective communication although it is not subject to the approval of the Program Supervisor.~~

~~**iii. Definitions**~~

~~**A week:** a 7 day period running Sunday through Saturday.~~

~~**Compensatory (Comp) Time:** Time off granted to a non-exempt employee when they are assigned to work in excess of 40 hours in one week. With prior approval, they will be granted time off on an hour for hour basis to be taken at a later time as per established leave policy.~~

~~**iv. General Information**~~

~~1. As much as possible, all work will be done within the week and accurately recorded on the Navajo DBBHS Staff Activity Record. It will be the responsibility of the clinician to balance their schedules to accomplish all the work assigned within a 40-hour week.~~
~~2. When work cannot be accomplished within the 40 hours for non-exempt employees then requests for compensatory or other leave time will be handled according to the Navajo Nation Personnel Policies and Procedures and with approval of the Program Supervisor.~~

~~**v. Procedure**~~

~~1. By 5 p.m. Friday, the clinicians will submit their schedule of activity for the following week to the Clinical Specialist. The Clinical Specialist and the Program Supervisor will review and approve the schedule.~~
~~2. Request for Annual Leave:~~
~~a. Must be submitted and approved 16 hours advance notice.~~
~~b. On payday week all leave requests must be submitted and approved prior to submission of official timesheet to the DBHS Master Time Keeper by agency timekeeper.~~
~~3. Weekly schedules are to be posted on the clinician's office door with a copy kept in an administrative file.~~
~~4. Administrative staff will work with the Program Supervisor in setting their work schedules.~~
~~5. The Program Supervisor will designate the appropriate administrative person to maintain a file with schedules as required by standards of the Council on Accreditation for Rehabilitation Facilities (CARF).~~

~~**vi. Reference**~~

~~Navajo Nation Personnel Policies and Procedures Manual~~

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~~**m. Alternative Work Schedule**~~

~~**i. Policy**~~

~~Although clinical work schedules are based on a 40-hour week as determined by the clinical needs of the client and program in the judgment of the Clinical Specialist in partnership with the Program Supervisor, there are times that an alternative work schedule may suit the needs of the client or DBHS.~~

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~~**ii. Purpose**~~

~~Clients react to a constantly changing environment, and to meet their needs requires a flexible employee schedule, one that allows employees to complete their work in a different schedule than the standard Monday through Friday, 8:00 AM to 5:00 PM.~~

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~~**iii. Definition**~~

~~A **"flexible work week"** is defined as one in which one or a group of non-exempt employees work forty hours, but the hours fall outside the standard 8 to5, Monday through Friday workweek.~~

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~~**iv. General Information**~~

~~1. Situations that may result in a flexible workweek include:~~

~~2. A need to provide client services at hours outside the normal work schedule. This includes provision of services during hours convenient for clients who work for adolescents who attend school. In such cases, services are provided earlier in the day or evening, and sometimes on the weekend.~~
~~3. Provisions of traditional services may require an employee to "flex" a workweek so that clients receive services earlier in the day or evening, and on the weekends for the amount of time required for treatment.~~
~~4. "Flex time" focuses on the work schedule and does not change the location or work or the total number of hours worked, except for traditional treatment/services.~~
~~5. "Flex time" allows an employee to start the workday early and end early or start late and end late. Some employees may also work extra hours on one day to make up for shorter hours on another.~~
~~6. "Flex scheduling" is determined by the need to provide adequate client services and not to meet individual employee needs.~~

~~**Note:** by law, professional and administrative staff are paid by the job rather than by the hour. Thus, they are expected to work the hours required to complete the job, and without additional compensation if it takes more than 40 hours in a week. They must also work hours that fit the norms and/or needs of the Department.~~

~~**v. Procedures**~~
~~1. The basic procedures outlined in 8.1 Employee Work Schedule of the DBHHS PPM are to be applied when an employee is arranging for a "flex schedule," therefore:~~
~~a. The clinicians will submit their schedule of activity for the following month to the Clinical Specialist. The Clinical Specialist and Program Supervisor will review and approve the "flex schedule."~~
~~b. Request for "flex time":~~
~~i. Must be submitted and approved with two weeks prior notice.~~
~~ii. All flex schedule requests must be submitted and approved prior to submittal to the agency timekeeper.~~
~~2. Clinicians will post their monthly schedules including "flex hours" on their office door with a copy kept in an administrative file.~~
~~3. Administrative staff will work with the Program Supervisor in setting their "flex schedules."~~
~~4. The Program Supervisor will designate the appropriate administrative person to maintain a file with the "flex schedules" as required by standards of the Council of Accreditation for Rehabilitation Facilities (CARF)~~

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~~5. The "flex work schedule" will be planned and approved in advance for sufficient office coverage and arrangement of schedules.~~
~~6. At least one clinician will be on duty from 8:00 AM to 5:00 PM, Monday through Friday for emergency walk-ins.~~
~~7. Outpatient treatment sites that are considering "flex schedule" must take into account the effect on the other Departments and programs that may be dependent on DBHS.~~
~~8. Supervisors are not required or expected to accommodate habitual tardiness by "flexing" an employee's schedule.~~
~~9. "Flex hours" will not include employee lunch hours and employees may not skip their lunch hours nor should supervisors ask employees to.~~
~~10. The "flex schedule" is determined by Clinical Specialist and Program Supervisor in each outpatient/adolescent/adult treatment center.~~

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THE NAVAJO NATION
DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES
EMPLOYEE'S LEAVE REPORT

PLEASE PRINT OR TYPE	LAST	FIRST	MIDDLE INITIAL	DATE:
	Begay, Charlene			03/08/2024

SITE/SECTION

Central/MIS

TYPE OF LEAVE	ANNUAL	SICK	WITHOUT PAY	OTHER (SPECIFY)
	x			

NUMBER OF HOURS		MONTH	DAY	YEAR	TIME		MONTH	DAY	YEAR	TIME
6	BEGIN LEAVE	3	8	24	10:00 ☑ AM ☐ PM	END LEAVE	3	8	24	5:00 ☐ AM ☑ PM

NOTE: ANNUAL LEAVE AUTHORIZED, IN EXCESS OF THAT TO YOUR CREDIT, WILL BE CHARGED TO LEAVE WITHOUT PAY.
IF ABSENCE WAS IN EXCESS OF 3 DAYS, OBTAIN MEDICAL CERTIFICATE, OR STATE , UNDER REMARKS , WHY CERTIFICATE WAS NOT OBTAINED.

REMARKS: Family Emergency

IMMEDIATE SUPERVISOR'S APPROVAL	EMPLOYEE SIGNATURE
Gilbert Largo Digitally signed by Gilbert Largo Date: 2024.03.08 11:37:23 -07'00'	Charlene Begay Digitally signed by Charlene Begay Date: 2024.03.08 09:54:43 -07'00'

~~b. Client Expectations~~

I. ~~i. Policy~~POLICY

~~Navajo DBHS Outpatient Treatment services~~DBMHS encourages clients to assume responsibility and ~~to~~ be involved in their individualized outpatient treatment.

II. ~~ii. Purpose~~PURPOSE

To define ~~minimal~~ minimum expectations to participate in the ~~Navajo DBHS~~DBMHS Outpatient Treatment Program.

III. ~~iii. General Information~~RULES

A. ~~1.~~ Clients are expected to:

1. ~~a.~~ Be knowledgeable of their treatment plan.
2. ~~b.~~ Participate in their treatment.
3. ~~c.~~ Maintain confidentiality of peers.
4. ~~d.~~ Follow treatment rules.
5. ~~e. Smoke in designated areas only.~~ Smoke only for traditional ceremonial purposes.
6. ~~f.~~ Not engage in threatening or violent behavior.
7. ~~g.~~ Not to be under the influence of substances ~~drugs or alcohol~~ when at a ~~Navajo DBHS~~DBMHS facility or activity.
8. ~~h.~~ Not carry firearms or weapons when at a ~~Navajo DBHS facility~~DBMHS facility or activity.

IV. PROCEDURES

A. The Client Handbook will be reviewed at admission, and as scheduled, to ensure engagement throughout treatment.

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Navajo Nation Division of Behavioral and Mental Health Services

~~POLICY~~ POLICIES AND PROCEDURES MANUAL

Section: 2 Client Focused Functions
Subsection: 2.6~~0~~3 Program Structure and Staffing
Title: 2.36.0~~1~~03 ~~Clinical Specialist~~Clinical Delegation of Authority
Page 1 of 1

~~c. Clinical Specialist Delegation of Authority~~

I. ~~i. Policy~~POLICY

In the absence of a Clinical Supervisor at the Outpatient Treatment Center, a delegated individual will be appointed.
~~When the Clinical Specialist cannot physically be at the Navajo Outpatient Treatment Center worksite he/she will delegate a Clinical Specialist in writing.~~

II. ~~ii. Purpose~~ PURPOSE

To delegate a responsible person in the absence of the Clinical ~~Specialist~~ Supervisor.

III. DEFINITONS

RESERVED

IV. ~~iii. General Information~~RULES

A. ~~1.~~ The delegated ~~Program~~ Clinical Supervisor assumes the responsibilities of the Clinical ~~Specialist~~ Supervisor with daily clinical operations and the authority as written in the Memorandum of Delegation~~delegation memorandum~~.
B. ~~2.~~ The delegated Clinical Specialist will be a licensed counselor.

V. ~~iv. Procedure~~PROCEDURES

A. ~~1.~~ The Cclinical ~~Specialist~~ Supervisor will have a Memorandum of Delegation specifying the person to be ~~delegated~~ appointed during ~~their~~his/her absence from the worksite.
~~2. The memorandum will be posted in a visible site.~~
~~3.~~ A copy of the Memorandum of Delegation will be ~~faxed~~ sent to the ~~Navajo DBHS~~ DBMHS Central Office.

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~~d. Program Supervisor Delegation of Authority~~

I. ~~i. Policy~~ POLICY

In the absence of a Program Supervisor at the Outpatient Treatment Center, a delegated individual will be appointed. ~~When the Program Supervisor cannot physically be at the Navajo DBHS Outpatient Treatment Center worksite, he/she will delegate a Program Supervisor in writing.~~

II. ~~ii. Purpose~~ PURPOSE

To delegate a responsible person in the absence of the Program Supervisor.

III. DEFINITONS

RESERVED

IV. ~~iii. General Information~~ RULES

A. ~~1.~~ The delegated Program Supervisor assumes the responsibility of the Program Supervisor with daily program operations and the authority as written in the Memorandum of Delegation~~delegation memorandum~~.

A. ~~2.~~ The delegated Program Supervisor will be knowledgeable in the daily operations of the outpatient treatment facility.

B.

V. ~~iv. Procedure~~ PROCEDURES

A. ~~1.~~ The Program Supervisor will have a Memorandum of Delegation specifying the person to be ~~delegated~~ appointed during ~~his/her~~ their absence from the worksite.

~~2. The memorandum will be posted in a visible site.~~

B. ~~3.~~ A copy of the Memorandum of Delegation will be ~~faxed~~ sent to the ~~Navajo~~ DBHS DBMHS Central Office.

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~~e. Fee Schedules~~

I. ~~i. Policy~~POLICY

DBMHS does not charge fees to clients. ~~Fees are not charged to Navajo DBHS Outpatient Treatment Center clients.~~

II. ~~II. Purpose~~PURPOSE

To ensure that ~~DBHS Outpatient Treatment Center~~ clients are not assessed fees for their treatment.

III. DEFINITIONS

RESERVED

IV. RULES

A. 638 facilities do not charge enrolled members of a Native American tribe fees for services.

V. PROCEDURES

A. DBMHS will check eligibility for third-party billing.
B. If the client does not qualify for third-party billing, clients will not be assessed any fees for treatment.
C. Direct charges will not be made to clients who are enrolled in a recognized American Indian Tribe and have a certificate of Indian blood.
D. Client out-of-pocket payment for services is not accepted by DBMHS.
E. Client will not be permitted to labor for service, nor exchange with gift or gratuity to receive service that is provided by the agency.

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~~f. Commercial Smoke and Smokeless Tobacco~~

I. ~~i. Policy~~POLICY

Commercial smoke and smokeless tobacco are not ~~permitted in the Navajo DBHS Outpatient Treatment Centers or DBHS vehicles.~~ permitted at DBMHS Treatment Centers.

II. ~~ii. Purpose~~ PURPOSE

To provide a healthy and smoke-free environment

III. DEFINITIONS

RESERVED

IV. ~~iii. Procedure~~ PROCEDURES

A. ~~1.~~ Due to health problems associated with tobacco use, and potential fire hazards, all smoking and smokeless tobacco are prohibited in vehicles and buildings, except in designated areas.

~~2.~~ A posted smoking area will be located at least ten feet away from the exterior of the facility.

B.

C. Exception: Tobacco may be used in traditional healing ceremonies outside the facility.

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~~g. Visitor Log~~

I. ~~i. Policy~~POLICY

All ~~Navajo DBHS~~ Outpatient Center visitors will sign in upon entering the building and sign out when they leave the building.

II. ~~ii. Purpose~~PURPOSE

To ensure the confidentiality and safety of ~~Navajo DBHS~~ clients, employees, and visitors.

III. ~~iii. Definitions~~DEFINITIONS

A. **Visitors**

~~: Client's friends and family, previous clients, potential clients, representatives from community organizations, deliverymen, etc (anyone~~ Anyone who comes to the facility that does not work for ~~DBHS~~DBMHS~~)~~.

B. **Visitor's Log**

~~Visitor's Log:~~ A log that documents the visitor's presence at and departure from the facility.

IV. ~~iv. General Information~~RULES

A. All visitors must sign in and receive a visitor badge when entering the facility and sign out when leaving the facility.
B. All visitors are expected to comply with DBMHS policies and guidelines and behave in appropriate manner to treatment settings:
    1. No smoking and chewing tobacco allowed on premises.
    2. Appropriate attire is required during the visit.
C. No weapons or firearms are allowed in the facility.
D. All visitors shall comply with confidentiality guidelines.
E. No one under the influence of mood-altering substances is allowed in the facility.

~~In case of an emergency evacuation, the designated employee will be responsible for ensuring everyone is accounted for by correlating the visitor name with the Visitor's Log.~~

V. ~~v. Procedure~~ PROCEDURES

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A. Suspicious items such as large purses or bags may be checked in upon arrival.
B. When a visitor is suspected of being under the influence, they will be asked to leave the facility, and if a visitor is driving under the influence the Navajo Nation Police will be contacted.

~~1. All visitor's "sign in" on the Visitor Log upon arrival to the Navajo DBHS facility.~~
~~2. All visitors "sign out" on the Visitor Log at the time of their departure from the Navajo DBHS facility.~~
~~3. After each visitor's departure, the administrative support staff will obscure the name of the visitor in order to maintain confidentiality.~~
~~4. The administrative support staff will file the Visitor's Log, and retain the log for a designated period of time.~~

~~**Navajo DBHS Outpatient Services**~~
~~**VISITOR SIGN-IN LOG**~~

~~Directions: Please print your name legibly. All visitors are to sign in on the Visitor's Log. Any parent or guardian shall sign for their child or any person unable to sign the log. All visitors are to "sign out" on the Visitor Log at the time of their departure. After each visitor's departure, the receptionist will cover the name of the visitor in order to maintain confidentiality.~~

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Navajo Nation Division of Behavioral and Mental Health Services

~~POLICY~~ POLICIES AND PROCEDURES MANUAL

Section: 2 Client Focused Functions
Subsection: 2.63 Program Structure and Staffing
Title: 2.63.08 Telephone Disclosures **Page 1 of 1**

~~h. Telephone Disclosure~~

I. ~~i. Policy~~ POLICY

~~Navajo DBHS Outpatient Treatment Centers~~DBMHS will not disclose any client information over the telephone.

II. ~~ii. Purpose~~PURPOSE

To protect the privacy and confidentiality of all the ~~DBHS~~ DBMHS clients.

III. DEFINITIONS

RESERVED

IV. ~~iii. General Information~~ RULES

A. Client information will not be given to anyone over the telephone; this includes confirmation of a client's participation or non-participation in any treatment services.

V. ~~iv. Procedure~~PROCEDURES

A. ~~1.~~ All inquiring callers are told that ~~Navajo DBHS~~ DBMHS does not allow disclosure of any information about a client over the telephone.

B. ~~2.~~ A suggested response to an inquiry may be~~is~~:

> *"Client confidentiality prevents me from being able to confirm or deny a person's presence in this ~~organization~~ facility or give out any information. I will be glad to take your name and number. If that person is here, they will be given your message, and if they wish, they may call you back."*

C. ~~3.~~ The telephone message is given to the client who has the option to return the call.

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~~i. Off-site Activities and Transportation~~

I. ~~i. Policy~~POLICY

~~I.~~ To ensure that client off-site activities are safe, therapeutic, and developmentally appropriate. ~~All DBHS employees will observe proper procedures during off-site activities and transportation of clients.~~

II. ~~ii. Purpose~~ PURPOSE

~~II.~~ To provide opportunities for outpatient clients to learn and practice healthy recovery skills and pro-social behavior. ~~Navajo DBHS makes every effort ensure the safety and welfare of clients and employees during off site activities.~~

III. ~~iii. Definition~~ DEFINITIONS

A. **Off Site Activities:**

~~III.~~ An off-site activity is any client, group, or individual activity that occurs off program premises. ~~Any activities involving Navajo DBHS clients and staff that is held away from the treatment center premises.~~

~~IV.~~ RULES

IV.

A. Off-site activities are planned in a manner that is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each client participating in the outing.
B. Probable hazards such as weather conditions, adverse client behavior, or medical situations that may occur during the outing are identified. Supplies necessary to prevent or respond to each probable hazard will be readily available such as first aid kits, water, food, etc.
C. Information related to each client is required to be readily available on each outing lasting more than two hours. This information includes medical information.
D. Communication devices such as cellphones or two-way radios are required to be accessible during each outing for emergencies.

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E. Vehicle inspections are required before any offsite activity.
F. Transporting clients outside of Navajo Nation boundaries always requires Travel Authorization for Insurance Purposes (IPO) from the DBMHS Central Office.
   1. The IPO must be kept in the vehicle during offsite activity.
   2. Local travel that is part of regularly scheduled treatment activities (e.g., swimming pool, client medical appointments) is covered under the established "blanket IPO" maintained by the facility and additional coverage is not necessary.
   3. An IPO is required, for any travel within Navajo Nation boundaries.
G. No DBMHS client is to operate any tribal or GSA vehicle.
H. The identified lead facilitators for each off-site outing must possess current CPR & first aid certification and a valid state driver license.

V. ~~iv. Procedure~~PROCEDURES

A. A written plan is developed before an offsite activity that includes:
   1. A description of the outing, including a description of how the outing will meet clients' treatment needs.
   2. The date of the outing.
   3. The anticipated departure and return times.
   4. The name, address, map of location and routes, and telephone number (if available) of the outing destination.
   5. Contact lists of local emergency, rescue, and law enforcement.
   6. The name (initials) of each client participating in the outing.
   7. The name and title of staff who will be present on the outing, including identification of one or more lead facilitator(s).
   8. An itinerary of events and activities for any outing.
   9. The license plate number of vehicles that will be used to transport clients.
B. For off-site activities that occur on a weekly basis as part of the established treatment schedule, a standing plan may be kept on file with the above information updated as needed.
C. Assessment of the client and group is completed by the staff facilitating the outing. This assessment is in consideration of the client's cultural/ethnic background, physical conditions, limitations, and/or disabilities. This is also in consideration of the competency and abilities of the staff assisting with the outing.
D. The written off-site activity plan is maintained on file for at least 12 months after the date of the outing.
E. For every Offsite Activity:
   1. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare during the outing.
   2. There are at least two staff members present on every outing.
   3. At least one staff member on the outing is properly trained in CPR and first aid.
   4. Staff operating a tribal vehicle must possess a current Navajo Nation Driver's Permit and a valid state driver's license.

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5. The actual departure time and the clients' initials departing the facility are recorded in the Communication Log.
6. The actual return time and the clients' initials returning to the facility are recorded in the Communication Log
7. Until travel restrictions related to Covid-19 are lifted, per Executive Order No. 004-2021, authorization is required for all travel on and off the Navajo Nation from Navajo Department of Health Executive Director and DBMHS Health Services Administrator.

F. Emergency information for each client participating in an off-site activity is maintained in the vehicle used to transport the client that includes:
   1. The client's name.
   2. Copy of client Medical Consent form.
   3. Medication information: name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the outing.
   4. Client allergies.
   5. The name and telephone number of the clinician at the treatment center in case of emergency, who will then notify the client's emergency contact.

G. When an off-site activity is planned to last more than two hours, a snack will be provided to the clients. On any offsite activities that occur during mealtimes, meals will be provided.

H. Staff are responsible for inspecting the vehicle before and after any off-site activity. This inspection will be documented, and any concerns will be reported to the immediate supervisor.

I. Staff members participating in outings will be prepared and punctual.

J. A copy of this policy will be maintained in each vehicle used for client offsite activities.

K. If a client is unable to participate, they will remain at the DBMHS facility with alternative activities provided for them.

REFERENCES

NMAC 7.20.11.30
Navajo Nation Travel Policies

~~1. All drivers must have a current valid State Drivers License and Navajo Nation Operators Permit.~~
~~2. There shall be at least two staff members present on each off-site activity.~~
~~3. At least one staff member must have a current certification in CPR and First Aid training.~~
~~4. All off-site activity requires the *Off Site Activity and Transportation Form* to be completed and approved prior to the activity.~~
~~5. All vehicles are equipped with a First Aid Manual and kit, and vehicle emergency kit.~~
~~6. Off-site activities correspond with age, behavioral status, development level, physical ability, mental condition, and treatment plans of each client participant.~~
~~7. Weather conditions are considered before leaving on an off-site activity.~~

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~~8. A medical card will be established for each client. The card includes the following information: Name, address, telephone number, allergies, name of all client's medications currently, prescribed or taken (including "over-the-counter" drugs).~~
~~9. The client is responsible for his/her own medication administration.~~
~~10. Ample drinking water is provided for every client and staff member.~~
~~11. Snacks are provided to clients and employees for off-site activity lasting 2 or more hours.~~
~~12. Clients only may wear headphones or earphones during transportation.~~
~~13. Meals are provided for clients for activities lasting 4 or more hours.~~
~~14. A client may not left unattended in a vehicle.~~
~~15. All "Off Site Activity and Transportation Forms" are maintained for at least 12 months.~~
~~16. Clients are requested to fasten their seatbelts (every person is required to have and fasten a seatbelt).~~
~~17. Once all clients are in their seats with seatbelts fastened, vehicle doors are locked, (no one is allowed to be out of his/her seatbelt during transportation).~~
~~18. The driver must adhere to speed limit and Navajo Nation Travel Policy.~~
~~19. The employees use caution when loading and unloading clients from the vehicle and the vehicle is parked in a safe manner away from other traffic and other hazardous obstructions.~~
~~20. Any stops are discouraged but will be made at discretion of the driver, based on the needs of client (e.g. bathroom use).~~
~~21. The driver removed the keys from the vehicle and sets the emergency brake before allowing the client(s) to leave the vehicle.~~

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~~Navajo DBHS~~Division of Behavioral and Mental Services ~~Outpatient Services~~

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OUTING AND TRANSPORTATION FORM

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Date:	**Anticipated Departure Time**	**Anticipated Return Time:**
Destination:		

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Description of Activity:	
Address:	**Telephone#**
Client's name:	
Accompanying Staff:	
Approval:	**Date:**

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Division of Behavioral and Mental Services

~~Navajo DBHS Outpatient Services~~

ADOLESCENT TRANSPORTATION WAIVER/INDEMNITY

I, the parent/legal guardian of _____, do hereby give my consent and permission for my son/daughter to be transported to and from the treatment center while involved in appropriate activities and services.

WAIVER OF RESPONSIBILITY

In consideration of my acceptance of treatment by this organization for myself, heirs, executors, and administrators, I hereby waive and release any and all rights and claims for damages I may have against the Navajo Nation, Division of Behavioral and Mental Health Services ~~Department of Behavioral Health Services~~, including transportation for treatment activities, related directly and indirectly to my child's participation in the treatment program.

INDEMNITY AGREEMENT

As the parent/ legal guardian of the undersigned, I hereby agree to indemnify and hold harmless the Navajo Nation, ~~Department~~ Division of Behavioral and Mental Health Services for any claims assessed against or collected from said entities by or on behalf of said child.

The information contained in this document has been explained to me and I have a clear understanding of the content.

_____ _____
Client Signature Date:

_____ _____
Parent/Legal Guardian Signature Date:

_____ _____
Witness Signature Date:

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Division of Behavioral and Mental Services

~~Navajo DBHS Outpatient Treatment Services~~

ADOLESCENT MEDICAL PERMISSION FORM

My ~~son/daughter~~child, _____, has permission to be seen by the medical personnel of the most accessible Indian Health Service Medical Facility or other appropriated medical facilities with the ~~Navajo DBHS~~ Outpatient Service Staff for as long as he/she is enrolled in the treatment program.

I consent to the provision of services, which may include primary health care, preventive health care/education, first aid, dental procedures, counseling, or emergency care by qualified medical ~~Personnel~~personnel.

The information contained in this document has been explained to me and I have a clear understanding of the content.

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Witness Signature Date

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~~j. Activity Verification~~

I. ~~i. Policy~~POLICY

All staff activity including services provided to Navajo ~~DBHS~~ clients are documented ~~on a daily basis~~daily using approved clinical documentation codes and sign-in sheets~~activity codes~~.

II. ~~ii. Purpose~~PURPOSE

To establish a uniform method of accounting for and verifying staff and client activity ~~in order to~~to facilitate accurate employee time keeping, client services billing and necessary reports.

III. DEFINITIONS

RESERVED

IV. RULES

A. Clinical documentation must be completed in the EHR within 24 hours of client activity, or as soon as possible.

V. ~~iii. Procedure~~PROCEDURES

A. ~~1.~~ Client participation is recorded ~~on a daily basis~~daily. The record will include the date and time of the client's participation and the ~~activity code~~clinical documentation code.
   1. ~~a.~~ Participation in group activities will be recorded using the *Group Sign-In Sheet*.
   2. ~~b.~~ Individual clinical ~~contracts~~ contacts will be recorded by the clinician on their ~~Staff Activity Record~~EHR.

B. ~~2.~~ All clinical contact will be documented in the client's EHR for verification ~~record. This record of clinical activity will be verification of the contact.~~

C. ~~3.~~ Every Friday by the end of the workday, all clinical employees will ~~submit~~ complete their clinical documentation regarding their weekly activities ~~their Staff Activity Record to the designated timekeeper~~in the EHR. ~~The timekeeper will distribute the Record to the appropriate data personnel.~~

~~4.~~ The Office Specialist maintains all hard copies of Client Participation Records in a locked cabinet for a period of 7 years.

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~~Navajo DBHS Outpatient Services~~
~~STAFF ACTIVITY RECORD~~

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Employee Name:					To: From:	
Date	Start	End	Work Hours	Activity Code	Client / Participant	Date Time
Total Hours:				Signing this Timesheet is verification that time worked is accurate and true.		
Employee Signatures				Date		
Supervisor Signature				Date		

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GROUP SIGN IN SHEET

~~Today's~~Date: _____ TIME: _____ am / pm TO: _____ am /pm - ___Hours _____

GROUP: _____

~~TOPIC:~~ _____

FACILITATORS/CO-FACILITATOR: _____

~~**GROUP CODES:** (Please Circle) **107 108 109 111 112 113 118 130 146 148 152**~~

	PRINT NAME	Primary Counselor	~~Claim~~ Time ~~(INITIAL)~~ (Arrived)	Time (Departed)
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~~m. Documentation Guidelines~~

I. ~~i. Policy~~ POLICY

~~All treatments and response to treatment is documented after watch Outpatient session.~~ DBMHS employees and contracted service providers ~~complete~~ complete and maintain clinical documentation in accordance with applicable tribal, state, and federal laws and regulations.

II. ~~ii. Purpose~~PURPOSE

To establish ~~guidelines~~ consistent timelines for completion and ~~documenting~~ documentation of treatment services. ~~provided and client's response to treatment.~~

III. DEFINITIONS

A. **"DAYS"**,
Refers to calendar days.

IV. RULES

A. Clinical staff will document progress notes related to each client within 24 hours of meeting with the client.
B. Outpatient treatment services will be documented as follows:

Document	Deadline Following Admission	Person Responsible
Biopsychosocial Assessment	10 Days after initial contact	Primary Counselor
Integrated Treatment Plan	During assessment or within 3 contacts with client.	Primary Counselor
Spiritual Screening Form	Within 14 days of client request for traditional treatment.	Traditional Practitioner
Mental Health Assessment	Within 14 days of identified clinical need.	Mental Health Team Member
Medical Exam	Within 30 days of enrollment and prior to participation in Sweat Therapy or strenuous activity.	Medical Provider Primary Counselor Case Management Specialist
Discharge Summary	Within 7 days of discharge.	Primary Counselor
Faith-Based Assessment	Within 14 days of client request for Faith-based counseling.	Pastoral Counselor

V. ~~ji. Procedure~~PROCEDURES

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A. ~~Clinical staff will document all activity related to each client on a daily basis.~~ Unless otherwise indicated, it is the assigned Primary Counselor's (PC) responsibility to ensure documents are in the EHR by the specified number of days following admission.

~~A.~~ All documentation will be routed to the Clinical Supervisor for review and approval.

B.

C. The Clinical Supervisor will monitor the timeliness of all clinical documentation.

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~~I. Medical Abbreviations~~

I. ~~i. Policy~~POLICY

~~Department of Behavioral Health Services~~DBMHS utilizes standard medical abbreviations to document client medication in the electronic health record.

II. ~~ii. Purposes~~PURPOSE

Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or referral services. ~~To establish consistency in documentation~~

III. DEFINITIONS

A. **Medication**
A dosage form that contains one or more active and/or inactive ingredients. Medications come in many dosage forms, including tablets, capsules, liquids, creams, and patches.

IV. ~~iii. General Information~~RULES

A. All new ~~employees~~ staff are ~~introduced~~ informed of the~~to~~ medical abbreviations listed during ~~his/her~~ their orientation ~~to medications~~.
B. Employees working in direct care will receive 'Medication Self-Administration' training, as scheduled by their immediate supervisor.
C. DBMHS does not prescribe medications to ~~clients, and~~clients and will only document medications ~~clients are taking~~in the EHR.

Medical Abbreviations

Abbreviation	Translation	Abbreviation	Translation
ac, A.C	Before meals	PO	By mouth
Bid, BID	Twice a day	PRN	As needed
Cap, ~~Cap~~CAP	Capsule	Q	Every
cc	Cubic centimeter	Qd	Every day
dc, DC	Discontinue	qh	Every hour
elix	Elixir	q2h	Every 2 hours
hs, HS	Hour of sleep	q4h	Every 4 hours
Kg, KG	Kilogram	qid, QID	4 times a day

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Mg	Milligram	Syr	Syrup
~~Nocnoc~~	Night	Tab	Tablet
NPO	Nothing by mouth	Tid	3 times a day
Oz	Ounce	Qod	Every other day
pc, PC	After meals	Qhs	Bedtime

V. PROCEDURES

A. The counselor will document client's medication in 'Health History' of the client's assessment.

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~~XVIII. Intake, Assessment and Treatment~~

~~a. Inquiries for Outpatient Admission to Schedule Substance Abuse Treatment Services~~

I. ~~i. Policy~~ POLICY

~~Navajo DBHS~~DBMHS provides information and referral information to potential clients and families.

II. ~~ii. Purpose~~PURPOSE

To assist the client~~/family~~ and their family to find appropriate services for ~~the person's alcohol / chemical abuse or dependency~~substance use and co-occurring mental health problems.

III. DEFINITIONS

A. Call Center – Front Desk

Provides the ability to record calls coming in during the day. While recording a call, depending on the system configuration, the staff may perform a search, locate an individual, create a new individual, and associate the call ~~information~~information with the individual.

B. Call Center Documentation

The disposition of a call can be documented within the EHR under any of the following: crisis call, request for information, request for referral, or walk-in call center.

C. Referral

The Referral module to add new clients to your agency and view referrals made for clients. The Referral module is the ~~central place~~principal place for collecting information about referrals into your agency for people who are not clients and ~~for~~ clients who were previously discharged. The following types of referrals are available in the EHR:

1. Referral to Agency - Provides information about where the referral came from, date the referral came in, worker responsible for the referral. Clients may have multiple referrals from multiple outside organizations.
2. Referral to Program - In the Client module, you can view program referrals from outside sources. In addition, this is also where you can track internal referrals to other programs that run in your agency.
3. Referrals to External Sources - This area is for tracking referrals that your agency makes to outside agencies through ~~the use of~~ events~~events~~.

IV. ~~iii. General Information~~RULES

A. ~~1.~~ The inquiry procedure is an educational procedure to provide information to the requesting person and to assist them in determining interest in the services available through ~~Navajo DBHS~~DBMHS.

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~~2.~~ Written information is available for and given to requesting persons.

B.

~~3.~~ Any potential client who does not appear to meet the admission criteria ~~is~~ will be referred to an appropriate referral source.

C.

D. All inquiries ~~will~~are to be entered into the electronic health record (EHR) system as a call center entry, walk-in entry, or within the referral module.

V. ~~iv. Procedure~~PROCEDURES

A. ~~1. Anyone seeking information about our services is referred to the Clinical Specialist or other clinical service provider who will the provide information.~~DBMHS Front Desk staff will provide any information regarding substance abuse treatment services, if available, a Clinical staff may provide additional information.

B. ~~2.~~When the potential client appears to meet the admission criteria, ~~he/she is~~ they are offered a formal intake and assessment. If the person desires, an intake appointment is ~~schedule~~scheduled. The person's demographic information will be entered into the call center or referral module in the EHR.

~~3.~~ If the person declines an appointment, ~~he/she is~~they are contacted (phone call/written correspondence) within 14 days from the inquiry date for ~~reconsideration~~the screening procedure.

C. reconsideration.

D. DBMHS staff may refer back to the NetSmart NX Reference Guide for further guidance.

~~All DBMHS staff may refer back to the NetSmart NX Reference Guide for further information.~~

~~v. Documentation~~

~~Complete inquiry Form.~~

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Name:	Referred by: Name: Organization:

Telephone #:

Telephone #:

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~~A HIS No.~~ ~~INQUIRY FORM~~

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~~Date:~~	~~Name:~~	~~Referred by:~~
		~~Name:~~
		~~Organization:~~

~~Address:~~	~~Telephone #:~~
~~Guardian/Emergency Contact:~~	~~Relationship:~~
~~Address:~~	~~Telephone #:~~

~~Insurance Carrier:~~	~~Medicaid No.~~	~~HIS No.~~

~~Presenting Problem:~~

~~Check appropriate box:~~

~~0 Danger to self 0 Danger 0 Non Applicable~~

~~Disposition:~~

~~0 None 0 Request Intake 0 Referred to Inpatient Sevices~~

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~~Intake Personnel Name:~~	~~Title:~~

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~~b. Screening~~

I. ~~i. Policy~~ POLICY

Navajo DBSDBMHS performs a screening procedure to determine eligibility of individuals requesting services.

II. ~~ii. Purpose~~ PURPOSE

To provide a process that establishes eligibility of potential clients.

III. DEFINITIONS

A. Intake
A fundamental process to collect or gather key information necessary to admit a client, which may also include screening tools.

B. Screening
Occurs at intake to identify individuals who have, or are at risk, for developing substance use related problems. It evaluates for the possible presence of a ~~problem, but~~problem but does not diagnose a problem.

IV. ~~iii. General Information~~ RULES

A. ~~1.~~ The screening procedure determines if a person is appropriate for outpatient services.
B. ~~2.~~ Any potential client who does not meet the admission criteria is referred to an appropriate referral source.
C. The screening and intake staff are responsible for being alert to behaviors that will identify clients needing a mental health evaluation. Staff should:
   1. Study the list of symptoms ~~needed;~~needed.
   2. Listen to the client's answers to the intake ~~questions;~~questions.
   3. Observe the clients carefully; and
   4. Ask more questions if they suspect a client might fit into one of the co-occurring conditions.

V. ~~iv. Procedure~~PROCEDURES

A. ~~1.~~ The potential client will complete the following screening tools;
   ~~a. The Screening Form (questions 1—50) that include:~~
   1. ~~ACE Adverse Childhood Assessment and Resilience~~
      a. ACE Adverse Childhood Assessment and Resilience
      b. Stage-wise Assessment
      c. Simple Screening Instrument for Substance Use
      d. Substance Use Diagnostic Checklist
      e. ASAM
      f. Triage and Risk Identification

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g. Mental Health Screening Form III
h. Domestic Violence Screening
Tobacco Assessmeni. Demographic information
i. t
ii. Cultural screening
iii. Mental Health screening
iv. Physical Health screening

2. Complete:
a. The CAGE—AID
b. The SMAST
c. The Symptom Distress Scale
d. The Zung Self Rating Depression Scale

B. 3. The counselor will complete the following, dependent on licensure:
1. Intimate Violence Partner Screening
2. BECK Anxiety Inventory (MH providers only)
3. PHQ-9 (MH providers only)
4. Traumatic Life Events Inventory & PTSD (MH providers only)
5. C-SSRS Long Form (only for those trained)
a. The Screening Form (questions 50 to 63) including:
i. Substance Use History
ii. Staging tool
iii. Presenting problem at time of admission
iv. Criminal history
v. Screening Progress Note Form

4. Clients will complete Intake and Orientation if the screening indicates the client meets diagnostic criteria.

C. Clients will complete intake and orientation if the screening indicates the client meets diagnostic criteria.

4. If a client acknowledges being pregnant, the screener should determine if the client is
, receiving prenatal care. If not, then an appointment will be made and followed up with the clinic at the local Indian Health Service Medial Facility. Should the client

D. Aacknowledge pregnancy, the counselor will screen for:
a. Whether or not the client's spouse is drinking alcohol, and
1.
b. Whether or not physical abuse is occurring (see the screening sheet for
possible indirect clues that are included). If there is physical abuse, the case
2. will be immediately referred to the Clinical Specialist for follow upfollow-up.

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c. Pregnant clients are of the highest priority in consideration for immediate

3. residential placement.

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1. Adult or Adolescent (please circle)

2. Name:
First Middle Last

3. Mother's Name:
First Middle Last

4. Father's Name:
First Middle Last

5. Admission Date: ___/___/___

6. Social Security #: ___ ___ ___

7. Census Number: _____ 8. Grade Leve: _____

9. School: _____

10. Physical Address of School:

11. Date of Birth: ___/___/___ 12. Age: _____

13. Tribal Affiliation: _____

14. Chapter: _____

15. Mailing Address: _____

16. Physical Location of Home: _____

17. Home Telephone: (____) ____-_____

23. Have you received any type of the following?
NO/YES

_____a. Alcohol/Drug Inpatient Treatment
_____b. Alcohol/Drug Outpatient Treatment
If yes,
When/Where:

24. Are you interested in the following? (Please Check)

___Traditional Healing Services (Circle: NAC, Diagnostic, Sweat Lodge, Dine Traditional Treatment)

_____Pastoral Counseling

25. Are you a Veteran? NO/ YES
_____Never in Military
_____Nat. Guard; Combat
_____Unknown

Discharge Status:

Branch: _____What year?

26. Marital Status:
_____Married
_____Living as Married
_____Widowed
_____Divorced
_____Separated
_____Single (Never been married)
_____Unknown

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18. Message Telephone Number: (___) ___ ____ 19. Emergency Contact: _____ Relationship: _____ 20. Emergency Telephone: (____) ____ ____ 21. Gender: _____M _____F 22. Are you pregnant? NO/YES Is your spouse pregnant? NO/YES	27. Residential Setting: _____On the street or in a shelter _____Private Residence/Household _____Other Residential Setting _____Jail or Correctional Facility _____Other Institutional Setting _____Other: _____ _____Number of Bedrooms 28. Living Arrangement: _____Alone/Independently _____In Household with Relatives _____In Household with Non-Related Persons _____Dependent Living (Nursing Home) _____Other: _____

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29. Primary Source of Income: _____ Wage/Salary _____ Public Assistance _____ Retirement/Pension _____ Disability _____ None _____ Other: _____ _____ 30. Legal Status: (Please Check) _____ Prosecution _____ Sentence _____ Probation/Parole _____ No Involvement _____ Case Pending _____ Unknow 31. Disabilities or Impairments: (Please Check) _____ None _____ Moderate to Serve Medical Problems _____ No (or Major Difficulty in) Ambulation _____ Development Disability _____ Problem in Expressive Communication _____ Blindness or Severe Visual Impairment _____ Deafness or Severe Hearing Loss _____ Other: _____ _____ 32. Employment Status: (Please Check) _____ Full-time Employment _____ Part-time Employment	34. Can we contact you at work/school? NO / YES Work Telephone: (_____) _____ _____ 35. Annual Family Income: $_____ 36. Number of Dependents: _____ 37. Children at Home: _____ 38. Household Size: _____ 39. Referral Source: _____ a. Reason for Referral: _____ b. Name of Referral Person: _____ c. Referral Agency: _____ Address: _____ _____ _____ d. Telephone Number: _____ 40. Do you have Health Insurance? (Please Check) _____ Other Private Insurance _____ Blue Cross/Blue Shield _____ Medicare _____ Medicaid

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~~_____Seasonal~~ ~~_____Unemployed (Seeking Work)~~ ~~_____Not in Labor (Circle One~~ ~~a. Homemaker~~ ~~b. Student~~ ~~c. Retired~~ ~~d. Disabled~~ ~~e. Resident/Inmate of Institution~~ ~~f. Other:~~ ~~_____~~ ~~Worksite:~~ ~~_____~~ ~~_____~~ ~~33. Occupation~~ ~~_____Sales Workers~~ ~~_____Laborers (Except Farm)~~ ~~_____Subsistence~~ ~~_____Student~~ ~~_____Homemaker~~ ~~_____None or Unknown~~ ~~_____Other:~~ ~~_____~~	~~_____Aetna~~ ~~_____Health Maintenance Organization (HMO)~~ ~~_____CHAMPUS~~ ~~_____Veterans Administration (VA)~~ ~~_____Other~~ ~~_____None~~ ~~_____Unknown~~ ~~When was your last Doctor visit? ___/___/____~~ ~~Where do you receive Medical Services?~~ ~~_____~~ ~~_____~~ ~~Medical Chart #:~~ ~~_____~~ ~~Are you experiencing any health-related problems?~~ ~~NO / YES~~ ~~If yes, indicate what type of problem(s)~~ ~~_____~~ ~~_____~~ ~~_____~~ ~~Are you taking any type of medication? NO / YES~~ ~~If yes, please indicate:~~ ~~_____~~ ~~_____~~ ~~_____~~ ~~41. Do you have any communicable/infectious diseases? NO / YES~~

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~~NAVAJO NATION DBHS SCREENING FORM~~

42.

Do you have any of the following?	Yes	No
Ulcers		
Heart Problems		
Liver Problems		
Diabetes		
Speech Impairment		
Legally Blind		
Mobility Impairment		
HIV		
Tuberculosis (TB)		
Hepatitis (A, B, C)		
High Blood Pressure		

43. Are you receiving any mental health services?
NO / YES
If yes, where and how long:
_____
_____
_____

44. Are you on medication for mental health reasons?
NO / YES
If yes, indicate type of medication:
_____
_____
_____

a. Have you ever had thoughts of or attempted suicide? NO / YES
If yes,
when_____
_____

b. Have you ever thought of or intentionally harmed someone else? NO / YES

46. Have you experience withdrawals? NO / YES
If yes, when was the most recent_____

47. Do you have to drink more to achieve the same effect?
NO / YES

48. Who is using/ abusing the substances? (Circle)
a. Self
b. Spouse
c. Other family member
d. Other non-family

49. Are there additional problems related to substance abuse? NO / YES If yes, please specify_____
_____
_____
_____
_____
_____

50. History of convictions

Enter "S" for Single and "M" for Multiple Convictions	
	Criminal Homicide
	Negligent Homicide
	Offense Against Family
	Sale – Synthetic Drugs
	Possession – Synthetic Drugs
	Forcible Rape
	Other Assaults
	DWI/DUI
	Sale – Other Narcotics

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~~If yes, when~~

~~45. Substance Use/Abuse~~

~~Please Check Yes No~~		~~Substance~~	~~Age of 1st Use~~	~~Date of Last Use~~	~~Amount Used~~
		~~Alcohol~~			
		~~Marijuana~~			
		~~Methamphetamine~~			
		~~Other (please specify)~~			

- ~~Possession—Other Narcotics~~
- ~~Aggravated Assault~~
- ~~Weapons~~
- ~~Sale—Marijuana~~
- ~~Possession—Marijuana~~
- ~~Youth Offense—Alcohol Related~~
- ~~Robbery~~
- ~~Sexual Offenses~~
- ~~Sale—Opiates/Cocaine~~
- ~~Possession—Opiates~~
- ~~Unknow/Other~~

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FOR OFFICAL USE ONLY

51. Substance of Abuse

	Type	Severity	Frequency	Age First Use	Route
Principal					
Secondary					
Tertiary					

Substance Abuse Legend

Type	Severity	Frequency	Age of First Use	Route
01—Alcohol 11—Heroin 12—Methadone 13—Other Opiates & Synthetics 21—Barbiturates 22—Tranquilizers 23—Sedative/Hypnotics 24—Inhalants 25—Benzodiazepine 31—Amphetamines 32—Cocaine/Crack 33—Methamphetamine 34—Other Stimulants 41—Marijuana/Hashish 51—Hallucinogens 52—PCP 61—Over-The-Counter 71—Polydrug 90—None	1—Non-Dependent 2—Dependent 3—Episodic 4—Dysfunctional 5—Unknown	01—No Use in Past Mo. 02—1 to 3 Times in Past Mo. 03—1 to 2 Times in Past Wk. 04—3 to 6 Times in Past Wk. 05—Daily 97—Unknown	00-96 (Age of First Use) 97 (Unknown	01-Oral 02-Smoking 03-Inhalation 04-Injection 20-Other 97-Unknown

52. Presenting Problem at Time of Admission Legend

a. Primary	b. Secondary	c. Tertiary

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~~77—None (ADA Patients only)~~	~~85—Runaway Behavior~~	~~93—Legal~~
~~78—Alcohol~~	~~86—Eating Disorder~~	~~94—Medical/Somatic~~
~~79—Other Drugs~~	~~87—Through Disorder~~	~~95—Psychological/Emotional~~
~~80—Drugs~~	~~88—Depression~~	~~96—Financial~~
~~81—Suicide Attempts/Threat~~	~~89—Social/Interpersonal~~	~~97—Poverty~~
~~82—Child Abuse Victim/Perpetrator~~	~~90—Coping with Daily Roles/Activities~~	~~98—Other Problem(s)~~
~~83—Sexual Abuse Victim/Perpetrator~~	~~91—Marital~~	
~~84—Domestic Violence/Perpetrator~~	~~92—Family (Not Marital~~	

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53. Staging Tool:
Alcohol/Substance: Physical:
Emotional: Social:
Cultural/Spiritual: Behavioral:

Navajo DBHS Outpatient Services
Staging Tool

Factor	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Alcohol/ Substance	Withdrawal Symptoms	Reported compulsive drinking or drug Use.	Preoccupation or daily drinking or frequent binges or denial.	Some alcohol or drug related problem building up to abuse.	Plans to maintain sobriety. Still needs support.	Commitment to long term sobriety. Sober for 30days or more. Still need support.
Physical	Acute or life threatening conditions.	Needs additional care with health problem(s).	Getting medical attention or medical problem is under control or no known medical problems	Sleeps well, controls diet, and needs plan for physical activity.	Maintains good health practices including regular exercise. Still needs support.	See results of good health practice for 30 days or more.
Emotional	Feels worthless. Situation is hopeless. Possible suicide with alcohol or substance abuse.	Negative attitude depression, anxiety or anger with alcohol/substance abuse	Accepts responsibility for emotions and sees need to explore alternatives	Deals with most situations successfully with support.	Self-confident. Deals with emotions successfully for less than 30 days.	Positive self image effective problem solving for 30 days or more.
Social	No social support and no friends.	Associates with others only to use or talk about alcohol and drugs	Aware of conflicts and for change in life style.	Belongs to a network of non-drinking and non-drug using friends.	Friends and activities improving the quality of life. Still needs support/	Network of friends and activities have been fulfilling for 30 days or more.

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Cultural/Spiritual	Denies that beliefs can have a positive influence on life.	Confusion or conflicts about belief system.	Able to discuss belief systems. Aware that beliefs can have a positive influence on life.	Aware that beliefs can have a positive influence on life.	Beliefs contributing to all life areas.	Practicing beliefs consistently for 30 days or more.
Behavioral	Acute or life threatening behavioral problems	Major behavioral problems with home, school, work or community	Starting to accept responsibility for negative social behavioral	Practices reducing negative behavioral situations	Maintaining positive behavioral control with support	Maintaining positive behavioral control with support

1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6

Detox and Level III Residential 1.0—1.9

Level III, Family Group Home, Level II 2.0—3.4

Family Group Home, Halfway House, Transitional Living Center, Level II 3.5—4.3

Transitional Living Center, Group Home, Halfway House, Level I 4.4—5.4

Halfway House, Transitional, Transitional Living Center, Group Home, Level I, Aftercare 5.5—6.0

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Navajo DBHS Outpatient Services

C A G E – AID

1. Have you ever felt you should CUT DOWN on your drinking and/or drug use? ☐ Yes ☐ No

2. Have people ANNOYED you by criticizing your drinking and/or drug use? ☐ Yes ☐ No

3, Have you ever felt bad or GUILTY about your drinking and/or drug use? ☐ Yes ☐ No

4. Have your ever had an EYE OPENER or used other drug upon first waking up ☐ Yes ☐ No
or get rid of a hangover or escape withdrawal?

Date: _____

Client Name: _____

Staff Signature: _____

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Navajo DBHS Outpatient Services
SMAST QUESTIONNAIRE

1. Do you feel you are a normal drinker? By normal we mean that you drink less than or as much as other people.	☐ Yes	☐ No
2. Does your wife, husband, parent or other relative ever worry or complain about your drinking/	☐ Yes	☐ No
3. Do you ever feel guilty about your drinking?	☐ Yes	☐ No
4. Do your friends or relatives think you are a normal drinker?	☐ Yes	☐ No
5. Are you able to stop drinking when you want to?	☐ Yes	☐ No
6. Have you ever attended a meeting of Alcoholics Anonymous?	☐ Yes	☐ No
7. Has drinking ever created a problem between you and your wife, husband, parent, or other relatives?	☐ Yes	☐ No
8. Have you ever gotten into trouble at work because of your drinking?	☐ Yes	☐ No
9. Have you neglected your obligations, your family or your work for two or more days in a row because you were drinking?	☐ Yes	☐ No
10. Have you ever gone to anyone for help about your drinking?	☐ Yes	☐ No
11. Have you ever been in a hospital because of drinking?	☐ Yes	☐ No
12. Have you ever been arrested for driving under the influence of alcoholic beverages?	☐ Yes	☐ No
13. Have you ever been arrested, even for a few hours, because of other drunken behavior?	☐ Yes	☐ No

Client Name: _____ Date: _____

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Navajo DBHS Outpatient Services
Symptom Distress Scale

Date: _____ Client: _____

SSN: _____ Client: _____

Indicate the distress levels experienced by client within the past seven (7) days.
Minimum Score = 15
Maximum Score = 76

Please Circle Your Answer	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
A. Nervousness or shakiness inside.	1	2	3	4	5
B. Being suddenly scared for no reason.	1	2	3	4	5
C. Feeling fearful.	1	2	3	4	5
D. Feeling tense or keyed up.	1	2	3	4	5
E. Spells of terror or panic.	1	2	3	4	5
F. Feeling so restless you couldn't sit still.	1	2	3	4	5
G. Heavy feelings in arms or legs.	1	2	3	4	5
H. Feeling afraid to go out of your home alone.	1	2	3	4	5
I. Feeling of worthlessness.	1	2	3	4	5
J. Feeling lonely even when you are with people.	1	2	3	4	5
K. Feeling weak in parts of your body.	1	2	3	4	5
L. Feeling blue.	1	2	3	4	5
M. Feeling lonely.	1	2	3	4	5
N. Feeling no interest in things.	1	2	3	4	5
O. Feeling afraid in open spaces or on the streets.	1	2	3	4	5
Total Score					

Housing and Employment Status:

Housing: ☐ Housing is Stable ☐ Other:

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~~Employment: ☐ Unemployed ☐ Employed Time of Job: _____ Earnings: _____~~

~~During this quarter, client:~~

~~☐ Worked at job preparations ☐ Discussed Employment Issues~~

_____ _____
_____ _____
_____ _____

~~Staff Signature Date Clinical Specialist Date~~

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Navajo DBHS Outpatient Services
SCREENING PROGRESS NOTE

Date: _____ Client No: _____

Service Code: _____ Time: _____

DATA: (Describe the client – age, gender, ethnicity, stated problem, referral source etc.)

Mood: Normal/Euthymic / Anxious / Depressed / Angry / Euphoric / Complain / Restless / No Show
Other:

Affect: Normal / Intense / Blunted / Inappropriate / Labile / No Show
Other:

ASSESSMENT:
Physiological Sign/Symptoms:

Medical Signs/Symptoms:

Psychological Signs/Symptoms:

~~MSE Exam Indicates:~~

~~Alcohol/Drug Use & Abuse Sign/Symptoms:~~

~~CAGE Screening Indicates:~~

~~MAST Screen Indicates:~~

~~☐ Identified a co-existing condition that needs additional professional assessment and/or services:~~

~~☐ Consent of Release of Information has been explained to client.~~
~~☐ Physical Exam Form has been explained to client.~~
~~☐ Client is appropriate & eligible for services.~~
~~☐ Client is not eligible for services due to:~~
~~☐ Client has refused services due to:~~
~~☐ Client signed consent of release of information for:~~

~~PLAN:~~
~~☐ Client is schedule for Physical Exam appointment on:~~
~~☐ Client is referred for/to:~~
~~☐ Client is schedule for Intake/Orientation on:~~

~~Screener~~ ~~Staff Number~~

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~~c. Intake, Assessment and Referral Procedure~~

I. ~~i. Policy~~ POLICY

DBMHS orientation and assessments are conducted for clients prior to receiving treatment services. ~~An Intake and Assessment is conducted for any client who meets the Navajo DBHS admission criteria.~~

II. ~~ii. Purpose~~ PURPOSE

To ensure that persons seeking services receive the appropriate level of care and to outline timelines and responsibilities for ~~intake and assessment of the client~~treatment.

III. DEFINITIONS

A. **American Society of Addiction Medicine (ASAM)**
Founded in 1954, a professional medical society representing over 7,000 physicians, ~~clinicians~~clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

B. **Assessment**
The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

C. **Level of Care**
The continuum of substance abuse care provided to people seeking substance abuse ~~treatment;~~treatment, including outpatient, day treatment, residential and hospitalization.

D. **Orientation**
Describing to the client the following: general goals and nature of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

IV. ~~iii. General Information~~RULES

A. ~~1.~~ All clients are required to meet the admission criteria. If ~~they~~ clients are diagnosed under the Substance Related Disorders, and/or co-occurring mental health disorders, ~~they~~ the client must meet the ASAM level of care appropriate to the services rendered. If ~~they are~~ the client is diagnosed under Relational Problems, they will be assessed using appropriate systemic tools by a clinician appropriately trained in systemic/postmodern therapy.

B. ~~2. The Navajo DBHS~~ DBMHS supports a model for intake, assessment, ~~service~~ initial treatment planning and service delivery that is strengths based, family friendly, culturally

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sensitive, clinically sound, and appropriately supervised. The model is based on four (4) equally important components.

1. ~~a.~~ Input from the person and family/significant others regarding special needs, strengths and ~~preferences;~~preferences,
2. ~~b.~~ Input from other individuals who have integral relationships with the ~~client;~~client,
3. ~~c.~~ Appropriate assessment tools including, but are not limited to-, a Bio-psychosocial Inventory such as the Addiction Severity Index (ASI); and diagnostic ~~tools~~and ~~Diagnostic tools such as the Substance Abuse Subtle Scale Inventory (SASSI)~~ such as the Simple Screening Instrument for Substance Use, Substance Use Diagnostic Checklist, Tobacco Assessment, and ASAM; and~~SMAST, CAGE; and~~
4. ~~d.~~ Clinical expertise.

C. The model incorporates the concept of a team established for each person receiving behavioral health services. At a minimum, the team will consist of the client, family members, especially for underage clients. As applicable, the team could also include representatives such as traditional practitioners, pastoral practitioners, other collaborating agencies, and other relevant practitioners involved with the person and any other individuals requested by the client. In addition, the model based on a set of clinical, operative and administrative functions, which can be performed by any of the team, as appropriate. At minimum, these include:

~~a.~~1. Ongoing engagement of the person, family and others who are significant in the treatment process, including active participation in the decision-making process.
~~b.~~2. An initial assessment process performed to identify SNAP = Strengths, Needs, Assessment, and Plans of the individual client and their family that identifies the goal for further or specialty evaluations that support development of a treatment/service plan.
~~c.~~3. Continuous evaluation of the effectiveness of treatment through ongoing assessment and input of the person, and his/her team resulting in modification to the treatment/service plan; if ~~necessary;~~necessary,
~~d.~~4. Provision of all covered clinically sound services as identified in the interim treatment plan within the integrated ~~c on the treatment/service~~treatment plan;plan,
~~1.~~ Ongoing collaboration, including the communication of appropriate clinical information, with other individuals and/or entities e.g., primary care providers, school, child welfare, juvenile or adult probations, other involved service providers with whom delivery and coordination of covered services is important to achieve positive outcomes.
5.
~~e.~~6. A **Primary**

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~~A. Primary~~ **Counselor** or **Case Manager** assigned to each enrolled person to provide coordination and ensure clinical soundness of the assessment and service planning processes; and

~~f.~~7. Ensuring continuity of care by taking the necessary steps (e.g., development of discharge plans, or after-care plans, transfer of relevant documents) to assist clients who are moving to a different treatment program (e.g., outpatient to inpatient setting), changing behavioral health providers and/or transferring to another service delivery system (e.g.,~~,~~—out-of-area, out-of-state); and development and implementation of transition plans prior to discontinuation of behavioral health services.

D. ~~4.~~ Any client exhibiting severe withdrawal signs and symptoms is referred to a ~~move~~more intensive level of care.

E. ~~5. Navajo DBHS~~DBMHS Outpatient Services reserves the right to exclude services to any client (see Exclusion Criteria)

F. ~~6.~~ When a client does not meet the admission criteria and requires a more intensive treatment program, ~~Navajo DBHS~~DBMHS staff will work with the client/family to find an appropriate referral source.

G. ~~7.~~ When ~~Navajo DBHS~~DBMHS Outpatient Services is ~~filled to capacity~~filled and a client meets the admission criteria and desires to be admitted, he/she is places on the waiting list. He/she is notified once space in the program becomes available.

H. ~~8.~~ The clients/s name is retained on the Waiting List until admitted to the program, or declines to be admitted to the program, or the clients name is automatically taken off the waiting list at 6 months.

I. ~~9. Navajo DBHS~~DBMHS makes every effort to provide treatment to eligible persons.

J. ~~10.~~ The specific details of the intake, assessment, and referral procedures will be consistent with the model enumerated in this policy and follow the requirements of the specific State or 3rd party regulations.

V. ~~iv. Procedure~~PROCEDURES

A. ~~1.~~ Intake – All clinical staff will participate in the intake process as their clinical schedules allow. The intake process is:

1. ~~a.~~ Flexible in terms of when and how the intake occurs. The primary focus will be on engaging the client as quickly and efficiently as possible and to accommodate the client's needs to the extent practical.
2. ~~b.~~ All Arizona Residents will be referred to the nearest Arizona RBHA office to be assessed for Title XIX eligibility.
3. ~~c.~~ All New Mexico Residents will be screened for eligibility and registration under the New Mexico Contract.

B. ~~2.~~ The Intake for clients with Substance Related Disorder includes the following:

1. ~~a.~~ Verification and review of information from screening
2. ~~b.~~ Necessary legal documentation to be signed by the client (located within the EHR);

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a. ~~i.~~ Consent for Treatment,
b. ~~ii.~~ Statement of Confidentiality,
c. ~~iii.~~ Grievance Procedures,
d. ~~iv.~~ Client Rights,
e. ~~v.~~ Consent for Release of Information as appropriate,
f. ~~vi.~~ Release of liability as needed, and
g. ~~vii. Interim~~ Treatment ~~Service~~ Plan

3. ~~c.~~ Client will be given the Health and Physical Exam forms during intake and ~~complete~~completed at the earliest possible date.
4. ~~d.~~ Orientation of the ~~packet~~ Client Handbook (specific to ~~individual program~~ each site)
5. ~~e.~~ Appropriate documentation of Intake and Orientation process (located within the EHR).
6. ~~f.~~ Assignment of client to a Primary Counselor by ~~Clinical Specialist~~the designated Clinical Supervisor.
7. Drug and alcohol testing.

The client

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~~3. The client~~ will then be scheduled for an Assessment and Evaluation (A & E).

C. Assessment used may include, but are not limited to:

1. ~~a.~~ Addiction Severity Index (ASI) or other bio-psychosocial evaluation
2. Mental Health Screening Tools ~~b. Beck Depression Index (BDI)~~
   ~~c. Mental Status Exam~~
3. ~~d.~~ ASAM Dimension Admission Criteria
4. ~~e. Complete A~~a Treatment Plan.
5. Family Assessment Screening Tools

D. ~~4. For~~ clients experiencing ~~Relational Problems~~other conditions that may be a focus of clinical attention, intake will be done by an ~~the Family Therapist or~~ appropriately trained clinician and include the following components.

1. ~~a.~~ Verification and review of information from ~~Screenings~~screening.
2. ~~b.~~ Necessary Legal Documentation:
   a. ~~i.~~ Consent for ~~Treatment:~~Treatment.
   b. ~~ii.~~ Statement of ~~Confidentiality:~~Confidentiality.
   c. ~~iii.~~ Grievance ~~Procedures:~~Procedures.
   d. ~~iv.~~ Client Legal and Human ~~Rights:~~Rights.
   e. ~~v.~~ Consent for Release of Information, as appropriate; and
   a. ~~vi.~~ Release of liability, as needed.
   f.

~~When a 5. Complete Family Assessment Form.~~
~~6. Complete Initial Plan of Service form.~~
~~7. Client will be given the Health and Physical Exam form during intake and completed at the earliest possible date and return to the Primary Counselor.~~
~~8. For all clients:~~

E. ~~a. When a~~ client is referred for a more intense level of care and cannot be immediately admitted to the Outpatient Treatment Center ~~a treatment~~. A treatment plan will be developed to assist and stabilize the client while waiting for admission to inpatient treatment.

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~~**Navajo DBHS**~~ Division of Behavioral and Mental Health Services

Consent to Treatment

I, _____, hereby consent to participate in the therapeutic program of the Division of Behavioral & Mental Health ~~Residential Treatment~~ Services (DBMHS). This program is designed to treat substance use/dependence and co-occurring mental health problems. The treatment program consists of individual counseling, group therapy, family therapy (mandatory for all parents/guardians), education, recreation therapy, Adventure Based Counseling, Sweat therapy, traditional/spiritual counseling, outpatient programs, support groups, and follow-up contacts. ~~All of~~All these activities are without substantial risk and have been demonstrated to be beneficial and therapeutic to ~~client's~~the client's recovery process.

I understand that the treatment program may include participation in off-campus activities. These include educational/recreational field trips, which may include overnight stays or camping; cultural activities, which may include a traditional sweat lodge, and support groups such as Alcoholics Anonymous meetings or others.

I understand that grounds for immediate discharge ~~include:~~include alcohol and/or drug use, sexual activities, violent behavior, legal stipulations, and non-compliance to treatment.

I hereby give consent to allow DBMHS to routinely test for drugs and alcohol through a breathalyzer, urine, or swab drug test.

I hereby give consent to allow DBMHS to take a specimen of my urine, saliva, or breathalyzer for a random or reasonable suspicion drug test. I understand that refusal to be tested or any attempt to affect the outcome may result in discharge from services. All drug screens are used to provide therapeutic feedback to clients.

I understand that DBMHS will ~~search~~search for my belongings for the purpose of controlling/preventing trafficking in contraband and to ensure that only appropriate personal items/clothing are brought into the center. I understand that the Navajo Nation Police may be contacted in the event of illegal activities.

I further understand that I may be held liable for any of my actions that may result in property damage of and/or personal injury to others and that I may not hold DBMHS liable for injuries I may sustain as a result of my own misconduct and misuse of property and facilities.

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I have also been informed that surveillance security cameras will be used for security purposes and to monitor client/staff behavior in the open areas of the Center, not to be utilized in private residence quarters. This requires all clients to consent to this type of security. Furthermore, in the event of recorded counseling session by DBMHS staff, a separate written consent will be required by the client and their parent/guardian (if necessary).
Furthermore, in the event of recorded counseling session by DBMHS staff, a separate written consent will be required by the client and their parent/guardian (if necessary).

I have been made aware of, and fully understand, my rights and responsibilities as a client of the DBMHS Residential Treatment Center. I have received a copy of the DBMHS Family and Client Outpatient Handbook. I understand and agree to my responsibility to abide by these standards while in treatment at DBMHS.

My signature indicates my consent to participate and release DBMHS and the Navajo Nation from liability not directly related to actions of DBMHS Outpatient Treatment Center program and the Navajo Nation.

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~~Outpatient Treatment Services~~

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~~OUTPATIENT CONSENT FOR TREATMENT~~

~~I, _____, hereby consent to participate in the therapeutic program of the Navajo DBHS Outpatient Services. This program has been described to me as consisting of individual counseling, Adventure Based Counseling, traditional counseling, family counseling, and spiritual contacts. All of these activities are without substantial risk and have been demonstrated to be beneficial and therapeutic to individuals' in recovery.~~

~~I understand that the treatment program may include participation in outdoor activities outside of the outpatient treatment center. These activities include educational/recreational field trips, which also may include overnight stays or camping, cultural activities, and day trip outdoor activities do include activities such as Adventure Based Activities and day hikes.~~

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~~I understand that I may be given the opportunity to consent to or refuse special programs (spiritual/traditional activities), which staff may feel that I need. I understand the use of alcohol/drugs; sexual activities, violent behavior, and non-compliance with treatment are ground of possible discharge from treatment or referral to a residential treatment facility, based on the severity and offense. In the event of any illegal activity, I am aware that proper authorities will be contacted.~~

~~I understand that on outdoor activity outside of the outpatient treatment center that staff will search the clients' belongings for the purpose of controlling/preventing trafficking in contraband and to insure the safety and well being is maintained for both the client and the group.~~

~~I further understand that I may be held liable for any of my actions that may results in property damage and personal injuries to self or others and that I may not hold Navajo DBHS Outpatient Services liable for injuries I may sustain as the result of my own misconduct and misuse of property and facilities.~~

~~I have been made aware of and fully understand my rights and the responsibilities of Navajo DBHS Outpatient Services. I understand and agree to my responsibility to abide by these standards while I am in treatment.~~

Client Signature: _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____

Witness Signature _____ Date: _____

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Division of Behavioral & Mental Health Services

Notice of Privacy and Confidentiality

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health information which we receive and/or create about you, personally, in this program, relating to your past, present, or future health, treatment, or payment for health care services, is "protected health information" under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164. The confidentiality of alcohol and drug abuse client records maintained by this program is protected by another Federal law as well, commonly referred to as the Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2. Generally, the program may not say to a person outside the program that you attend the ~~program, or~~program or disclose any information identifying you as an alcohol or drug ~~abuser, or~~abuser or use or disclose any other protected health information except in limited circumstances as permitted by Federal law. Your health information is further protected by any pertinent tribal & state laws that are more protective or stringent than either of these two Federal laws.

This Notice describes how we protect personal health information (otherwise referred to as "protected health information") we have about you, and how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

Uses and disclosures that may be made of your health information:

Internal Communications: Your protected health information will be used within the Division of Behavioral & Mental Health Services, that is between and among program staff who have a need for the information in connection with our duty to diagnose, treat, or refer you for behavioral health/substance abuse treatment.

Qualified Service Organizations and/or Business Associates: Some or ~~all of~~all your protected health information may be subject to disclosure through contracts for services with qualified service organizations and/or business associates, outside of this program, that assist our program in providing health care. Examples of qualified service organizations and/or business associates include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and/or business associates to follow the same standards held by this program through terms detailed in a written agreement.

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Medical Emergencies: Your health information may be disclosed to medical personnel in a medical emergency, when there is ~~immediate~~an immediate threat to the health of an individual, and when immediate medical intervention is required.

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To Researchers: Under certain circumstances, this office may use and disclose your protected health information for research purposes. All research projects, however, must be approved by Navajo Nation Institutional Review Board, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

To Auditors and Evaluators: This program may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs to ensure that the program is complying with regulatory mandates and is properly accounting ~~for~~for, and disbursing funds received.

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Authorizing Court Order: This program may disclose your protected health information pursuant to an authorizing court order. This is a **unique** kind of court order in which certain application procedures have been taken to protect your identity, and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.

Crime on Program Premises or Against Program Personnel: This program may disclose a limited amount of protected health information to law enforcement when a client commits or threatens to commit a crime on the program premises or against program personnel.

Reporting Suspected Child Abuse and Neglect: This program may report suspected child abuse or neglect as mandated by state law.

As Required by Law: This program will disclose protected health information as required by state & tribal laws in a manner otherwise permitted by federal privacy and confidentiality regulations.

Appointment Reminders: This program reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.

Other Uses and Disclosure of Protected Health Information: Other uses and disclosures of protected health information not covered by this ~~notice,~~notice **will be made only with your written authorization or that of your legal representative**. If you or your legal representative authorize us to use or disclose

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protected health information about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already acted relying on the authorization.

Your rights regarding protected health information we maintain about you:

Right to Inspect and Copy: In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. You must provide your request and your reason for the request in ~~writing, and~~writing and submit it to this office.

Right to Amend Your Protected Health Information: If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in ~~writing, and~~writing and submit it to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

- Is accurate and ~~complete;~~complete,
- Was not created by us, unless the person or entity that created the protected health information is no longer available to make the ~~amendment;~~amendment,
- Is not part of the protected health information kept by or for us; or
- Is not part of the protected health information which you would be permitted to inspect and copy.

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosures of the protected health information at issue.

Right to an Accounting of Disclosures: You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations within our program and/or between our programs pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the ~~time period~~period from which you want to receive a list of disclosures. The ~~time period~~period may not be longer than six ~~years, and~~years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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Right to Request Restrictions: You have the right to request a restriction or limitation on protected health information we are permitted to use or disclose about you for treatment, ~~payment~~payment, or health care operations within our program. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health.

Right to Request Confidential Communications: You have the right to request that we communicate with you about protected health information in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to this ~~office, and~~office and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with this office, Navajo Nation Division of Behavioral & Mental Health Services, or with the Navajo Nation Department of Health. To file a complaint with this office, please contact the Case Management Specialist, at the DMBHS office where you receive services. You will not be penalized or otherwise retaliated against for filing a complaint.

Our Program is Responsible for:

- Maintaining the privacy of your protected health ~~information;~~information,
- Providing you with this notice of our legal duties and privacy practices with respect to your protected health information; and,
- Abiding by the terms of this Notice while it is in effect.

DBMHS reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all protected health information that we maintain. In the event that changes are made, this office will notify you of a revised Notice by mail at the current address provided on your medical file, or at the site where you receive services, or by posting changes on our Web site.

To receive additional information:
For further explanation of this ~~Notice~~Notice, you may contact DBMHS Case Management Specialist or intake screening staff at the office where you received this notice.

Availability of Notice of Privacy Practices:

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This notice will be posted where registration occurs. You have a right to receive a copy of this notice, and all individuals receiving care will be given a hard copy.

Acknowledgement:
I hereby acknowledge that I received a copy of the Notice of Privacy Practices regarding protected health information governed by the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164 and Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2.

Client Signature Date Parent/Guardian Signature (If Applicable) Date

~~**Navajo DBHS Outpatient Services**~~

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~~**CONFIDENTIALITY OF ALCOHOL AND DRUGS ABUSE CLIENT'S RECORDS**~~

~~Federal Law and Regulations protect the confidentially of alcohol and drug abuse client records maintained by this program.~~

~~What does Federal Law protect?~~

~~Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:~~

~~1. The client consents in writing~~
~~2. The disclosure is allowed by a court order, or~~
~~3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.~~

~~Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.~~

~~What does Federal Law not protect?~~

~~Federal Law and Regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.~~

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~~Federal Law and Regulation do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State or local authorities.~~

~~(See 42 U.S.C. d-3 and 42 U.S.C e-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations).~~

~~As a client in the program, I verify that this statement of notice od confidentiality of records has been read to me.~~

~~Client's Name:~~ _____
~~(Please Print)~~

_____ _____
~~CLIENT SIGNATURE~~ ~~DATE~~

_____ _____
~~PARENT / GUARDIAN~~ ~~DATE~~

_____ _____
~~COUNSELOR SIGNATURE~~ ~~DATE~~

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Division of Behavioral & Mental Health Services

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Grievance & Appeals Acknowledgment Form

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As a registered client of DBMHS, you have the right to receive services offered by the Division. However, if you were placed on an unreasonable or indefinite waiting list, denied services without explanation, or feel that your rights have been violated, you have the right to submit a verbal or written complaint or grievance.

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SMI Grievance/Request for Investigation

Clients who receive services funded through the Arizona Health Care Cost Containment System (AHCCCS) have the right to follow the SMI grievance and appeal process. The request may be verbal or written and must be initiated no later than one year after the date of the alleged rights violation or condition requiring investigation. Forms for filing are available at AHCCCS, the Arizona State Hospital, the T/RBHAs, case management sites and at all DBMHS sites.

Allegations of rights violations by the Division of Behavioral and Mental Health Services (DBMHS) or SMI grievances/requests for investigation related to physical or sexual abuse or death will be addressed by AHCCCS. All other SMI grievances/requests for investigation must be filed with and addressed by DBMHS. Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter. When a decision is reached, you will receive a written response.

SMI Appeal

Any person, age 18 or older, his or her guardian, or designated representative, may file an appeal related to services applied for, or services the person is receiving. Matters of appeal are generally related ~~to:~~to a denial of services; disagreement with the findings of an evaluation or assessment; any part of the Individual Service Plan; the Individual Treatment and Discharge Plan; recommended services or actual services provided; barriers or unreasonable delay in accessing services under Title XIX; and fee assessments. Appeals must be filed with DBMHS (or AHCCCS for the TRBHAs) and must be initiated no later than 60 days after the decision or action being appealed. Appeal forms are available at AHCCCCS, and at all DBMHS sites.

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DBMHS (or AHCCCS for TRBHA appeals) will attempt to resolve all appeals within seven (7) days through an informal process. If the problem cannot be resolved, the matter will be forwarded for further appeal. If DBMHS will not accept your appeal or dismisses your appeal without consideration of the merits, you may request an Administrative Review by AHCCCS of that decision.

For SMI grievances/requests for investigation and appeals, to the greatest extent possible, please include:

1. Name of person filing the SMI grievance/request for investigation or appeal

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2. Name of the person receiving services, if different.
3. Mailing address and phone number.
4. Date of issue being appealed or incident requiring investigation.
5. Brief description of issue or incident.
6. Resolution or solution desired.

For either process above, you may represent yourself, designate a representative, or use legal counsel. You may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800- 927-2260 in Phoenix. You may also contact the Office of Human Rights at (602) 364-4585, or 1-800-421-2124 for assistance. If your complaint relates to a licensed behavioral health agency, you may contact the Office of Behavioral Health Licensure, 150 N. 18th Avenue, Phoenix, Arizona 85007, (602) 364-2595.

DBMHS Grievance/Request for Investigation

Clients who receive services through DBMHS may submit a verbal or written complaint/grievance, initiated no later than one year after the date of the alleged rights violation or condition requiring investigation.
We will take the following steps to help resolve your complaint(s) or grievance(s):

- Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter.
- The investigator e.g. Clinical Director and/or Behavioral Health Director will attempt to resolve all appeals within seven (7) days through an informal process. If the grievance/complaint cannot be resolved, the matter will be forwarded for further investigation.
- ~~In the event that~~If the complaint is not resolved, it will be investigated by the Health Services Administrator within ten (10) business days and a written response will be completed for the final decision.

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At each level of review, the report will include investigation findings, steps taken to address the complaint/grievance, suggestion solution, and any preliminary actions taken to resolve this issue.
If you are not comfortable presenting your grievance or complaint to your counselor, you may directly mail your grievance or complaints to the address below:

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Health Services Administrator
Division of Behavioral & Mental Health Services
P.O. Box 709
Window Rock, AZ 86515
Telephone: (928) 871-6235

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Your grievance issue/action cannot be used to terminate services provided to you by DBMHS.

This certifies that the Grievance & Appeals Acknowledgement form has been read and explained to me in the language that I understand.

Client Signature Date

Parent/Guardian Signature (if applicable) Date

DBMHS Staff/Clinical Staff Date

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Navajo DBHS Outpatient Services

Grievance Procedures Acknowledgment

As a registered Navajo DBHS client if you fell that you have not received proper treatment, have been denied services, placed on an unreasonable or indefinite waiting list for services, you may submit a verbal or written notification, to your Primary Counselor or the Clinical Specialist or the Program Supervisor at the Outpatient Treatment Center. If you are not comfortable presenting our grievance at the Outpatient Treatment Center you can go directly to or can mail your compliant(s) to the Clinical Specialist Coordinator and Department Manager at the DBHS Central Office in Window Rock, Arizona.

Clinical Specialist/Department Manager

Department of Behavioral Health Services

P.O. Box 709

Window Rock, AZ 86515

(928) 871-6235

The following steps will be taken to help resolve your complaint or grievance:

- Upon receipt of a complaint, the Clinical Specialist and in consultation with the Program Supervisor will review the compliant within 24 hours and formulate a written response.
- If the complaint warrants further action, it will be investigated within 3 days with a preliminary reported completed.
- If there is a need for a more extensive investigation: the investigation will be conducted in 10 days and report will be completed.

The report will include: Steps taken to respond initially to the complaint/grievance finding, suggested resolutions and any preliminary actions taken to resolve the issue.

This certifies that the grievance procedures acknowledgement has been read and explained to me in the language that I understand.

_____

_____

_____

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~~Client Signature~~ ~~Date~~

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~~Parent / Guardian Signature~~ ~~Date~~

~~Counselor Signature~~ ~~Date~~

Division of Behavioral & Mental Health Services

Client Rights

All clients have the right:

A. To be treated with dignity, respect, and ~~consideration;~~consideration.
B. To not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of ~~payment;~~payment.
C. To receive treatment that:
    1. Supports and respects the client's individuality, choices, strengths, and ~~abilities;~~abilities.
    2. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, or by the client's general ~~consent;~~consent.
    3. Is provided in the least restrictive environment that meets the client's treatment ~~needs;~~needs.
    4. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of ~~rights;~~rights.
    5. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or ~~retaliation;~~retaliation.
    6. Allows grievances to be handled in a fair, timely, and impartial ~~manner;~~manner.
    7. Allows seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's ~~expense;~~expense.
    8. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's ~~rights;~~rights.
    9. Allows a client who is seriously mentally ill (SMI), to receive assistance in understanding, protecting, or exercising the client's ~~rights;~~rights.
    10. Ensures that the client's information and records are kept confidential and released only as permitted in accordance ~~to~~with regulations;.
D. To have privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
    1. Photographing for identification and administrative purposes.
    2. Video recordings used for training and supervision ~~purposes that~~purposes are maintained only on a temporary basis.
E. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist or Clinical Director.
F. To be informed that DBMHS does not require a fee for services.

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G. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed ~~treatment;~~treatment.

H. To be offered or referred for the treatment specified in the client's treatment ~~plan;~~plan.

~~A.~~I. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment ~~plan;~~plan.

~~B.~~J. To obtain access or referral to legal entities as needed for appropriate representation.

~~C.~~K. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.

~~D.~~L. To be free from:

1. Abuse~~;~~
2. Neglect~~;~~
3. Exploitation~~;~~
4. Coercion~~;~~
5. Manipulation~~;~~
6. Retaliation for submitting a complaint.
7. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.
8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment ~~plan;~~plan.

M. To participate or refuse to participate in spiritual/pastoral or traditional ~~activities;~~activities.

N. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized ~~treatment;~~treatment.

O. To receive treatment services in a smoke-free ~~environment;~~environment.

P. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and

Q. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.

DBMHS ensures Client Rights are read and explained to the client in a language they understand, and the client acknowledges with signature.

This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.

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Client Signature _____ Date _____

Parent/Guardian Signature (if applicable) _____ Date _____

DBMHS Staff/Clinical Staff _____ Date _____

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~~Division of Behavioral and Mental Health Services~~

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~~Consent for the Release of Information~~

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~~I, _____, authorize the Division of Behavioral & Mental Health Services to:~~

~~☐ RECEIVE information from: _____ ☐RELEASE information to:~~

~~Name of Agency: Division of Behavioral and Mental Health Services~~ Formatted: Font: (Default) +Body (Calibri), 12 pt

~~Contact Person: _____~~ Formatted: Font: (Default) +Body (Calibri), 12 pt

~~Address of Agency: P.O. Box 1830, Shiprock, NM 87420~~ Formatted: Font: (Default) +Body (Calibri), 12 pt

~~Telephone & Fax #: (505) 368-1438 (505) 368-1452 (f)~~ Formatted: Font: (Default) +Body (Calibri), 12 pt

~~The following information regarding _____ (Name of Client)~~

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~~☐Medical Records – Specify:~~
~~_____~~

~~☐Treatment Admission/Attendance~~

~~☐Psychiatric and/or Psychological Evaluation~~

~~☐Verification of Treatment Dates & Completion~~

~~☐Behavioral Health Admission/Discharge~~

~~☐Treatment Plan~~

~~☐Evaluations/Assessments~~

~~☐Legal/Judicial System Records~~

~~☐Consultations~~

~~☐School attendance, transcripts and records~~

~~☐Other:~~
~~_____~~
~~_____~~
~~_____~~

~~☐Special Education IEP and Assessments~~

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~~I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a client in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.~~

I understand that my records are also protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to my authorization, and that the recipient of the information may not be regulated by the HIPAA privacy law. However, the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, will continue to protect the confidentiality of information that identifies me as a client in an alcohol/drug program and prevent re-disclosure of my information.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken on the consent. If no revocation date is specified, this Consent for Release is valid for one year (12 months) from client discharge.

_____ _____

Client Signature Date Parent/Legal Guardian Date

_____ _____

DBMHS Staff/Clinical Staff Date Revocation Date

NOTICE PROHIBITING REDISCLOSURE

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65

Navajo DBHS Outpatient Services

Division of Behavioral and Mental Health Services

Consent for the Release of Information – Schools

I, _____, authorize the Division of Behavioral & Mental Health Services to:

☐ RECEIVE information from: _____ ☐RELEASE information to:

Name of School: _____

Contact Person: _____

Address of Agency: _____

Telephone & Fax #: _____

The following information regarding _____ (Name of Client)

☐Medical Records – Specify:
_____

☐Treatment Admission/Attendance

☐Psychiatric and/or Psychological Evaluation

☐Verification of Treatment Dates & Completion

☐Behavioral Health Admission/Discharge

☐Treatment Plan

☐Evaluations/Assessments

☐Legal/Judicial System Records

☐Consultations

☐School attendance, transcripts and records

☐Other:
_____
_____
_____

☐Special Education IEP and Assessments

_____

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a client in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to my authorization, and that the recipient of the information may not be regulated by the HIPAA privacy law. However, the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, will

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continue to protect the confidentiality of information that identifies me as a client in an alcohol/drug program and prevent re-disclosure of my information.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken on the consent. If no revocation date is specified, this Consent for Release is valid for one year (12 months) from client discharge.

Client Signature _____ Date _____ Parent/Legal Guardian _____ Date

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DBMHS Staff/Clinical Staff _____ Date _____ Revocation Date

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NOTICE PROHIBITING REDISCLOSURE

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65

Division of Behavioral and Mental Health Services

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Consent for the Release of Information

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I, _____, authorize the Division of Behavioral & Mental Health Services to:

☐ RECEIVE information from: _____ ☐RELEASE information to:

Name of Probation Agency: _____

Contact Person: _____

Address of Agency: _____

Telephone & Fax #: _____

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The following information regarding: _____ (Name of Client)

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☐Medical Records—Specify:
_____

☐Treatment Admission/Attendance

☐Psychiatric and/or Psychological Evaluation

☐Verification of Treatment Dates & Completion

☐Behavioral Health Admission/Discharge

☐Treatment Plan

☐Evaluations/Assessments

_____

☐Legal/Judicial System Records

☐Consultations

☐School attendance, transcripts and records

☐Other:
_____
_____
_____

☐Special Education IEP and Assessments

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I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a client in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to my authorization, and that the recipient of the information may not be regulated by the HIPAA privacy law. However, the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, will

~~continue to protect the confidentiality of information that identifies me as a client in an alcohol/drug program and prevent re-disclosure of my information.~~

~~I understand that I may revoke this authorization at any time, except to the extent that action has already been taken on the consent. If no revocation date is specified, this Consent for Release is valid for one year (12 months) from client discharge.~~

~~Client Signature~~ ~~Date~~ ~~Parent/Legal Guardian~~ ~~Date~~

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~~DBMHS Staff/Clinical Staff~~ ~~Date~~ ~~Revocation Date~~

~~NOTICE PROHIBITING REDISCLOSURE~~

~~This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65~~

CLIENT RIGHTS

- You have the right to be treated with dignity and respect, as an individual who has personal needs, feelings, preferences, and requirements.
- You have the right to privacy in your treatment, care, and fulfillment of your personal needs.
- You have the right to be fully informed on all services available through DBHS and accompanying charges,
- You have the right to be fully informed of your right as a client, and all rules and regulations governing your conduct as a patient with DBHS.
- You have the right to manage your personal financial affairs, and should you desire assistance, staff will refer you to an appropriate agency.
- You have the right to know about your physical, emotional, and mental condition, and to participate in development of your treatment.
- You have the right to continuity of care. You will not be transferred or discharged except for medical reasons, your personal welfare, welfare of others, or non-participation in your treatment. Should your transfer or discharge become necessary, you will be given reasonable advance notice, except in emergency situations.
- You have the right to voice grievance regarding services or policies of DBHS, without fear of restraint, interference, undue pressure, discrimination or reprisal.
- You have the right to be free of physical, mental and chemical abuse. Physical and chemical restraints may be applied only when ordered by a physician in writing, and for specified, limited time, except when necessary to protect you or others form injury.
- You have the right to confidential personal and medical records. Information from these sources will not be released without your prior consent, expect in your transfer to another DBHS component, or as required by law.
- You have the right to refuse to perform any service for the program or other clients, unless such services is part if your therapeutic treatment plan that you agree to.
- You have the rights of any U.S. citizen, and you participation in treatment is voluntary. Clients who are responsible to a parole or probation officer will be subject to the control such as officer may legally exercise.
- You have the right to know when tape recorders, one way mirrors, audio visual equipment, and cameras are being used. These items will not be used without your written consent. Your refusal to consent will not affect your treatment in any manner.
- This certifies that my legal and human right have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.

Date _____ Client _____

Date _____ Parent, Guardian or Authorized Representative (if required)

Date _____ Counselor/Witness

Navajo DBHS Outpatient Services

CONSENT FOR THE RELEASE OF CONDENTIAL TREATMENT INFORMATION TO BE RECEIVED or RELEASED

CRN: _____ Revised 12/11/2023

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I, _____, hereby give my permission for Navajo DBHS Outpatient Services to receive from/release to:

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Name of Agency: _____ Contact Person: _____

Address of Agency: _____ Telephone #: _____

Fax #: _____

The following information regarding _____ (Name of Client)

☐ Treatment Admission, Progress Notes, and Discharge Summary

☐ Psychiatric and/or Psychological Evaluations

☐ Correspondence, Attendance, Regression Notes, Assessments

☐ Medical Records

☐ Involvement with Community Treatment Providers regarding the Level of Care – Please Specify:

_____

☐ Other:

_____

The purpose of this form is to facilitate diagnosis, evaluations, and treatment planning, as well as to assist in the application process for which the client may be entitled.

The DBHS, RBHA, the Regional Care Coordinators, the behavioral health services providers subcontracted with the RCCs, and the BHSD funded providers are subject to the following prohibitions:

Prohibition on Re-Disclosure of Information

Concerning Clients in Alcohol or Drug Abuse Treatment

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

The Navajo DBHS Outpatient Services is hereby release from any and all legal liabilities that may arise from the disclosure once the client has signed voluntarily. I understand that I may revoke this authorization at any time except to the extent that action has already been taken on the consent.

The Consent for Release of Information is valid for one (1) year from the date of signature, and after one (1) year must be renewed.

Date: _____

_____

_____ Signature of Participant

Parent/Guardian (if a minor)

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Navajo DBHS Outpatient Services

ORIENTATION PROGRESS NOTE

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Date: Client ID:

Service Code: Time:

DATA:

☐ Client arrived

☐ Client was late for schedule appointment for Intake and Orientation.

☐ Client did not show for scheduled Intake and Orientation appointment.

Mood: Normal/Euthymic / Anxious / Depressed / Angry / Euphoric / Complaint / Restless / No Shoe

Other:

Affect: Normal / Intense / Blunted / Inappropriate / Labile / No Show

Other:

Participation Quality: Expected/Supportive/Sharing/Attentive/Intrusive/Monopolizing/No Show

Other:

Participation Quality: Active/Eager / Variable / Only Responsive / Minimal / None / Resistant / No Show

Other:

ASSESSMENT

Provided Program Orientation on Mission Statement / Program Philosophy / Continuum of Care / Level One Treatment / Support Systems / Staff / Therapies / Assessment and Treatment Plan for Review / Documentation / Screening and Physical Exam Form / Intake / Signed Consent Forms /

Grievance / Clients Rights / Confidentiality / Consent to Treatment / Consent of Release / Appointment with Counselor for Assessment / Alcohol and Drug Assessment / Physical Assessment / Psychological Assessment / Social / Family Assessment / Spiritual Assessment / Recommendation for Treatment / Treatment Plan / Treatment Modalities / Treatment Summary or Aftercare Summary / Discharge Summary / Group Session Rules / Program Rules and Policy / Confidentiality / Waiting Room / No Services while under the influence / If you can not keep your appointment / Waiting Time / Be Respectful / Childcare / Dress Code / Discharge Criteria

☐ Client needs to be rescheduled for another I/O appointment.

☐ Client has missed (2) I/O appointments; requires discharge by Primary Counselor.

PLAN

☐ Client is schedule for assessment appointment with Primary Counselor.'

☐ Client is Court referred and has signed the Interim Service Plan and will begin attending groups.

☐ Client is A/C referred and has signed Aftercare Plan and will begin attending aftercare groups.

☐ Sent letter to client with new I/O appointment

☐ Sent copy of I/O to referring agency

☐ No consent of release signed to send a copy of notification to referring agency

Further Comments:

_____

_____

Intake & Orientation Facilitator Staff Number

Division of Behavioral and Mental Health Services

Consent Form for Traditional Services

I _____ give consent to Navajo Nation Division of Behavioral and Mental Health Services Traditional Component for traditional treatment services.

I am aware and acknowledge the traditional treatment process and the four (4) days of reverence following the ceremonial treatment. _____ (Initials)

The Traditional Practitioner has orientated me on the ceremonial protocols, and health and safety guidelines. _____ (Initials)

The Traditional Practitioner developed a traditional treatment plan with my primary counselor based on my need for traditional services. _____ (Initials)

The following ceremonies are available based on recommendations of treatment plan:

Diagnostic Ceremonies- Crystal Gazing, Hand Trembling, Charcoal Gazing, Water Gazing with chants and prayers.

Purification Ceremonies – Blackening way ceremonies, Ash and Herbal Cleansing, Pipe and Tobacco Ceremonies, Sweat lodge Ceremonies, and Native American Church Ceremonies with the use of the sacrament peyote, Cedar Offerings.

Protection Way Ceremonies – Protection Way prayers, Mineral offerings with Prayers, Native American Church Ceremony.

Healing Ceremonies – Herbal treatment, Pipe and Tobacco Ceremonies, Sand paintings, Mineral/pollen Offerings, Sacred Footprint Ceremony, and Native American Church Ceremony.

Blessing Way Ceremonies – Sacred footprint Ceremony, Pollen Offering with blessing way prayers, Pipe/Tobacco Ceremony, and Native American Church Ceremony.

Traditional Practitioner _____ Date: _____

Client _____ Date: _____

Parent/Legal Guardian _____ Date: _____

Primary Counselor _____ Date: _____

Navajo DBHS Outpatient Services

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SWEAT LODGE WAIVER

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I, the undersigned, have read and understand the following:

- I understand that sweat lodge ceremonies involve exposure to high heat, darkness, and extremely hot rocks. I understand that if I am suffering from any active medical conditions or am taking any mediations, it is my responsibility to discuss my participation in the sweat lodge ceremony with personal physician. Conditions that nay be particularly affected by participation in such environments include but are not limited to pregnancy, heart conditions, kidney conditions, lung conditions, anxiety disorders such as claustrophobia, and any other medical conditions that may affect sweating or body heat and fluid regulation.
- I understand that ant such concerns or conditions should be discussed with the sweat lodge sponsor or leaser prior to participation.
- It is recommended that all participants ensure that they have pre-hydrate themselves prior to the ceremony and that they maintain adequate intake of fluids throughout the ceremony.
- Sweat lodge participants are expected to maintain the lodge in appropriate fashion to ensure a clean and safe environment.
- Sweat lodge activities include the gathering of firewood, gathering rocks, gathering herbs, building of sweat lodge, preparing the fire as well as attending the sweat lodge ceremony.
- I understand that I have the right to refuse to attend any part of the activities and it will not affect any other part of my treatment process.
- The Navajo Department of Behavioral Health Services and Indian Health Service will not be held liable for any injury related to participation in the sweat lodge and connected with such conditions as described above, or form injuries resulting from improper use or preparation for the sweat lodge ceremony.

I, the undersigned, have read the above and agree to the conditions and stipulations as stated.

Signature of Participant: _____ Date:

Signature of Parent or Guardian _____ Date:

(If Participant is a Minor)

CRN: _____ Revised 12/11/2023

Witness Signature: Date:

Navajo DBHS Outpatient Services

PHYSICAL ACTIVITY WAIVER

1. I, voluntarily wish to participate in the therapeutic activity program. I know that this involves moderate to strenuous physical activity.

2. I am in good health, and I do not have any present or past illness such as heart disease, hypertension, lung disease, etc, which would prevent me from participating or have had a physician indicate that participating in an exercise program would not harm me.

3. In consideration for my acceptance into this therapeutic activity program, I hereby, for myself, my heirs, executors, administrators and assignees, waiver and release any and all rights and claims for damages which may hereafter accure to me or which I may have against the Navajo DBHS Outpatient Services staff or me during the course of the therapeutic activity program.

I DECLARE UNDER PENALY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Participant Signature _____ Date _____

Witness _____ Date _____

Parent/Guardian _____ Date _____

(If Client is minor)

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Navajo DBHS Outpatient ServicesDivision of Behavioral and Mental Health Services

TRANSPORTATION WAIVER/INDEMNITYTransportation Consent and Waiver/Indemnity

I _____, (client, parent, legal guardian) do hereby give my consent and permission to be transported by Division of Behavioral and Mental Health Services (DBMHS) staff to and from the treatment center while involved in appropriate activities and services in my treatment program.

WAIVER OF RESPONSIBILITY

In consideration of your acceptance of this organizationinto DBMHS, for myself, heirs, executors, administrators, I hereby waive and release any and all rights and claims for damages I may have against the Navajo Nation, Department of Behavioral Health ServicesDBMHS, including transportation for treatment activities, related directly or indirectly to my child's participation in the treatment progress. to myself and my family's participation in treatment services.

INDEMNITY AGREEMENT

I hereby agree to indemnify and hold harmless the Navajo Nation, Department of Behavioral Health Services DBMHS for any claims assessed against or collected from said entities.

_____ _____

Client Signature_____: _____Date:

_____ _____

Parent/Legal Guardian Signature (if under 18) _____Date:

_____ _____

Witness Signature _____Date:

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Navajo DBHS Outpatient Treatment Services

ADVENTURE BASE COUNSELING RELEASE

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In return for _____ being allowed to participate in Navajo DBHS Outpatient Service's Adventure Based Counseling activities and Ropes course facilities at any time in the future, I hereby agree as follows:

- I release the Navajo DBHS Outpatient Services and the Specific Ropes Course utilized, its directors, school boards, agents, successors and assignees from all liabilities, claims and causes of action whatsoever, breach of contract or any other fault, in anyway relating to or arising at any time out of my child's participation in any activity of the Ropes Course, equipment and facilities.
- I assume all liability for, and agree to indemnify, protect, and hold harmless Navajo DBHS Outpatient Services and the Ropes Course utilized, its directors, employees, school boards, agents, successors, and assignees from all liabilities, losses, damages, expenses including whatsoever, breach of contract or any other fault, in anyway relating to or arising out of my child's participation in any activity or the Ropes Course, equipment, and facilities.

I have read and understand this agreement. I understand that by making this agreement I surrender valuable rights. I do so freely and voluntarily.

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_____ _____

Print Client Name _____ Date

_____ _____

Client Signature _____ Date

_____ _____

Print Parent/Legal Guardian Name _____ Date

_____ _____

Parent/Legal Guardian Signature _____ Date

_____ _____

Witness Signature _____ Date

Navajo DBHS Outpatient Treatment Services

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ADOLESCENT MEDICAL PERMISSION FORM

My son/daughter, _____, has permission to be seen by the medical personnel of the most accessible Indian Health Service Medical Facility or other appropriate medical facilities with the Navajo DBHS Outpatient Service staff from as long as he/she is enrolled in the treatment program.

I consent to the provision of services, which may include primary health care, preventive health care/education, first aid, dental procedures, counseling, or emergency care by qualified medical personnel.

_____ _____

Client Signature Date

_____ _____

Parent/Legal Guardian Signature Date

_____ _____

Witness Signature Date

Navajo BHD Outpatient Services

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INTERIM SERVICE PLAN

I, _____, understand and agree to comply with the following treatment recommendations. I understand that I must follow these conditions in order to remain in my treatment program. In signing this contract, I agree to meet the following conditions:

1. I will get my physical exam completed as scheduled and return it to my primary counselor.
2. I will attend all group and individual counseling activities as scheduled.
3. I will inform my counselor if I decide not to continue with services.
4. I agree to abstain from using alcohol or other drugs while in treatment.
5. I agree to adhere to the rules and regulations of the program.
6. I agree to cooperate with the staff and fellow clients.
7. I agree to honor the confidentiality rule: What is said here stays here I will not reveal the identity of any client to anyone for any reason.
8. I will respect the safety, well-being and care of my fellow client's.

I understand that if I do not comply with these requirements, the consequences will be as follows:

1. If I miss two consecutive appointments without calling (including group sessions) I will be discharged. I understand that will be informed by letter of my first missed appointment(s). The discharge for non-compliance after the second missed appointments is automatic.
2. My referring agency will be notified immediately.

I will not hold Navajo DBHS Outpatient Services responsible for any accidents involving personal injury not the loss or damage to any of my personal property.

I understand that I will keep a copy of this Interim Service Plan and a copy will be places in my file.

Client Name: _____ Client ID: _____

Client Signature _____ Date _____

Substance Abuse Counselor _____ Date _____

Navajo DBHS Outpatient Treatment Services

CONFIDENTIAL MEDICAL HISTORY AND PHYSICAL EXAMINATION RECORD

EVERY ITEM MUST BE COMPLETED, MARK N/A, IF ANY SECTION IS NOT APPLICABLE TO YOU.

(Incomplete forms will be returned to you before final screening.)

PART I. GENERAL INFORMATION (To Be Completed by Applicant

1. Name_____ 2. PHS #

3. Street or PO Box_____ City_____ State_____ Zip_____

4. Location of Home:

5. Social Security No: _____ 6. Birthdate:

7. Age at time of examination: _____ 8. Male ____ Female _____ 9. Census #

10. Family Physician

11. Physician's Address: _____ Telephone: (____)

PART II. To be completed by Physicians or Designee interviewing Parents or Guardian. If applicant is under legal age, otherwise applicant should complete and sign this section.

FOR OUR INSURANCE RECORDS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Indicate name of Insurance Company, Policy or Certificate Number:

MEDICAL HISTORY: PHYSICAL:

Any Abused Drugs and Last Use: Medication Allergies:

_____: _____ Duration of Recent Heavy Use: _____ weeks

_____: _____ Current of Recent Heavy Use:

_____: _____

_____: _____ Attach Immunization Record:

Yes____ No___

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History of IV Drug Use _____ TB Skin Test and Result Required:
Yes ___ No ___

_____

CHECK BOX IF THERE IS PRESENT OR PAST HISTORY OF THE FOLLOWING AND IF NORMAL OR ABNORMAL:

(Use back of sheet for comments if necessary.)

Female Only: LMP: ___/___/___ Last PAP: ___/___/___ Menstrual Cycle Problem:

Yes _____ No _____

( ) Liver ( ) Pancreatitis ( ) Gastritis ( ) Pneumonia

( ) Diabetes ( ) High Blood Pressure ( ) Heart Problem ( ) Head Injury

( ) Venereal Disease ( ) Tuberculosis ( ) Seizures ( ) Physical Abuse

( ) Other ( ) Kidney Problems of Bladder Infection

Physical Exam: BP: ___/___ Pulse: ___ Height: ___ Weight: ____ Are you overweight? ____ Underweight? ____

Vision Screen: OD: 20/_____ OS: 20/_____

CHECK BOX FOR NORMAL OR ABNORMAL. COMMENT OF ABNORMAL FINDING:

(Use back of sheet if necessary.)

	NL	ABN		NL	ABN		NL	ABN
General	( )	( )	Skin	( )	( )	Heent and Dental	( )	( )
Neck	( )	( )	Lungs	( )	( )	Lymph Nodes	( )	( )
Breasts	( )	( )	Rectal	( )	( )	Abdomen	( )	( )
Neuro	( )	( )	Genitalia	( )	( )	Extremities and Spine	( )	( )

LABORATORY FINDINGS:

CBC: _____

VDRL: _____

URINANALSIS: _____

DIAGNOSIS: 1. _____ 3. _____

2. _____ 4. _____

Yes	No	
()	()	Fit for Rehabilitation Program? _____
()	()	Fit for Exercise? Note Restrictions: _____
()	()	Fit to Take Antabuse? _____
()	()	Free of evidence of significant communicable disease? _____
()	()	Has Pneanovax been recommended to PT. (Recommended for all) _____

PART III. MEDICAL HISTORY

If you check yes to any questions below, describe problems in detail on the right side of the page.

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	Check One		Detail of Medical History
1. Any present medical problems? (Describe)	Yes ___	No ___	
2. Does your health prevent you from participating in any physical activities?	Yes ___	No ___	
3. Any medications prescribed? (List of medications dosages, and reasons for taking)	Yes ___	No ___	
4. Any serious childhood illnesses?	Yes ___	No ___	
5. Tetanus Immunization? Must be within the last 10 years.	Yes ___	No ___	
6. Any surgeries of hospitalization for any reason			

(Describe and give approximate dates) Yes___ No___

7. Allergic reaction to any of the following?

(Describe severity of reaction and medications

Needed to control the reaction:

Medications (Identify medications) Yes___ No___

Foods (Identify foods) Yes___ No___

Insect Bites (Identify insects) Yes___ No___

Other (Identify) Yes___ No___

8. Patient smoke? (If so, how much?) Yes___ No___

9. Is their documented substance abuse program?

(Alcohol, Drug, Etc; give details) Yes___ No___

10. Any problems with vision or hearing? (Describe)Yes___ No___

11. Do you have high blood pressure? (Describe) Yes___ No___

12. Any heart murmurs, episodes of irregular heart

beat, shortness of breath, chest pains, or exertion? Yes___ No___

13. Do you have asthma? If so, has the condition been stable for the past year? Hypoglycemia (Describe) Yes___ No___

14. Do you have ulcers, heartburn, or other intestinal problems? Yes___ No___

15. Do you require a special diet? (Give details including dietary requirements, eating schedules and reason for diet.) Yes___ No___

Check One Detail of Medical History

16. Any eating disorder, anorexia, bulimia. Yes___ No___

17. History of hepatitis or jaundice. Yes___ No___

18. Are there any chronic bladders? Yes___ No___

19. Any seizures? List medications and dosage taken for Seizures. Yes___ No___

20. Patient suffers from headaches. Yes___ No___

21. Any history with neck, back, arms, ankles, or knee that limit activity. Yes___ No___

22. Any bleeding problems? Yes___ No___

23. History of diabetes, thyroid trouble, or other endocrine problems. (Describe history and symptoms) Yes___ No___

24. History of chronic skin problems. List of medications required for treatment. Yes___ No___

25. Frostbite or a reaction to cold temperatures. (If so, describe severity) Yes___ No___

26. Muscle cramps, heat exhaustion or had other reactions to warm temperatures? (Describe) Yes___ No___

27. For females:

Premenstrual or menstrual problems? Yes___ No___

Pregnant? Yes___ No___

28. History of any communicable diseases? Yes___ No___

If so, what? _____ When _____ Medication presently taking _____

29. History of diabetes in family:

30. History of illness in family:

31. Do you feel that further examination by a specialist is indicated? (If so, what kind of specialist?)

The information provided above is a complete and accurate statement of the physical and psychological factors, which may affect patient participation in the Department of Behavioral Health Services. Failure to disclose such information could result in serious harm to the fellow patient and agree to indemnity and hold the Department of Behavioral Health Services harmless if all relevant information is not disclosed.

_____ _____

Date Signature of Patient Signature of Parent or Guardian

_____ _____

Date Signature of Physician

Navajo DBHS Outpatient Services

PRIMARY COUNSELOR ASSIGNMENT NOTIFICATION

(Client Name)_____ Client #:_____

Social Security #:_____

Has been assigned to_____ as Primary Counselor effective (Date):_____

Comments:

Transferring signature:_____

Navajo DBHS Outpatient Services

BECK DEPRESSION INVENTORY

Client Name: _____ SSN: _____

1. 0 I don't feel sad.
   1 I feel sad.
   2 I am sad all the time
   3 I am so sad or unhappy that I can't stand it

2. 0 I am no particularly discourage about the future
   1 I feel discourage about the future
   2 I feel I have nothing to look forward to
   3 I feel that the future is hopeless and that things cannot improve

3. 0 I don't feel like a failure
   1 I feel that I have failed as much as the average person
   2 As I look on my life, I feel that I have failed more than the average person
   3 I feel that I am a complete failure as a person

4. 0 I get as much satisfaction out of things as I used to
   1 I don't enjoy things the way I used to
   2 I don't get real satisfaction out of things as I used to
   3 I am dissatisfied or bored with everything

5. 0 I don't feel particularly guilty
   1 I feel guilty a good part of the time
   2 I feel guilty most of the time
   3 I feel guilty all of the time

6. 0 I don't feel I am being punished
   1 I feel I may be punished
   2 I expect to be punished
   3 I feel I am being punished

7. 0 I don't feel disappointed in myself

1 I am disappointed in myself

2 I am disgusted in myself

3 I hate myself

8. 0 I don't feel I am any worse than anyone else

1 I am critical of myself for my weakness or mistakes

2 I blame myself all the time for my faults

3 I blame myself for everything bad that happens

9. 0 I don't have any though of killing myself

1 I have thoughts of killing myself, but I would never carry them out

2 I would like to kill myself

3 I would kill myself if I had the chance

Navajo DBHS Outpatient Services

MENTAL STATUS EXAM

(Circle the appropriate item as the client responds)

Area Suicidal Ideation	Have you ever attempted suicide or presently considering suicide? No, Never Yes, Sometimes, Yes, Always
Memory	I am going to name three objects. Repeat them after I finish. I will ask you to name them again in a few minutes. ROSE, TREE, DOOR 3 of 3 2 or 1 of 3 Response unrelated, None or refuses
Serial 7's	Subtract 7 from 100, then 7 from the answer you get and keep subtracting 7 until I tell you to stop. Response Unrelated None of refuses
How are beer and wine alike?	"They are both drinks, beverages, and alcoholic." Other responses: Response Unrelated None of refuses
Recall	Now what were the three objects I asked you to remember? _____. 3 of 3 2 or 1 of 3 Response unrelated, None or refuses
	You smell smoke while watching a movie in a theater, what should you do? "Tell the manager/usher/concession" Other responses: Response Unrelated None or refuses

APPEARANCE	Neat and Clean Appropriate Dress	Partially Clean Untidy Dress	Dirty Disheveled Clothes
ATTITUDE	Cooperative Pleasant	Detached Apathetic	Non Cooperative Confused/Hostile
BEHAVIOR	Normal Smooth Movement	Restless, Rigid, Hyperactive	Aggressive Tremors
SPEECH	Logical Spontaneous	Disjointed Hesitant/Mumbling	Illogical Unresponsive

THOUGHT	Normal	Preoccupied Guilty	Obsesses, Public Hallucinations
MOODS	Normal	Discontented Depressed	Inappropriate Flat, Labile
ORIENTED	Oriented to Time Place and Person	Partially Oriented (2 of 3)	Disoriented, Confused
RECOMMENDATION	Appropriate for Treatment	Consult Supervisor or Treatment Staff	Refer to Further Evaluation and Placement

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Navajo DBHS Outpatient Services

ASAM DIMENSIONAL ADMISSION CRITERIA	
Date:	
Client Name: SS#	
Dimension	Rating (L,M,H)
1) Acute Intoxication and/or withdrawal	
Note:	
2) Biomedical Condition and Complications	
Note:	
3) Emotional, Behavioral or Cognitive Condition and Complications	
Note:	
4) Readiness to Change	
Note:	
5) Relapse, Continued Use or Continued Problem Potential	
Note:	
6) Recovery Environment	
Note:	

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~~Client is recommended for:~~
~~Signature:~~
~~Clinician~~
~~MULTIAXIAL DIAGNOSIS~~
~~Axis I~~
~~Axis II~~
~~Axis III~~
~~Axis IV~~
~~Axis V~~
~~Signature:~~
~~Clinician Date~~

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Navajo DBHS Outpatient Services

FAMILY ASSESSMENT

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Identified Client _____ Client Number

Primary Counselor _____ Religion

_____ Date Completed

A. Family Composition

Name	Role	Age	Grade or Occupation	School or Employer

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B. Presenting Issue:

(Includes the reason for referral, the family's perception of the issue, the duration and intensity of the issue, and why they are seeking services at this point in time.)

C. Family Strengths:

(Cohesiveness, communication patterns. Conflict resolution, empathy, organization, resilience, etc.)

D. Family's recreational and leisure activities:

E. Family's See Attached (Including the following items):

Current family structure

3 generations (children, parents & grandparents)

Location of extended family

Shows household with dotted line

Dates of marriage, divorce or separation of adults in the household

~~Alcohol and drug use/abuse~~

~~Patterns of closeness and conflict including abusive relationship~~

~~Deaths~~

~~Significant health issues~~

~~Placement Information~~

~~Other significant information~~

F. Safety Issues:

Safety Issues	Yes	No	Comments
1. Basic needs for food, clothing and shelter met?	☐	☐	
2. Significant health or medical problems and medications?	☐	☐	
3. Developmental delays?	☐	☐	
4. Nutritional or eating problems?	☐	☐	
5. Legal Problems?	☐	☐	
6. Alcohol or drug problems?	☐	☐	
7. Danger to self or others?	☐	☐	
8. Psychological or psychiatric problems?	☐	☐	
9. Domestic violence?	☐	☐	
10. Child abuse?	☐	☐	
11. Psychotropic medication?	☐	☐	
12. Home meets community standards for health and safety?	☐	☐	

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G. Social/Cultural:

Social/Cultural	Yes	No	Comments
1. Do religious practice impact family issues?	☐	☐	

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~~2. School academic problem?~~	☐	☐	
~~3. School behavioral problem?~~	☐	☐	
~~4. Special education?~~	☐	☐	
~~5. Extra curricular activities?~~	☐	☐	
~~6. English is Primary language spoken in home?~~	☐	☐	
~~7. Academic honors?~~	☐	☐	

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~~Social/Cultural~~	~~Yes~~	~~No~~	~~Comments~~
~~8. Supportive peer group?~~			
~~9. Support extended family?~~			
~~10. Significant adolescent sexual orientation issues?~~			

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Division of Behavioral and Mental Health Services

Consent for the Release of Information

I, _____, authorize the Division of Behavioral & Mental Health Services to release information to:

Name of Agency: Division of Behavioral and Mental Health Services
Contact Person: NRBHC Intake-CMS, NRBHC Counselors
Address of Agency: P.O. Box 1830, Shiprock, NM 87420
Telephone & Fax #: (505) 368-1438 (505) 368-1452 (f)

The following information regarding _____ (Name of Client)

☐Medical Records – Specify:
_____
☐Treatment Admission/Attendance
☐Psychiatric and/or Psychological Evaluation
☐Verification of Treatment Dates & Completion
☐Behavioral Health Admission/Discharge
☐Treatment Plan
☐Evaluations/Assessments
☐Consultations
☐Other:
_____

I understand that my records are protected under the Navajo Nation Privacy and Access to Information Act 2 N.N.C §§ 81 et seq. and cannot be disclosed without my written consent except in limited circumstances.

Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a client in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to my authorization, and that the recipient of the information may not be regulated by the HIPAA privacy law. However, the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, will continue to protect the confidentiality of information that identifies me as a client in an alcohol/drug program and prevent re-disclosure of my information.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken on my consent. If no revocation date is specified, this Consent for Release is valid for one year (12 months) from client discharge.

Client Signature Date Legal Guardian/Authorized Representative Date

DBMHS Staff/Clinical Staff Date Revocation Date

State of _____

County of _____

On this _____ day of _____, 20 _____, before me personally appeared _____, (name of signer), whose identity was proved to me based on satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

_____

Notary Public

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NOTICE PROHIBITING REDISCLOSURE

This record which has been disclosed to you is protected by the Navajo Nation Privacy and Access to Information Act 2 N.N.C §§ 81 et seq. and federal confidentiality rules (42 CFR part 2). Navajo Nation law prohibits the release of information to third parties and may only be used by the requesting party. Federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regards to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

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~~H. Assessment of Family Dynamics:~~

~~(i.e. Therapist hypothesis, professional evaluation of information gathered, precipitating factors and impact on presenting problem, etc.)~~

~~I. Recommendations:~~

~~(i.e. To address family's needs and requests, include long-term and short-term issue and community referrals.)~~

~~J. Will all family members participate? Yes ☐ No ☐~~

~~Counselor Name/Credentials Date~~

~~Supervisor Name/Credentials Date~~

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~~XX. Records of Persons Served~~

~~a. Records of Persons Served~~

I. ~~I. Policy~~POLICY

Each person served has an individual record with accurate up-to-date information.

II. ~~ii. Purpose~~ PURPOSE

Maintaining accurate, accurate and comprehensive behavioral health clinical records for persons who receive treatment services.

~~I.~~III. DEFINTIONS

A. **Documentation**
Documentation in the behavioral health clinical record facilities the diagnosis and treatment of persons, and it also supports billing reimbursement information, lends to compliance during periodic medical records reviews and can protect practitioners against litigation. The substance abuse treatment record contains a wealth of clinical information pertaining to the person, information that can assist behavioral health providers in successfully treating and supporting the individual.

IV. ~~iii. General Information~~RULES

A. Clinical record documentation is legible, accurate and reflects a person's substance abuse status, changes in status substance abuse care needs, and health services provided.
B. The behavioral health record is the property of Navajo DBHS.
C. State, Federal or DBMHS QI/QA may inspect Title XIX and XXI behavioral health clinical records at any time during regular business hours at the treatment center site.
D. Retention of Records
   ~~a.~~1. Records must be retained:
   ~~b.~~2. For an adult, for at least seven years after the last date the adult person received services from DBMHS;
   ~~c.~~3. For a child, either for at least three years after the child's 18th birthday or for at least seven years after the last date the child received services from the DBMHS, whichever occurs last.
E. Disclosure of Records
~~F.~~ Behavioral health records are maintained as confidential and must only be disclosed according to the provisions of substance abuse treatment codes. When requested by a person's primary
F. care provider, DBMHS will forward the behavioral health records or copies of the requested records within 10 days of the request.
G. The designated Navajo DBHS Case Manager or Primary Counselor oversees the development and maintenance of a comprehensive clinical record for each enrolled person. The comprehensive clinical record can contain information contributed by several other service providers involved with the care and treatment of a person.
H. The comprehensive clinical record must contain the following elements:
   ~~a.~~1. Documentation of Title XIX/XXI eligibility verification.

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~~b.~~2. If not Title XIX/XXI eligible, information regarding any co-parents assessed.
~~c.~~3. Documentation of Certification of Need and Re-Certification of Need, when applicable.
~~d.~~4. Affiliation with other state and tribal agencies.
~~e.~~5. The date of admission.
~~f.~~6. Information about the individual's personal representative, conservator, guardian, or representative payee, if any of these have been appointed, including the name, address, and telephone number.
~~g.~~7. Information about the person to contact in the event of an emergency, including the name, address, and telephone number.
~~h.~~8. Identification information on each page of the record (i.e. name of identification number).
~~i.~~9. The name of the person currently coordinating the services of the person served.
~~j.~~10. Documentation of general and informed consent to treatment.
~~k.~~11. Authorization to disclose information.
~~l.~~12. Documentation of any review of behavioral health record information by any person or entity (other than members of the collaborative team) that includes the name and credentials of the person reviewing the record, the date of the review and the purpose of the review.
~~m.~~13. Documentation of any requests for and forwarding of behavioral health record information.
~~n.~~14. Contact information about the individual's primary care physician, including name, address, and telephone number, when available.
~~o.~~15. The location of any other records.
~~p.~~16. Documentation of required demographic information.
~~q.~~17. Documentation of the provision of diagnostic, treatment and disposition information to the Primary Care Physician and other providers to promote continuity of care and quality management of the person's health care.
~~r.~~18. Documentation of all information collected in the Core Assessment, including any applicable addenda.
~~s.~~19. Discharge summaries from previous behavioral health treatment.
~~t.~~20. Medication record, when applicable.
~~u.~~21. The person's:
   a. ~~i.~~ Health history
   b. ~~ii.~~ Current medications
   c. ~~iii.~~ Preadmission screening intake, when conducted
   d. ~~iv.~~ Documentation of orientation
   e. ~~v.~~ Assessments
22. ~~v.~~ A transition plan or discharge summary that:
   a. ~~i.~~ Includes the person's diagnosis or disability/disorder
   b. ~~ii.~~ Identifies the presenting condition.
   c. ~~iii.~~ Describes the extent to which established goals and objectives were achieved
   d. ~~iv.~~ Describes the services provided.

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e. ~~v.~~ Describes the reasons for transition/discharge.
f. ~~vi.~~ Identifies the status of the person served at transition/discharge.
g. ~~vii.~~ Lists recommendations for services or supports.
h. ~~viii.~~ Includes the date of admission.
i. ~~ix.~~ Includes the date of transition/discharge from the program.

23. ~~w.~~ If duplicate information or reports from the main record of the person served exists, or if ~~working~~ files are maintained, such materials:
   a. ~~i.~~ Are not substituted for the main record.
   b. ~~ii.~~ Are considered secondary documents, with the main record of the person served receiving priority.
   c. ~~iii.~~ Are maintained in such a manner as to protect as to protect confidentiality.
24. ~~x.~~ The person's treatment service plan
25. ~~y.~~ All tests and supporting testing material

l. ~~9.~~ Storage of Treatment Records: The individualized of reach person is maintained in a designated room filed in a fireproof locked cabinet.
   1. ~~a.~~ All treatment records are filed in alphabetical order.

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~~b. Confidentiality~~

~~i. Policy~~
~~All information and records obtained in the course of providing substance abuse treatment services are confidential and are only disclosed according to the provisions of this policy and procedure and applicable Navajo Nation, federal and state laws.~~

~~ii. Purpose~~
~~To protect the privacy of persons who receive alcohol and drug abuse services ad prevent the unauthorized disclosure of confidential information.~~

~~iii. Definitions~~

~~**Substance Abuse Program:** An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides alcohol or drug abuse diagnosis, treatment or referral or treatment. An identified unit within a general medical facility which holds itself out as providing, and provides alcohol or drug abuse diagnosis, treatment or referral to treatment. Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment, and who are identified as such providers.~~

Confidential HIV Information: Information concerning whether a person has had an HIV-related or has HIV infection, HIV-related illness or acquired immune deficiency syndrome, and includes information which identifies or reasonably permits identification of that person or the person's contacts.

Collaborative Teams: A team of individuals whose primary function is to develop a comprehensive and unified service or treatment plan for an enrolled person. The team may include an enrolled person, members of the enrolled person's family health, mental health or social service providers including professionals representing disciplines related to the person's need, or other persons that are not health, mental health or social service providers identified by the person or family. Collaborative teams include Child and Family Teams and adult treatment teams.

Family Members: a spouse, parent, adult sibling or significant other of a person undergoing treatment, evaluation, or receiving community services.

Health Care Decision Maker: An individual who is authorized to make health care treatment decisions for a person, including the parent of a minor, or an individual who is authorized pursuant to A.R.S., Title 14, Chapter 5, Article 2 or 3, of A.R.S. §§ 36-3221, 36-3231.

Health Insurance Portability and Accountability Act (HIPAA) of 1996: The HIPAA Rule requires providers and others who maintain health information to implement security measures to guard the integrity and confidentiality of patient/client information. The HIPAA Rule contains a number of words and phrases that have specific meaning as applied to the HIPAA Rule. Examples of such words and phrases include, but are not limited to, "treatment," "payment," "health care operations," "designated record set" and protected health information."

Individual: "Individual" means any person currently or previously enrolled in a RHBA or Navajo DBHHS Outpatient Services.

Medical Records: All communications that are recorded in any form or medium and that are maintained for purposes of evaluation, treatment or the provision of community services to a person, including reports, notes, orders, test results, diagnosis, treatments, photographs, videotapes, X-rays, billing records and the results of independent medical, psychiatric or psychological examinations that describe patient care. Medical records also include all psychological, psychiatric or medical records held by a health care provider, including records that are prepared by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review, or quality assurance activities.

Qualified Service Organization: A person or organization that provides services to a program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy. The person or organization has entered into a written agreement with a program providing drug or alcohol

~~referral, diagnosis or treatment under which the person or organization acknowledges that in receiving, storing, processing or otherwise dealing with any records concerning enrolled persons, it is fully bound by these regulations and, if necessary, will resist in judicial proceedings any efforts to obtain access to records of enrolled persons except as permitted by these regulations.~~

~~v. General Information~~

~~1. Overview of Confidentiality Information: All information obtained in the course of providing substance abuse treatment services is confidential and cannot be disclosed unless permitted by federal or state law. The law regulates two major categories of confidential information:~~

~~a. Information obtained through behavioral health services not related to alcohol or drug abuse treatment.~~

~~b. Information obtained in the referral, diagnosis and treatment of alcohol or drug abuse.~~

~~2. Drug and Alcohol Abuse Information: For the purpose of this policy, only drug and alcohol abuse information will be addressed. Information regarding treatment for alcohol or drug abuse is afforded special confidentiality by applicable Federal statute and regulation. This includes any information concerning a person's diagnosis or treatment from a federally assisted alcohol or drug abuse program or referral to a federally assisted alcohol or drug abuse program.~~

~~3. General Procedures for all Disclosures:~~

~~a. Unless otherwise made an exception by Navajo, federal or state law, all information obtained about a person related to the provision of substance abuse treatment services to a person is confidential whether the information is in oral, written or electronic format.~~

~~b. All records generated as a part of the Navajo DBHS grievance and appeal processes are legal records, not medical records, although they may contain copies of portions of a person's medical record. To the extent these legal records contain personal medical information, Navajo DBHS will redact or re-identify the information to the extent allowed or required by law.~~

~~c. List of Persons Accessing Records: Navajo DBHS ensures that a list is kept of every person or organization that inspects a currently or previously enrolled person's record other than the person's clinical team, the uses to be made of that information, and the staff person authorizing access. The access list shall be placed in the enrolled person's record and shall be made available to the enrolled person, their guardian or other designated representative.~~

~~d. Disclose to Collaborate Teams: Disclosure of information to members of a collaborative team may or may not require an authorization depending upon the type of information to be disclosed and the status of the receiving party. Information concerning diagnosis information concerning diagnosis, treatment or referral for drug or alcohol treatment can only be disclosed to members of a collaborative team with patient authorization as described in F.4.f.(1) (b). Information not related to drug and alcohol treatment may be disclosed without patient authorization to members of a collaborative team who are providers of health providers, mental health or social services provided the information is for treatment purposes as defined in the applicable sections of the HIPPA Rule. Disclosure to members of collaborative team who are not providers of health, mental health, or social services required the authorization of the person or the person's guardian or parent as described in F.3.b.(2).~~

e. Disclosure to persons in court proceedings: Disclosure of information to persons involved in court proceedings including attorneys, probation or parole officers, guardian's as item and court appointed special advocates may or may not require an authorization depending upon the type of information to be disclosed and whether the court has entered orders permitting the disclosure.

4. Disclosure of Alcohol and Drug Information:

a. Navajo DBHS notifies compliance with all provisions contained in the Federal Drug and Alcohol statutes and regulations referenced above.

b. Navajo DBHS notifies each person seeking and receiving alcohol or drug abuse services of the existence of the federal confidentiality law and regulations and provides each with a written summary of the confidentiality provisions. The notice and summary is provided at the time of admission to the chemical dependency service.

c. Navajo DBHS does not require any enrolled persons to carry cards or any form of identification that will identify a person as a recipient of drug or alcohol services.

d. Navajo DBHS does not acknowledge that a currently or previously enrolled person is receiving or has received alcohol or drug abuse services without the enrolled person's consent.

e. Navajo DBHS responds to any request for a disclosure of the records of a currently or previously enrolled person that is not permissible under this policy or federal regulations in a way that will not reveal that an identified individual has been, or is being diagnosed or treated for alcohol or drug abuse.

f. Release of information concerning diagnosis, treatment or referral from a Navajo DBHS program may be made only as follows:

i. The currently or previously enrolled person or their guardian authorizes the release of information. In this case:

1. Navajo DBHS advises the person or guardian of the special protection given to such information by federal law.

2. Authorization is documented on the authorization form which has not expired or been revoked by the client. The proper authorization form must contain each of the follows:

a. The name of the general designation of the program making the disclosure;

b. The name of the individual or organization that will receive the disclosure;

c. The name of the person who is the subject if the disclosure;

d. How much and what kind of information will be disclosed;

e. A statement that the person may revoke the authorization at any time, except to the extent that the program has already acted in reliance on it;

f. The date, event or condition upon which the authorization expires, if not revised before;

g. The signature of the person or guardian; and

h. The date on which the authorization is signed.

3. Re-disclosure — Any disclosure, whether written or orally made with the person's authorization as provided above, must be accompanied by the following written statement: "This information has been disclosed to you from our records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use if the information to criminally investigate or prosecute any alcohol or drug abuse patient."

ii. If the person is a minor, both the minor and his or her parent or legal guardian shall give authorization.

iii. If the person is deceased, authorization may be given by:

1. A court appointed executor, administrator or other personal representative,

2. If no such appointments have been made, by the person's spouse,

3. Or if there is no spouse, by any responsible member of the person's family.

iv. Authorization is not required under the following circumstances:

1. Medical Emergencies — information may be disclosed to medical personnel who

Need the information to treat a condition which poses an immediate threat to the health of any individual, not necessarily the currently or previously enrolled person, and which requires immediate medical intervention. The disclosure must be documented in the person's medical record and must include the name of the medical person to whom disclosure is made and his or her affiliation with any health care facility, name of the person making the disclosure, date, time, of the disclosure and the nature of the emergency. After emergency treatment is provided, written confirmation of the emergency must be secured from the requesting entity.

2. Research activities — information may be disclosed for the purpose of conducting scientific research according to the provisions of 42 CFR § 2.52.

3. Audit and Evaluation Activities — information may be disclosed for the purpose of audit and evaluation activities according to the provisions of 42 CFR § 2.53.

4. Qualified Service Organizations — information may be provided to a qualified service organization when needed by the qualified service organization to provide services to a currently or previously enrolled person.

5. Internal Agency Communications — the staff of an agency providing alcohol and drug abuse services may disclose information regarding an enrolled person.

6. Information concerning an enrolled person that does not include any information about the enrolled person's receipt of alcohol or drug abuse diagnosis, treatment or referral for treatment is not restricted under this section. For example, information concerning an enrolled person's receipt of

~~medication for a psychiatric condition, unrelated to the person's substance abuse, could be released provided in section F.3. of this policy.~~

~~7. Court-ordered disclosures — A state or federal court may issue an order that authorizes an agency to make a disclosure of identifying information that would otherwise be prohibited. A subpoena, search warrant or arrest warrant is not sufficient standing alone, to require or permit an agency to make a disclosure.~~

~~v. All documents signed by the client at intake are considered confidential and are regulated by the Confidentiality Policy and Procedure. Included is:~~

~~1. Consent for the Release of Confidential Treatment Information — New Mexico Contract Client~~

~~**Navajo DBHS Outpatient Services**~~
~~**CONSENT FOR THE RELEASE OF CONFIDENTIAL TREATMENT INFORMATION**~~
~~**NEW MEXICO CONTRACT CLIENT**~~

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~~I, _____, AUTHORIZE Navajo DBHS Outpatient Services to disclose to the Behavioral Health Services Division (BHSD of the New Mexico Department of Health(DOH), to the five (5) Regional Care Coordinators (RCCs), to the behavioral health service providers subcontracted with the RCCs, and to the BHSD funded providers who are involved in the Behavioral Health Information System (BHIS): (1) information required to register me; (2) information to determine my eligibility; (3) information to permit communication among the entities listed above to coordinate my care; and (4) information to reimburse the Regional Care Coordinator (s) and/or the BHSD funded provider(s) for services.~~

~~The purpose of this authorized disclosure is to register you in the BHSD Behavioral Health Information System in order to ensure the uniform registration process for administrative and statistical (i.e., valid and reliable) purposes.~~

~~**THE INFORMATION USED FOR THE ABOVE PURPOSES WILL BE KEPT STRICTLY CONFIDENTIAL IN ACCORDANCE WITH ALL STATE AND FEDERAL CONFIDENTIALITY LAWS AND REGULATIONS.**~~

This consent expires automatically upon the following condition(s): 120 days after case closure, 120 days after completion of treatment, or 120 days after last day of treatment.

I understand that I may revoke this consent at any time, however, if I do revoke my signed consent, I may be no longer eligible for treatment through the Behavioral Health Services Division.

The Behavioral Health Services Division, the regional Care Coordinators, the behavioral health service providers subcontracted with RCCS, and the BHSD funded providers are subject of the following prohibition:

Prohibition on re-disclosure of Information
Concerning Client in Alcohol or Drug Abuse Treatment

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Dated: _____

_____
Signature of Participant

_____

C. Informed Consent to Treatment

i. Policy
Navajo DBHS insures that Navajo tribal members seeking behavioral health services agree to those services and are made aware of the behavioral health service options available to them. When a specific treatment has risks and benefits associated with it, the client is made aware of those risks and benefits associated with it, the client is made aware of those risks and benefits and any other relevant
information.

ii. Purpose
To provide information including benefits and risks and to obtain consent to treatment before client is provided the specified treatment.

iii. General Information

1. Informed consent is obtained before the provision of a specific treatment that has risks and benefits associated with it. Informed consent is required prior to the provision of the following services and procedures:

a. Application for a voluntary evaluation.

b. Research.

c. Sweat Lodge

d. Procedures or services with known substantial risks or side effects.

2. Any person, under the aged of 18, in need of substance abuse services is required to give voluntary general consent to treatment, demonstrated by the person's or legal guardian's signature, before receiving behavioral health services except in an emergency situation or pursuant to a court order.

3. For persons under the aged of 18, the parent, legal guardian, or a court ordered custodial agency is required to give general consent to treatment, demonstrated by a parent, legal guardian, or a court ordered agency representative's signature prior to the delivery of behavioral health services, except in an emergency situation or pursuant to a court order.

4. Unless pursuant to a court order or an emergency situation, any person aged 18 years and older or the person's legal guardian, or in the case of persons under the age of18, the parent, legal guardian or a court ordered custodial agency, after being fully informed of the consequences, benefits and risks of treatment, has the right not to consent to receive behavioral health services.

5. Special Requirements for Children

a. Non-Emergency Situation

i. In a case where the parent is unavailable to provide general or informed consent and the child is being supervised by a caregiver who is not the child's legal guardian (e.g. grandparent or other relative), Navajo DBHS must obtain general and informed consent from the court ordered legal guardian or the government agency authorized by the court.

ii. If someone other than the child's parent intends to provide general and, when applicable, informed consent to treatment, Navajo DBHS must obtain proof of legal guardianship and file this documentation in the child's medical record.

iii. A copy of the court order assigning custody to the governmental agency must be included with documented evidence of general and, when applicable, informed consent to treatment and filed in the child's medical record.

iv. Any minor who has contracted a lawful marriage, whether or not that marriage has been dissolved subsequently; or any homeless minor may provide general and when applicable, informed consent to treatment without parental consent.

v. For any child who has been removed from the home by Navajo Child Protective Services (CPS), the foster parent, group home staff, foster home staff, relative or other person or agency whose care the child is currently placed may give consent for the following:

1. Evaluation and treatment for emergency conditions that are not life-threatening; and

2. Routine medical and dental treatment and procedures, including early periodic screening, diagnosis and treatment services, and services by health

care providers to relieve pain or treat symptoms of common childhood illnesses or conditions.

b. Emergency Situations

i. In emergency situations involving a child in need of immediate hospitalization or medical attention, general and, when applicable, informed consent to treatment is not required.

ii. Any child, 12 years of age or older, who is determined upon diagnosis of a licensed physician, to be under the influence of dangerous drug or narcotic, not including alcohol, may be considered an emergency situation and can receive behavioral health care as needed for the treatment of the condition without general and, when applicable, informed consent to treatment.

c. Special Assistance for Persons Determined to Have a Serious Mental Illness: Navajo tribal members determined to have a serious mental illness may be in need of special assistance to participate in activities associated with receiving behavioral health services. For Example: special assistance could be used to help a person when developing an individual service and treatment plan, filing a grievance or appeal or requesting an investigation concerning a potential rights violation. The Navajo DBHS Case Manager, behavioral health providers and the human rights advocates within the Office of Human Rights are responsible for providing special assistance. Advocates within the Office of Human Rights may provide or arrange for the provision of special assistance to a person when the person initiates a request for assistance, another involved representative or a provider agency. To contact the Office of Human Rights, call (602) 634-4574 or (800) 431-2124.

i. Informed Consent: Prior to obtaining informed consent, an appropriate DBHS representative must present the facts necessary for a person to make an informed decision regarding whether or not to agree to the specific treatment and procedures. Navajo DBHS must include documentation in the person's comprehensive clinical record, including the person's signature when required that the required information was given and that the person agreed to the specific treatment.

1. Written informed consent is obtained by Navajo DBHS from the person, parent, legal guardian, or a court or competent jurisdiction in the following circumstances:

a. Prior to the provision of a voluntary evaluation for a person.

b. Prior to the delivery of any other procedure or service with known substantial risks or side effects, i.e. sweat lodge.

c. For persons determined to have a traditional service, prior to the involvement of the person in research activities.

2. When providing information that forms the basis of an informed consent decision for any circumstance identified above, the information must be:

a. Presented in a manner that is understandable to the person, parent, legal guardian or an appropriate court.

3. In all cases where informed consent is required, informed consent must include:

a. Information about the person's diagnosis and the proposed treatment, including the intended outcome, nature and all available procedures involved in the proposed treatment.
b. The risks, including any side effects, of the proposed treatment, as well as the risks of not proceeding.
c. The alternatives to the proposed treatment, particularly alternatives offering less risk or other adverse effects.
d. Any consent given may be withheld or withdrawn in writing or verbally at any time; however, the Navajo DBHS Case Manager or the behavioral health service provider must document the person's choice in the client record.
e. The potential consequences of revoking the informed consent to treatment.
f. A description of any clinical indications that might require suspension or termination of the proposed treatment.

4. If informed consent is revoked, treatment must be promptly discontinued, except in cases that abrupt discontinuation of treatment may pose an imminent risk to the person. In such cases, treatment may be phased out to avoid any harmful effects.

iv. Procedure

1. Staff reviews the Consent to Treatment and other appropriate Navajo DBHS Outpatient Treatment Legal Forms with the person seeking treatment or the persons representing this individual.
2. Staff answers any questions the client asks.
3. Staff requests this person or the representative to sign the documents.

~~**Navajo DBHS Outpatient Treatment Services**~~

~~**ADOLESCENT OUTPATIENT CONSENT FOR TREATMENT**~~

~~I, _____, hereby consent to participate in the therapeutic program of the Navajo DBHS Outpatient Services. This program has been described to me as consisting of individual counseling, Adventure Based Counseling, traditional counseling, family counseling, and spiritual contacts. All of these activities are without substantial risk and have been demonstrated to be beneficial and therapeutic to individuals' in recovery.~~

~~I understand that the treatment program may include participation in outdoor activities outside of the outpatient treatment center. These activities include educational/recreational field trips, which also may include overnight stays or camping, cultural activities, and day trip outdoor activities. Outdoor activities do include activities such as Adventure Based Activities and day hikes.~~

~~I understand that I may be given the opportunity to consent to or refuse special programs (spiritual/traditional activities), which staff may feel that I need. I understand the use of alcohol/drugs; sexual activities, violent behavior, and non compliance with treatment are grounds for possible discharge from treatment or referral to a residential treatment facility, based on the severity and offense. In the event of any illegal activity, I am aware that the proper authorities will be contacted.~~

~~I understand that on outdoor activity outside of the outpatient treatment center the staff will search the clients' belongings for the purpose of controlling/preventing trafficking in contraband and to insure the safety and well being is maintained for both the client and the group.~~

~~I further understand that I may be held liable for any of my actions that may result in property damage and personal injury to self or others and that I may not hold Navajo DBHS Outpatient~~

~~Services liable for injuries I may sustain as the result of my own misconduct and misuse of property and facilities.~~

~~I have been made aware of and fully understand my rights and the responsibilities of Navajo DBHS Outpatient Services. I understand and agree to my responsibility to abide by these standards while I am in treatment.~~

~~Client Signature: Date:~~

~~Parent/Legal Guardian Signature Date:~~

~~Witness: Date:~~

~~**Navajo DBHS Outpatient Treatment Services**~~

~~**ADOLESCENT ADVENTURE-BASED COUNSELING RELEASE**~~

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~~In return for my child, , being allowed to participate in Navajo DBHS Outpatient Service's Adventure Based Counseling activities and Ropes course Facilities at any time in the future, I hereby agree as follows:~~

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- ~~I release the Navajo DBHS Outpatient Services and the Specific Ropes Course, utilized, its directors, school boards, agents, successors and assignees from all liabilities, claims, and causes of action. Whatsoever, breach of contract or any other fault, in anyway relating to or arising at any timeout of my child's participation in any activity of the Ropes Course, equipment and facilities.~~

- ~~I assume all liability for, agree to indemnify, protect, and hold harmless Navajo DBHS Outpatient Services and the Roes Course utilized, its director, employees, school boards, agents, successors, and assignees from all liabilities, losses, damages, expenses, including whatsoever, breach of contract or any other fault, in anyway relating to or arising out of my child's participation in any activity or the Ropes Course, equipment, and facilities.~~

~~I have read and understand this agreement. I understand that by making this agreement I surrender valuable rights. I do so freely and voluntarily.~~

~~Print Client Name Date~~

~~Client Signature Date~~

~~Print Parent/Legal Guardian Name Date~~

~~Parent/Legal Guardian Signature Date~~

~~Witness Signature Date~~

~~**Navajo DBHS Outpatient Services**~~

~~**ADOLESCENT TRANSPORTATION WAIVER/IDEMNITY**~~

~~I, the parent /legal guardian of _____, do hereby give my consent and permission for my son/daughter to be transported to and from the treatment center while involved in appropriate activities and services.~~

~~WAIVER OF RESPONSIBILITY~~

~~In consideration of your acceptance of this organization, for myself, heirs, executors, administrators, I hereby waive and release any and all rights and claims for damages I may have against the Navajo Nation, Department of Behavioral Health Services, including transportation for treatment activities, related directly or indirectly to my child's participation in the treatment progress.~~

~~INDEMNITY AGREEMENT~~

~~As the parent/legal guardian of the undersigned I hereby agree to indemnify and hold harmless the Navajo nation, Department of Behavioral Health Services for any claims assessed against or collected from said entities by or on behalf of said child.~~

~~Client Signature: Date:~~

~~Parent/Legal Guardian Signature Date:~~

~~Witness Date:~~

~~CONFIDENTIAL~~

~~d. Arizona Disclosure at Confidential Information to Human Rights Committees~~

~~i. Policy~~
~~Records of currently or previously enrolled persons shall be provided to Human Rights Committees in accordance with applicable Navajo Nation, federal and state laws.~~

~~ii. Purpose~~
~~To disclose information to Human Rights Committees for the purposes of providing independent oversight and protecting the rights of all enrolled persons to the extent allowable under federal and state law.~~

~~iii. Definitions~~

~~Abuse: The infliction of or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement, or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency.~~

~~ADHS Office of Human Rights: The Office if Human Rights is established within ADHS and is responsible for hiring, training, supervision and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.~~

~~Alcohol and Drug Abuse Program: An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment, or referral for treatment; an identified unit within a general medical facility that holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment; medical personnel or other staff in a general medical care facility whose primary~~

function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment and who are identified as such providers.

Confidential HIV Information: Information concerning whether a person has had an HIV related test or has HIV infection, HIV related illness or acquired immune deficiency syndrome and includes information which identifies or reasonably permits identification of that person or the person's contacts.

Enrolled person: A title XIX, Title XXI or Non-Title XIX/XXI eligible person recorded in he ADHS Information System as specified as ADHS.

Human Rights Committees: Human Rights Committees are established within ACHS to provide independent oversight and to ensure that rights of enrolled persons are protected.

Neglect: If there is and allegation that an adult is a victim of neglect, neglect is a pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain physical or mental health. If there is an allegation that a child is a victim of neglect, neglect is the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or willingness causes substantial risk of harm to the child's health or welfare.

Violation of Rights: For all enrolled persons, a violation of those rights contained in A.A.C. R9-20-2023 and, for persons enrolled as seriously mentally ill, rights contained in A.A.C. Title 9, Chapter 21, Article 2

iv. Procedures

1. Navajo DBHS shall provide Incident, Accident, and Death Reports concerning issues including

But not limited to reports of possible abuse, neglect or denial of rights of Human Rights Committees as required in ADHS/DBHS Policy and Procedure QM 2.5, Reports of Incidents, Accidents and Deaths.

2. When a Human Rights Committee requests information regarding the outcome of a report of possible abuse, neglect or violation of rights, TRBHA, the Navajo DBHS is responsible to do one of the following:

a. Conduct an investigation of the incident:

i. For incidents in which a person currently or previously enrolled as seriously mentally ill is the possible victim, investigation shall follow the requirements in A.A.C. Title 9, Chapter 21, Article 4.

ii. For incidents in which a currently or previously enrolled child or non-seriously mentally ill adult is the possible victim, the investigation shall be completed within 35 days of the request and shall determine: all information surrounding the incident, whether the incident constitutes abuse, neglect, or a violation of rights, and any corrective action needed as a result of the incident.

b. If an investigation has already been conducted by the Navajo DBHS and can be disclosed without violating any confidentiality provisions, the Navajo DBHS provides the final investigation decision to the Human Rights Committee. The final investigation decision consists of, at a minimum, the following information:

i. The accepted portion of the investigation report with respect to the facts found;

ii. A summary of the investigation finding; and

iii. Conclusions and corrective action taken.

c. Protected Health information regarding any currently or previously enrolled person shall not be included in the final investigation decision provided to the Human Rights Committee.

3. When a Human Rights Committee requests protected health information concerning a currently or previously enrolled person, it must first demonstrate to ADHS/DBHS that the information is

4. Necessary to perform a function that is related to the oversight of the behavioral health system or have written authorization from the person to review protected heal information.

a. The Navajo DBHS shall do the following:

i. In the event that ADHS/DBHS determines that the Human Rights Committee needs protected health information in its capacity as a health oversight agency, or the Human Rights Committee has the person's written authorization, the Navajo DBHS shall do the following in providing information in response to the committee's request:

ii. The Navajo DBHS first review the requested information and determine if any of the following types of information are present: communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program. If no such information is present, then the Navajo DBHS shall provide the information adhering to the requirements in F.3.a.(1)(a)(iii-iv) below. If communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program is found, then the Navajo DBHS shall:

1. Contact the currently or previously enrolled person or legal guardian if an adult, or the custodial parent or legal guardian of a child and ask if the person is willing to sign an authorization for the release of communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program. The Navajo DBHS provide the name and telephone number of a contact person with the Human Rights Committee who can explain the committee's purpose for requesting the protected information. If the person agrees to give authorization, the Navajo DBHS obtains written authorization as required in F.4 below and provide the requested information to the Human Rights Committee. Authorization for the disclosure of records of deceased persons may be made by the executor, administrator or the other personal representative appointed by will or by a court to manage the deceased

person's estate. If no personal representative has been appointed the patient's spouse or, if none, any responsible family member may give the required authorization.

2. If the person does not authorize the release of the communicable disease related information, including confidential HIV information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program, the person's record shall be provided to the Human Rights Committee with all communicable disease related information, and/or information concerning diagnosis, treatment or referral from an alcohol or drug abuse program redacted. Other forms of protected health information shall be included in the record provided to the Human Rights Committee.

3. Requested information that does not require the currently or previously enrolled person's authorization shall be provided within 15 working days of the request. If the currently or previously enrolled person's authorization I required, requested information shall be provided within 5 working days of receipt of the currently or previously enrolled person's written authorization.

4. When protected health information is sent, the Navajo DBHS includes a cover letter addressed to the Human Rights Committee that states that the information is confidential, is for the official purposes of the committee, and is not to re released under any circumstances.

iii. In the event that ADHS/DBHS denies the Human Rights Committee's request for protected health information:

1. ADHS/DBHS must notify the Human Rights Committee within 5 working days that the request is denied, specific reason for the denial, and that the Committee may request, in writing, that the ADHS Director reviews this decision. The Committee's request to review the denial must be received by the ADHS Director within 60 days of the first scheduled committee meeting after the denial decision is issued.

a. The AHS Director, or designee shall conduct the review within 5 business days after receiving the request for review.

b. The ADHS Director's decision shall be the final agency decision and is subject to judicial review pursuant to A.R.S., title 12, Chapter 7, Article 6.

c. No information or records shall be released during the time frame for filing a request for judicial review or when judicial review is pending.

b. Authorization Requirements

i. A written authorization for disclosure of information concerning diagnosis, treatment or referral from an alcohol or substance abuse program and/r communicable disease related information, including confidential HIV information should include:

ii. The specific name or general designation of the program or person permitted to make the disclosure;

iii. The name or title of the individual or the name of the organization to which the disclosure is to be made;

iv. The name of the currently or previously enrolled person;

v. The purpose of disclosure;

vi. How much and what kind of information is to be disclosed;

~~vii. The signature of the currently or previously enrolled person/legal guardian and, if the currently of previously enrolled person is a minor, the signature of a custodial parent or legal guardian;~~

~~viii. The date on which the authorization is signed;~~

~~ix. A statement that the authorization is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it; and~~

~~x. The date, event, or condition upon which the authorization will expire if not revoked before. This date, event or condition must ensure that the authorization will last no longer than reasonably necessary to serve the purpose for which it is given.~~

~~5. Problem Resolution: The Human Rights Committee may address any problems with receipt of requested information as provided in this policy, other than a denial of requested information, to the Navajo DBHS designated contact person. If the problem is not resolved, the Human Rights Committee may then address the problem to the Deputy Director of the Division of Behavioral Health Services.~~

~~v. References~~

- ~~*Adapted from disclosure of Confidential Information to Human Rights Committee Policy and Procedure, Arizona Department of Health Services, Division of Behavioral Health Services Policy and Procedure Manual:*~~
- ~~*42 CFR 2.1 et seq.*~~
- ~~*A.R.S § 36-509 (A) (13)*~~
- ~~*A.R.S. Title 12, Chapter 7, Article 6 A.R.S. Title 36, Article 4 A.R.S. § 8-201 (21)*~~
- ~~*A.R.S. § 41-3803A.R.S. § 41-3804*~~
- ~~*A.R.S. § 46-451 (A) (7)*~~
- ~~*R9-20-203*~~
- ~~*R9-21-101 (B)(1)*~~
- ~~*ADHS/DBHS Policy QM 2.5, reports of Incidents, Accidents and Deaths*~~
- ~~*ADHS/DBHS Policy CO 1.4, Confidentiality*~~

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~~d. Intake and Assessment for Arizona Clients~~

I. ~~i. Policy~~ POLICY

~~All intakes and assessments are conducted pursuant to established Navajo DBHS guidelines and timeliness.~~ Navajo Regional Behavioral Health Authority (NRBHA) provides care coordination for clients and their families.

II. ~~ii. Purpose~~ PURPOSE

~~1.~~ To assist the client/family with accessible, timely behavioral and mental health services in the most appropriate setting. ~~To outline timeliness and responsibilities for intake and assessment of clients~~

III. DEFINITIONS

A. **Care Coordination**
Organizing client care and sharing information among all participants concerned with client's treatment services to provide safe, appropriate, and effective care to the client.

B. **Regional Behavioral Health Authority (RBHA)**
An organization under contract with the ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and/or enrolled persons in a specific Geographical Service Area of the state.

IV. ~~iii. General Information~~ RULES

~~1.~~A. ~~The Navajo DBHS~~NRBHA ~~supports a model~~care coordination ~~for for~~ intake, assessment, service planning and service delivery that is strength-based and ~~, family friendly, culturally sensitive~~ culturally responsive ~~and clinically sound and supervised~~. The ~~model~~ care coordination is based on three (3) equally important components:

~~a.~~1. Input from the ~~person~~ client and family/significant others ~~–~~regarding their special needs, strengths and preferences.

~~b.~~2. Input froom other individuals who have integral relationships with the person; and

~~c.~~3. Clinical ~~expertise~~recommendation and consultation.

B. A Case Management Specialist is assigned to each enrolled client at intake to provide coordination and to ensure clinical appropriateness of the assessment and service planning processes.

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C. The ~~model incorporates the concept of a team,~~Case Management staff work with the established client and their team for behavioral health services. ~~established for each person receiving behavioral health services.~~ At a minimum, the team consists of the client, a qualified clinician, and family members in the case of an underage clients~~, and a qualified clinician~~. As applicable, the multidisciplinary team ~~team~~ could also include~~e representatives from~~ traditional practitioners, pastoral practitioners, other collaborating agencies~~, and other~~or relevant practitioners involved with the person client, and any other individuals, requested by the client.

D. NRBHA will abide by all appropriate Navajo Nation laws, including the Navajo Nation Privacy and Access to Information Act.

~~2. In addition, the model is based on a set of clinical, operative and administrative functions, which can be performed by any member of the team, as appropriate. At a minimum, these include:~~

~~a. Ongoing engagement of the person, family and others who are significant in the treatment process, including active participation in the decision-making process.~~

~~b. An initial assessment process performed to identify strengths, needs and goals of the individual person and his/her family that identifies the need for further or specialty evaluations that support development of a treatment/service plan.~~

~~c. Continuous evaluation of the effectiveness of treatment through the ongoing assessment of the person and input from the person and his/her team resulting in modification to the treatment/service plan, if necessary.~~

~~d. Provision of all clinically sound covered services as identified on the treatment/service plan.~~

~~e. Ongoing collaboration, including the communication of appropriate clinical information, with other individuals and/or or entities e.g., primary care providers, school, child welfare, juvenile or adult probations, other involved service providers with whom delivery and coordination of covered services is important to achieve positive outcomes.~~

~~f. A Case Manager assigned to each enrolled person to provide coordination and to ensure clinical soundness of the assessment and service planning processes.~~

~~g. To ensure continuity of care by taking the necessary steps (e.g., development, of facility discharge plans, or after care plans, transfer of relevant documents, etc.) to assist clients who are moving to a different treatment program (e.g., outpatient to inpatient setting?, changing behavioral health providers and/or transferring to another service delivery system (e.g., out of area, out of state), and development and implementation of transition plans prior to discontinuation of behavioral health services.~~

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~~All substance abuse counselor working with client living in Arizona are trained and privileged on the guidelines of the Arizona Intake and Assessment Tool.~~

~~3. Intake: Any substance abuse counselor or case manager may conduct a client intake.~~

~~1. The intake process:~~

~~i. Flexible in terms of when and how the intake occurs. For example, in order to best meet the needs of the person seeking services, the intake might be conducted over the telephone prior to the visit, at the initial appointment prior to the assessment, and/or as part of the assessment; and~~

~~ii. Makes use of readily available information (e.g., referral form, AHCCCS eligibility screens, etc.) in order to minimize any duplication in the information solicited from the person and his/her family.~~

~~a. The intake includes the following components:~~

~~i. Completion of the behavioral health client cover sheet (see PM Form 3/9/1);~~

~~ii. Collection of required demographic information and completion of client demographic information sheet (see Section 7.5, Enrollment, Disenrollment and other Data Submission);~~

~~iii. Completion of any applicable authorization for the release of information to other parties (see Section 4.1, Disclosure of Behavioral Health Information). (This is especially critical for person referred under the Correction Officer/Offender Liaison (COOL) Programs, who may have substance abuse treatment needs.) See Section 3.19, Special Population for more information.~~

~~iv. Dissemination of a member handbook to the person (see Section 3.6, Member Handbook)~~

~~v. Review and completion of a general consent to treatment (see Section 3.11, General and Information Consent to Treatment);~~

~~vi. Collection of financial information, including the identification of third party payers and information necessary to screen and apply for AHCCCS health insurance, when necessary (see Section 3.1, Accessing and Interpreting Title and Enrollment Information Eligibility and Screening and Applying AHCCCS Health Insurance and Section 3.5, Third Party Liability and Coordination of Benefits); and~~

~~vii. Review of the person's rights and responsibilities as a recipient of behavioral health services including an explanation of the appeal process.~~

~~a. Note: The person and/or family members may complete some of the paperwork associated with the intake, if acceptance to the person and/or family members.~~

~~a. d. The following list of Arizona service codes are used when delivering an intake service;~~

~~i. H0002 – Behavioral health screening;~~

~~ii. T1016 – Case management by a behavioral health professional, and~~

~~iii. T1016 with modifier HN – Case management by a behavioral health technician or behavioral health paraprofessional.~~

~~4. Assessment~~

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a. ~~The ADHS/DBHS standardized assessment is utilized which includes a core assessment and several additional assessment documents, or addenda that must complete as applicable for specific populations.~~

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~~b. The core assessment (at a minimum) is completed at the initial appointment by Navajo DBHS substance abuse counselors who are privileged and credentialed to do so.~~

~~c. There are two possible exceptions: In emergency situations, the client's Immediate clinical needs must be initially addressed. In these cases, the core assessment can be completed at the next appointment. Additionally, for urgent responses to children removed from their homes by the Navajo DSS/Child Protective Services, the priority at the initial interview is to address the child's Immediate needs. At a minimum, the assessor should try and complete the CPS addendum along with the following Core Assessment sections: Risk Assessment, Mental Status Exam, Clinical Formulation and diagnosis, and Next Steps/Interim Service Plan.~~

~~d. The Core Assessment~~

~~1 The core assessment (see AZ PM Form 3.9.4, Part B) is completed at The initial appointment.~~

~~ii. The following is a list of sections contained within the core assessment:~~

~~i. Presenting concerns (must be completed at initial appointment)~~

~~1. The Medical and Behavioral Questionnaire (must be completed or reviewed at initial appointment. (See AZ PM Form 3.9.1., Part ii. A).~~

~~3. Criminal Just (must be completed at the initial appointment but if indicated as necessary, the criminal justice addendum can be completed at a follow-up appointment).~~

~~4. Substance Related Disorders (Part A must be completed at initial Appointment, and Part B and C if indicated as necessary).~~

~~5. Abuse/Sexual Risk Behavior (must be completed at initial Appointment with some questions only completed if appropriate).~~

~~6. Risk Assessment (must be completed a initial appointment with Some questions only completed if appropriate).~~

~~7. Mental Status Exam (must be completed a initial appointment).~~

~~8. Clinical formulation and Diagnoses (must be completed at initial appointment).~~

~~9. Next Steps/Interim Service Plan (must be completed at initial Appointment).~~

~~e. Additional Assessment Documents~~

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~~i. The following addends (see PM Form 3.9.1, Part C) may or may not be completed at the initial appointment, but must eventually be completed for specific populations and/or if otherwise deemed appropriate by the assessor based on other information learned during the assessment:~~

~~1. Living Environment (for all persons);~~
~~2. Strengths/Social/Cultural (for all persons).~~
~~3. Educations/Vocational Training (for school age children and Adults if appropriate);~~
~~i. 4. Employment (for person 16 years and older, or as pertinent);~~
~~5. Developmental History (for all children and for adults who have~~
~~ii. Development disabilities);~~
~~iii. 6. Criminal Justice (for persons with legal system involvement);~~
~~7. SMI determination (for persons who request an SMI~~
~~ii. Determination or who have a qualifying~~
~~8. MI diagnosis and a GAF score that is 50 or lower); and~~
~~9. Child Protective Services (Used for 24-hour urgent responses for Children removed by CPS).~~

~~ii. For persons referred for or identified as needing ongoing psychotropic medications for a behavioral health condition, the assessor must establish an appointment with a licensed medical practitioner with prescribing privileges.~~

~~f. Appointment Standards and Timeliness of Service including:~~
~~i. Completion of the other required addenda either at the initial appointment or during subsequent meetings. The addend/modules are~~

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~~completed depending on the individual needs of the person, but it is expected that a comprehensive assessment allowing for sound clinical formulation and diagnostic impression must be completed within 45 days of the initial appointment. For person seeking a determination for serious mental illness, the entire assessment will need to be completed at the initial appointment, while several meetings may be necessary to complete an assessment for a child being served by multiple agencies;~~

~~a. ii. Required data element submission within 45 days; and~~

~~iii. Completion of a person's initial service plan no later than 90 days after the initial appointment.~~

~~g. In the event that a technician completes the assessment, the information must be reviewed by a credentialed and privileged counselor, and cosigned.~~

~~h. The index rates the client according to severity in each area. The rating Indicates the appropriateness of admission to the Navajo DBHS center and identifies treatment problems to address in the treatment plan.~~

V. ~~iv. Procedure~~PROCEDURES

~~1. The intake function is conducted by a qualified counselor.~~

A. Care coordination is based on a set of clinical, operative and administrative functions, these may include:

1. Ongoing engagement of the client, family and others who are significant in the treatment process; including active participation in the decision-making process.
2. An intake to identify strengths, needs and goals of the individual client and their family that identifies the need for further or specialty evaluations that support development of a treatment/service plan.

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3. Continuous evaluation of the effectiveness of treatment based on the provider's assessment of the client.
4. Provision of all clinically recommended services as identified in the treatment/service plan.
5. Ongoing collaboration, including the communication of appropriate clinical information, with other individuals and/or or entities e.g., primary care providers, school, child welfare, juvenile or adult probations, and other involved service providers with whom delivery and coordination of covered services is important to achieve positive outcomes.

B. Intake: Intake is conducted by a NRBHA Case Manager or Case Assistant, the Case Assistant will:
1. Inform the client of the intake process and the NRBHA Program.
2. Make use of readily available information (e.g., referral form, AHCCCS eligibility screens, etc.) in order to minimize any duplication of information.
3. Write a progress note and upload all documents into the EHR.
    a. Client's will complete referral, enrollment, and demographic portion.
    b. Case Assistant's will complete insurance portion.
4. Collect the following documents:
    a. State Driver's License or ID Card;
    b. Social Security Card;
    c. Certificate of Indian Blood;
    d. AHCCCS Card (if applicable);
    e. Court/Legal Documents (child protective services, probation, social services).
5. Review and complete the following forms with the Client:
    a. Consent for treatment;
    b. Release of information;
    c. Confidentiality (HIPAA) form
    d. Substance Use Disorder Form;
    e. Transportation waiver;
    f. Map (home location, to be drawn by member);
    g. Client handbook with Acknowledgment Form.
6. Collect financial information, including the identification of third-party payers and information necessary to screen and apply for AHCCCS health insurance, when necessary; and
7. Review the client's rights and responsibilities as a recipient of behavioral health services including an explanation of the grievance process.
8. Note: The client and/or family members may complete some of the paperwork associated with intake, if acceptable, to the client and/or family members.

C. Assessment

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1. NRBHA does not assess clients enrolling in the program, and will work with Providers to complete current assessments for care coordination.
2. The Child and Adolescent Service Intensity Instrument (CASII) is utilized to assess and plan services for children, adolescents, and young adults. The CASII helps to determine level of service intensity to identify specific services and supports that will best meet the needs of the client.
3. Additional assessments and demographics may or may not be completed during the initial appointment, but must eventually be completed for specific populations and/or if otherwise deemed appropriate based on other information learned during intake:
    a. Living Environment (for all persons);
    b. Strengths/Social/Cultural (for all persons).
    c. Educations/Vocational Training (for school age children and adults if appropriate);
    d. Employment (for person 16 years and older, or as pertinent);
    e. Developmental History (for all children and for adults who have development disabilities);
    f. Criminal Justice (for persons with legal system involvement);
    g. SMI determination (for persons who request an SMI Determination or who have a qualifying
    h. Mental Health Illness and/or substance use diagnosis, and;
    i. Child Protective Services, if appropriate.
4. For persons referred for or identified as needing ongoing psychotropic medications for a behavioral health condition, the Case Management staff will establish an appointment with a licensed medical practitioner with prescribing privileges.
5. Appointment Standards and Timeliness of Service include:
    a. Appropriate assessments are completed depending on the individual needs of the person, but it is expected that a comprehensive assessment allowing for sound clinical formulation and diagnostic impression must be completed within 45 days of the initial appointment. For persons seeking a determination for serious mental illness, the entire assessment will need to be completed at the initial appointment, while several meetings may be necessary to complete an assessment for a child being served by multiple agencies;
    b. Required data element submission within 45 days; and,
    c. Completion of a person's initial service plan no later than 90 days after the initial appointment.
6. The assessment recommendation for the client indicates the appropriateness of admission to the DBMHS RBHA treatment program and identifies treatment problems to address in the treatment/service plan.

~~2. The Navajo DBHS Counselor will be completed Arizona Assessment and Service Plan~~
~~Checklist Part A Behavioral Health and Medical History Questionnaire, pages1-4~~

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~~Immediately.~~

~~3. The client is referred to the nearest AZ RBHS Office for Title XIX verification.~~

~~4. If the client is non-Title XIX, the RHBA Case Manager will completed the Universal AHCCCS Application.~~

~~5. A Notification of Assessment is completed by the Case Manage and returned to the Primary Counselor.~~

~~6. The Navajo DBHS Counselor will complete Part B Core Assessment, pages 5r-15 Including the Arizona Interim Service Plan.~~

~~7. Within 45 days, the Navajo DBHS Counselor will complete part C Addenda, pages 16-24.~~

~~A. 8. Once all the preceding steps are completed, the Navajo DBHS Counselor will complete~~

~~9. Updates of the assessment can be downloaded at:~~

D. ~~To~~ To ensure continuity of care when a client is discharged or transferred to another facility, the Case Manager will:

1. Collaborate on client's discharge plans, or after-care plans;
2. Work with behavioral health providers and/or transfer clients to another service delivery system (e.g., out-of-area, out-of-state) following applicable laws; and,
3. Develop and implement transition plans prior to discharge of behavioral health services.

E. Documentation of client information and interaction is entered in the electronic health record.

~~v. Documentation~~

~~Documentation of the assessment information is the comprehensive clinical record.~~

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e. Mental Health Evaluation

I. i. PolicyPOLICY

To assure that Navajo DBHSDBMHS clients with co-occurring disorders are identified and offered
Aappropriate care to address their mental health needs.

II. ii. PurposesPURPOSE

To provide evaluation for co-occurring disorder(s), that are common and may effectaffect their Navajo
DBHS course of treatment.

III. iii. DefinitionDEFINITION

A. **Co-occurring Disorder:**
A condition identified by the DSM-IV-TR in addition to a Substance Abuse Disorder.

B. **DSM-5 TR**
The Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-V-TR) (American Psychiatric Association [APA], 2000) is a compendium of mental disorders, a listing of the criteria used to diagnose them, and a detailed system for their definition, organization, and classification.

IV. iv. General InformationRULES

A. 1. Only a licensed mental health professional is qualified to make a mental health Ddiagnosis.
2. The Screening and intakeClinical s Staff is are responsible for being alert for behaviors that will Identify clients needing a mental health evaluation. To accomplish this the staff
B. Sshould:
1. a. Study the list of symptoms listed.
2. b. Listen to the client's answers to the intake questions.
3. c. Observe the clients carefully, and
d. Ask more questions if they suspect a client might fitr into one of the co-occurring

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4. conditions.
5. Review notes from screening and intake.

V. v. ProcedurePROCEDURES

1. The counselor Counselor conducting the screening biopsychosocial assessment will consult with the clinical Clinical specialist Specialist on any client who:

A. client who:

a. Brings an assessment from other treatment setting indicating co-occurring g

1. condition; or;

b. Makes statements about having received a diagnosis from other treatment

2. settings, or;

c. Suspects that the client might qualify for a diagnosis based on their statements

3. or observed behaviors.

2. All relevant actions take on the case should be:

a. Documented in the screening progress notes by the counselor conducting the screening.

b. Brought to the attention of the Clinical Specialist or delegated supervisor immediately, when possible, so that a follow-up interview can be done before the client leaves the office on the day of screening.

c. Otherwise a case staffing must be conducted within 48 hours with the clinical Specialist.

d. The Clinical Specialist will follow-up with documentation indicating the outcome of the interview or staffing and review the case with the primary counselor assigned to the case.

3. When the biopsychosocial assessment is completed by the Counselora licensed substance abuse professional,

He/shecase staffing will be scheduled will staff the case with the Clinical Specialist with 48 hours if they suspect a

B. Co-occurring condition has been identified.

If a co-occurring condition is suspected, Tthe Counselor will then make an Appointmentan appointment for the Clinical Specialist to complete a mental health evaluation an assessment to diagnose the co-

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~~occurring condition. The Clinical Specialist will then document the co-occurring Condition in an addendum to the diagnosis that was completed as part of the~~

~~1. assessment.~~ in the electronic health record.

~~The Counselor will consider ruling out mental health conditions caused by withdrawal~~ symptoms.

~~4. If a client acknowledges being pregnant, the screener should determine if the client is~~

~~receiving prenatal care. If not, then an appointment will be made and followed up with~~

~~the clinic at the local Indian Health Service Medial Facility. Should the client~~

~~Acknowledge pregnancy, the counselor will screen for:~~

~~a. Whether or not the client's spouse is drinking alcohol, and~~

~~b. Whether or not physical abuse is occurring (see the screening sheet for possible indirect clues that are included). If there is physical abuse, the case will be immediately referred to the Clinical Specialist for follow-up.~~

~~c. Pregnant clients are of the highest priority in consideration for immediate residential placement.~~

~~5.~~ If a client reports having ~~his/her~~their last drink within the previous two weeks, the counselor

C. ~~W~~will consider:

1. ~~a.~~ Withdrawal Symptoms (Alcohol)
   a. ~~i.~~ Craving
   b. ~~ii.~~ Headache
   c. ~~iii.~~ Shaking or trembling
   d. ~~iv.~~ Nausea
   e. ~~v.~~ Vomiting
   ~~vi.~~ Thirst (Frequent drinking form water cooler or water fountain
   f. (dehydration), and other symptoms
2. ~~b.~~ Withdrawal Symptoms (Marijuana)
   a. ~~i.~~ Irritability
   b. ~~ii.~~ Migraine-like-headaches
   c. ~~iii.~~ Loss of appetite
   d. ~~iv.~~ Loss of sleep, and other symptoms
   e. ~~v.~~ Be alert for domestic abuse, both reported and hidden

~~a.~~D. A client identified with co-occurring disorder(s) will be assigned to the appropriate licensed clinician or equivalent. The client may request traditional or faith-based services as an alternative.

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~~f. Drug Testing~~

I. ~~i. Policy~~POLICY

To ensure ~~compliance with court orders and Navajo DBHS Outpatient Services rules~~treatment engagement throughout client treatment, properly ~~T~~trained staff may administer drug and alcohol testing.

II. ~~ii. Purpose~~PURPOSE

To confirm clients are engaged in recovery and to minimize the negative effects related to alcohol, drugs, and substance use. ~~that Navajo DBHS Outpatient Services clients are free from the influence of alcohol And other drugs while receiving services.~~

III. DEFINITIONS

A. Drug Testing
Targets specific drugs, or drug classes and can detect substances only when they are present above predetermined thresholds.

~~I~~IV. RULES

A. All drug screens are used to provide therapeutic feedback to clients.
B. Although drug testing is not a definitive indication of a substance use disorder (SUD), drug testing aids in screening, assessing, and diagnosing a SUD.
C. Results will be combined with the client's history, collaboration with family, and Counselors clinical judgment.
D. Drug testing helps clinicians assess the efficacy of a client's treatment plan and current level of care.
E. Results can identify a relapse to substance use.

V. ~~iii. Procedure~~—PROCEDURES

~~1.~~ All appropriate staff will be ~~appropriately~~ trained in the use and interpretation of alcohol
A. ~~—~~and drug-testing materials.
~~2.~~ All protocol outlined as part of the drug-testing apparatus will be followed by ~~Navajo~~
B. ~~—~~DBHS DBMHS Outpatient Services.

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~~3. All Navajo DBHS~~ DBMHS Outpatient clients may be drug-tested throughout the course of their

C. ~~———~~treatment.

D. Results will be documented in the client's electronic health record (EHR).

~~4. A~~Any client suspected of being under the influence of alcohol and drugs while attending

A. ~~———~~Treatment may be drug-test immediately by appropriate clinical staff.

E.

F. A refusal by the client to be drug-tested may result in the client being asked to leave the premises. The client may be removed from the program following a case staffing by the Primary Counselor and Clinical Specialist.

G. DBMHS staff will abide by the following drug testing protocol:

1. Wear the proper personal protective equipment when conducting drug tests.
2. Provide the client with the urine collection device, with the lid removed.
3. Instruct the client to go to the restroom to collect the sample.
4. Inform client they cannot flush the toilet until the sample has been collected, and results determined.
5. Staff will wait with the client until results are determined.
6. Return sample to client to be disposed of properly.
7. Staff will document results in the EHR.

H. DBMHS staff will abide by the following for alcohol testing:

1. DBMHS will utilize a breathalyzer for measuring blood alcohol concentration (BAC).
2. Wear the proper personal protective equipment.
3. Instruct client to blow into the breathalyzer, as directed.
4. Results will be shared with the client.
5. Properly clean the breathalyzer and dispose of the mouthpiece.
6. Staff will document results in the EHR.

~~5. A refusal by the client to be drug-tested may result in the client being asked to leave the premises. The client may be removed from the program following a case staffing~~

~~B. ———by the Primary Counselor and Clinical Specialist.~~

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~~g. Medication Administration~~

I. ~~i. Policy~~POLICY

Administration of medication is not a service provided ~~in by the Navajo DBHS~~DBMHS Outpatient programs.

II. ~~ii. Purpose~~PURPOSE

~~The Indian Health Service, other professional health care provider, etc, provide medication administration.~~ Due to qualifications to administer medications, ~~DBHS~~ DBMHS staff do not administer medication~~provide the services~~.

III. DEFINITIONS

A. **Medication Administration**
The direct application of a prescribed medication – whether by injection, inhalation, ingestion, or other means – to the body of the individual by an individual legally authorized to do so.

IV. RULES

A. The administration of medications is the sole responsibility of the client.

I. ~~iii. General Information~~PROCEDURES

V.

~~The administration of medications is the sole responsibility of the client.~~

A. DBMHS staff do not administer medication, except in emergency situations i.e. an individual requiring Narcan, EpiPen, or inhaler.

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I. POLICY

To provide self-help groups to support individuals in their recovery or treatment process of substance use or co-occurring disorder.

II. PURPOSE

To ensure individuals living with substance use disorders or co-occurring disorders are provided a peer-based mutual help program to overcome addiction, triggers, and to gain and maintain a productive healthy lifestyle.

III. DEFINITIONS

A. **Alcoholics Anonymous (AA)**
The belief that alcoholism is a lifelong problem and that the first step in addressing it is for group members to admit that they do not have control over their drinking. Of the various types of self-help groups, AA represents only one; it falls into a broader category of groups whose focal problem is addiction or compulsive behavior.

B. **Guest Speaker**
An individual who shares their story of recovery, for example, what their life was like while they were on substances, what happened to them, and what their life is like now.

C. **Peer**
1. A person who may have experienced substance use, and/or successfully completed treatment and has been in recovery for one or more years.
2. A person coming from a family that has experienced substance use.
3. A person with specific skills or abilities that will enhance the operation of the treatment center program.

D. **Self-Help Group**
A group composed of individuals who meet on a regular basis to help one another cope with a life problem. Unlike therapy groups, self-help groups are not led by professionals, do not charge a fee for service, and do not place a limit on the number of members. They provide many benefits that professionals cannot provide, including friendship, mutual support, experiential knowledge, identity, a sense of belonging, and other by-products of a positive group process.

E. **Support Group**
A group of people with common experiences and concerns who provide emotional and moral support for one another. A support group is organized and facilitated by a professional or agency.

IV. RULES

A. Due to the confidential nature of providing groups to a client experiencing behavioral and mental health disturbance(s) DBMHS allows self-help groups to meet privately at the treatment center site.

B. Supervisors are responsible for assigning appropriate DBMHS staff coverage to oversee the safety and confidentiality of participants, and maintain the safety and security of the treatment center.

C. DBMHS has the right to cancel self-help group services at any time with advance notice.

V. PROCEDURES

A. Any person or entity requesting to conduct a self-help group at a DBMHS treatment center site will provide a written request to the Clinical Supervisor to use the facility.
B. The Clinical Supervisor will review the request, and forward to the Health Services Administrator for review and approval/disapproval.
C. Upon approval, the Clinical Supervisor will notify the point of contact to schedule self-help group and ensure proper coverage.
D. If the request is disapproved, the Clinical Supervisor will notify the point of contact.

I. POLICY

Navajo DBHS Outpatient does not utilize time out, seclusion, or restraint interventions although, when a person is "out-of-control" and is in danger to self or others, Crisis Intervention Technique (CIT) may be used to control the person in emergency situations.

II. PURPOSE

To establish procedures to ensure the safety of clients and staff through managing the behavior of aggressive clients

III. DEFINITIONS

A. **Crisis Intervention Technique (CIT)**
A non-violent program based on de-escalation and physical management of aggressive people.

B. **Emergency Situation**
An unanticipated behavior that places the person or others at serious threat, violence, or risk of injury if no intervention occurs.

C. **Personal Signaling Device**
An item small enough to be carried on the staff's person and used to alert the rest of the staff to the need for assistance. This could include a whistle or other noise maker.

IV. RULES

A. Currently the DBMHS Outpatient alarm system is a **"whistle"** or other "personal signaling device" for each employee.
B. Physical holds may only be used by **trained** and **certified** staff when a person is of "danger to self or others".
C. Only staff that is certified in Crisis Intervention Technique may utilize emergency physical interventions.
D. Emergency physical interventions are limited to the amount of time it will take law enforcement, safety, or emergency service providers to arrive at the identified location. This time frame shall not exceed 45 minutes.
E. At least one person is required to observe the physical hold procedure.
F. Every 15 minutes, the involved employee (holding the person) reviews and evaluates the situation to determine the continued need for the physical hold.

V. PROCEDURES

A. When a person begins to exhibit aggressive behavior, DBMHS employee(s) will us de-escalating interventions appropriate to their level of training and based on either the CIT protocol or the general instructions for dealing with aggressive clients.
B. DBMHS employees will encourage the client to try alternative behaviors including leaving the organization, processing one-to-one with a staff member, taking a timeout for re-focusing, and/or going for a walk.
C. When the client behavior continues to escalate and there are staff members present who are trained in CIT:

1. DBHS employee will call a "Show of Force" by initiating the alarm system. All available employees are required to come to the area and stand around the "out-of-control" person to exhibit a "show of force" and support.
2. A lead employee asks the client to calm down or leave the facility or activity.
3. If the client refuses to "calm down" or leave the facility or activity, the lead employee will advise the client that the police will be called.
4. If the client refuses to "calm down" or leave the facility or activity, an employee will call the police.
5. Once the crisis has been de-escalated, the identified employee leader and other staff members will review the effectiveness of the intervention and the possible ways to improve the intervention etc.

D. If no one present is certified in CIT, then the staff will:
   1. Use their common sense to protect all clients who are present and staff.
   2. All aggressive clients will be engaged by the senior clinician who is present at the time
   3. Unless there is no one senior clinician present, the situation will be managed by the clinical staff
   4. When the client in question begins to escalate the person with greatest access to the phone will notify appropriate Law Enforcement
   5. The senior clinician will clear the area of all individuals who might be present.
   6. The aggressive client, to the extent possible, will be contained within the area where the incident started
   7. Staff should place themselves where they can leave the area if need to and let the client leave if they choose to.
   8. If the client chooses to leave no one will under circumstances attempt to stop them or to follow beyond the building entrance
   9. The clinician engaging the client will:
      a. Maintain as great a physical distance as is practical from the client
      b. Speak in a slow, quiet, and even voice tone in order to de-escalate the emotional intensity of the situation
      c. Under no circumstances make physical contact with the client

E. As soon as the situation is de-escalated and the client has left, then all individuals who have first hand knowledge of the situation will immediately write an incident report and submit it to the Clinical Specialist and Program Supervisor.

F. Following the completion of the written report, the staff will be debriefed with the Clinical Specialist

G. If a client is expressing a suicidal plan, the situation is a police emergency, and if the client has taken action to hurt self, it is a medical emergency and, in either case, the appropriate agencies must be called immediately to take charge of the situation.

H. Documentation
   1. The primary counselor will complete an Incident Report and include:
      a. Date
      b. Time incident started
      c. Time incident was completed
      d. Name of person (if known)
      e. Identify the "out-of-control" behavior that was of danger to self or others
      f. Identify the de-escalation techniques that were utilized
      g. The amount of time the client was in the CIT hold
      h. Time police were called and arrived
      i. Disposition of the "out-of-control" person

~~j. Referring Relationship~~

I. j. PolicyPOLICY

All cClients with disabilities or special needs will be evaluated for referral are referred to collaborating providers for services n
Not provided at Navajo DBHS DBMHS Outpatient programs.

II. ii. PurposePURPOSE

To ensure services are available for client(s) with disabilities/special needs, a referral system is
Is identified, developed, and utilized.

III. DEFINITIONS

A. **Disability**
Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). There are many different types of disabilities such as intellectual, physical, sensory, and mental illness.

B. **Special Needs**
An individual with a mental, emotional, or physical disability. An individual with special needs may need help with: Communication, Movement, Self-care, and Decision-making.

IV. iii. General InformationRULES

~~1. A referral list identifying appropriate and qualified providers for all people with or Without disabilities/special needs is maintained, and updated, and utilized by case managers, etcin the EHR. The list identifies the services the organization provides.~~

A.

~~2. The Rreferral List form is filed in the client's case file documented in the client's EHR.~~

B.

I. iv. ProcedurePROCEDURE

V.

~~A. When Navajo DBHS is unable to provide the needed services to a person with Disabilities/special needs, he/she is referred to a collaborating organization. All referrals are~~

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When DBMHS is unable to provide the needed services to a person with disabilities/special needs, ~~they are~~ they are referred to a collaborating organization. ~~documented on the Referral List.~~

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Navajo DBHS Outpatient Services
REFERRAL LIST

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Date	Collaborating Provider's Name	Address	Telephone #	Service Provided

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~~REFERRAL LOG~~

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~~k. Treatment Plan~~

I. ~~j. Policy~~POLICY

The ~~Navajo DBHS~~DBMHS primary counselor formulates a written, individualized treatment plan based on
Clinical assessment ~~and/or principles of Brief Solution Focused Therapy (or other accepted systemic approaches)~~ within 14 days from the time of admission.

II. ~~II. Purpose~~PURPOSE

Each client has an individualized treatment plan with goals and objectives that guide his/her treatment.

III. ~~iii. Definitions~~DEFINITIONS

~~Brief Solution Focused Therapy: A therapeutic approach that places emphasis on the solutions that Are available to the family and/or individual client and not on how the problem developed or what Function it might serve. The emphasis is focused on building a therapeutic relationship between therapist/counselor and client. The client defines the goals with focus on solutions and not problems. The emphasis is on finding unique solutions that enhance desired behaviors that "leave no room" for the maladaptive behaviors.~~

A. Client Objective:

The identified steps to the goals. Objectives are written in action words and identify a time line for accomplishing the step. Usually there are no more than 2-3 objectives per goal.
Each objective should be accompanied by a target date.

~~DSM IV Diagnosis:~~
~~Problem Identification~~
~~During the first formalized treatment planning session, the problems are identified, reviewed and~~

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prioritized according to the degree of need. Using good clinical judgment, the top 2-3 problems are integrated into the treatment planning process.

Goals

Goals are understandable, measurable, and behavioral statements that describe the desired outcomes.

For every problem identified there is a goal. Goals serve as the clinical outcome criteria to measure the

A. Success of the treatment provided. Each goal should be accompanied by a target date.

Family Disease Model: Substance abuse is a disease that is contained in an individual and yet has an effect on the entire family system. In the family there may be individuals who "enable" the individual substance abuser's behavior based on a "co-dependence". In effect, the person/codependent will depend on the "user" and the "user" depends on the chemical.

Family Systems Model: A model that identifies the family as maladaptive in interactions and organized around a family member's substance abuse. In adapting to the chemical use, the family Members develop and maintain a balance in their relationship that is ineffective and destructive to the individual and the system.

B. Interventions

: Actions that are the responsibility of the multidisciplinary team members. The intervention shall include the modality used, the frequency, and duration. An intervention may address more than one objective. Responsible individual s are assigned specific interventions. Intervention May Include: individual counseling, family counseling, group counseling, education, activity therapy, community integration activities, and milieu therapy and discharge planning activities. Once an Intervention is implemented, it is documented in the client's chart.

C. SMART Goals

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~~B.~~ SMART (specific, measurable, achievable, realistic, and timely) goals describe the desired outcomes within a specific time period. Goals serve as the clinical outcome criteria to measure the progress of the treatment.

~~**Personal Strengths:** The counselor will ask the client's perspective on his/her strengths, document~~
~~The strengths on the assessment document in the words stated by the client. On the treatment/service~~

D. ~~Plan, the strength as given by the client will be stated in the positive terms.~~ **The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Fifth Ed.**
The authoritative guide for diagnosing mental health disorders in the United States, and used internationally as a research standard. Describes and lists the symptoms of mental health diagnoses, conditions, and social problems.

E. **Interim Treatment Plan**
A treatment plan completed at intake in order to begin treatment services.

F. **Treatment Plan**
A written treatment plan is based on the assessment and is a product of a negotiation between the client and the counselor to assure that the plan is tailored to the individual's needs. Identifying and ranking problems needing resolution establishing agreed-upon immediate and long-term goals and deciding upon a treatment process and the resources to be utilized.

IV. iv. ~~General Information~~RULES

A. The treatment plan is a systematic approach, ~~1.~~ individualized to each client~~ndividualizing a person's plan for creating~~ to create positive change in their behavior, to better understand their responsibilities, and appropriate for their needs and cultural worldview. ~~s is paramount~~
~~The treatment plan There are two general approaches that are equally valid and depend on their effectiveness on~~
~~the unique needs and personal culture of the individual client. One is the Individual/Family~~
~~Disease Model and the other is The Family Systems/Postmodern approach. The treatment plan~~
~~Will reflect approach the client and counselor/therapist select an appropriate for the client.~~
~~2. While client driven to the extend practical and possible the treatment plan process~~ will involve\
~~T~~ he multiple systems that are interacting with the client (e.g., social services, courts, extended
B. family members, medical professionals, etc.)

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A multi-disciplinary team develops and implements the treatment plan. 3. Behavioral health providers in cooperation with the client's team, develops and implements the
C. treatment plans based on a person's initial and ongoing assessments.
4. The individualized treatment plan guides the treatment of the client while meeting the legal,
D. regulatory, and funding requirements for reimbursement.
5. The Interim Service Planintegrated treatment plan is completed initiated at intake, and guides the client's treatment until the
E. Ttreatment plan is completed at the Assessment.
F. 6. The Clinical Specialist Supervisor will review and sign all completed treatment plans in the EHR.
G. 7. Treatment plans are completed within 14 days of intake.
8. The client's family members and other involved parties are invited to participate in the
H. development of the treatment plan.
9. Individualized treatment plans:
a. Focus on the client as a unique person
b. Assist the staff in their understanding of the client and his/her unique needs as a human
being.
c. Provides a systematic approach to client's care.
d. Assist the client to better understand his/her responsibilities.
10. Planning includes evaluating physical, psychological, chemical dependency(mis)use, educational, social
I. Aand cultural factors.
Treatment plan formulation begins from the 11. The treatment plan serves as a tool to evaluate the effectiveness of treatment.
J. 12. Aassessment, and includes problem identification, treatment plan formulation, and discharge preparation.
are
Ongoing and interrelated processes that begins at admission and continue through the service
tenure to discharge.
13. TThe integrated Treatment treatment Plan plan review is implemented as clinically indicated and monitored every 30 days
during the course of the client's treatment. The basis of the review is to document Tthe client's progress in meeting established goals
K. and objectives of the treatment plan is the basis of the evaluation.
14. The primary counselor is the recognized leader of the multidisciplinary treatment team that may

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~~Include:~~ the client, family/guardian, clinical specialist, counselor, traditional practitioner, case

L. ~~manager~~, and other agency representatives.

~~15. The~~ core team members of the multidisciplinary treatment team meeting are responsible to

~~P~~participate in the development and review of the client's treatment plan. ~~The~~ signature of each t

M. ~~Team~~ member validates attendance in the EHR.

~~16. The~~ multidisciplinary team collaborates in the development of the integrated treatment plan. The

N. ~~Counselor~~ is responsible for documenting and ~~coordination~~ coordinating the client's plan of care.

V. ~~v. Procedure~~PROCEDURES

A. ~~1. The~~ intake Counselor and the client review the ~~i~~Interim ~~Service~~ treatment ~~P~~plan at ~~the time admission~~intake.

~~2. The~~ client and/or family/guardian sign on the interim ~~Service~~ treatment p~~P~~lan to document their involvement

B. ~~in~~ the planning process.

~~3. Either the Primary Counselor or t~~The Counselor ~~completing~~ completes the ~~A & E~~ assessment and evaluation ~~session facilitates the~~

C. ~~Client's treatment planning as soon after intake as is possible~~during intake.

A. Counselor will schedule clinical team meeting and case staff new admission with clinical team. ~~4. As soon at the Primary Counselor enters the process, they will schedule a meeting of the~~

D. ~~treatment Team. The team members', including the client, meet at the scheduled time and~~

~~Discuss the clinical status of the client.~~

~~5. In a participatory manner, t~~The clinical team identifies and prioritizes the problem(s), ~~identifies~~ the

~~B~~behavioral manifestation, the client's ~~strengths, weaknesses~~SNAP (strengths, needs, assessment, plan), with the interim treatment plan. ~~the goals, the objectives, the~~

E. ~~Interventions and evaluates the client's progress toward the goals and objectives.~~

~~6. The~~ assigned counselor creates the integrated ~~T~~treatment ~~P~~lan plan document and obtains the signatures of ~~all~~the clinical team, the case manager, the client,

B. ~~Individuals~~and family members who participated in the planning process. ~~including the client, family, guardian and/or~~

F.

G. The Counselor schedules a 30,60, and 90-day treatment plan review, and documents client progress in the status review of the integrated treatment plan. ~~significant others.~~

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~~h. Transition and Discharge Planning~~

I. j. PolicyPOLICY

~~It is the policy of the Navajo DBHS that d~~Discharge, transition, and aftercare preparation ~~is~~are a critical part of the client's treatment plan. It ~~begins~~ at the start of a client's treatment and is ~~is aggressively~~ pursued through the coordinated efforts of the multi-disciplinary ~~treatment~~ team.

II. ii. PurposePURPOSE

~~The purpose of the discharge, transition, and aftercare plan is t~~To provide and coordinate services that ~~enable~~ support the client to live successfully in the least restrictive environment possible.

III. DEFINITIONS

A. **Aftercare**
A continuum of care~~plan~~ to support someone early in recovery, to prevent relapse, and help them move towards their life goals. An aftercare includes~~plan includes~~ interventions, resources to help ~~them~~ with stress and cravings, and figure out how to cope with triggers.

B. **Discharge Summary/Transition Plan**
A form encapsulating the course of treatment, outcomes, and reasons for transition or discharge. This plan should be initiated as early in the treatment as possible to ensure steps are taken to provide continuity of care.

C. **SMART Goals**
SMART (specific, measurable, achievable, realistic, and timely) goals describe the desired outcomes within a specific time period. Goals serve as the clinical outcome criteria to measure the progress of the treatment.

IV. iii. General InformationRULES

A. ~~1.~~ Discharge, transition, and aftercare planning is initiated as the client is admitted for services and more adamantly as completion of services approach. A discharge plan with special attention to aftercare for the individual and their family is developed by the multidisciplinary team ~~counselor~~ in consultation with the ~~individual~~client, family, ~~attending psychiatrist~~medical ~~provider, the multidisciplinary team (if applicable),~~ and involved community organizations.

B. ~~a. Discharge Criteria~~Criteria for discharge from treatment:

1. ~~i. Abstinence~~Recovery from alcohol ~~and/or chemicals~~substance use.

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2. ~~ii.~~ Relief of symptoms and behavioral problems so that substances are no longer significantly interfering with social, vocational and/or educational functioning.
3. ~~iii.~~ Appropriate community resources for continued support are in place for the individual and family.
4. ~~iv.~~ The client's behavioral health issues or treatment needs are consistent with the services that ~~Navajo DBHS~~DBMHS provides.
5. ~~v.~~ The client has reached the stated goals as previously agreed upon by the counselor and client in the client's treatment plan.

C. If a client discharges against clinical advice, the Counselor will make recommendations in discharge summary, transition, and aftercare planning.
D. The goals of discharge planning will be SMART: Specific, Measurable, Achievable, Realistic, and Timely.
E. Discharge planning and implementation of the plan will prioritize DBMHS services.

V. ~~iv. Procedure~~PROCEDURES

A. ~~1.~~ The discharge and aftercare ~~planning~~ planning ~~process~~ will be initiated in the EHR under the Integrated Treatment Plan upon the~~the~~ client's admission, and continued throughout treatment phase until discharge.
B. ~~2.~~ The client's family, significant others, and outside support systems will be invited to attend the Integrated Treatment Planning ~~treatment planning~~ meeting.
C. ~~3.~~ The discharge ~~plan summary~~ addresses the client's ~~needs~~ social determinants of health, including~~and may include, but not limited to~~:
   1. ~~a. Food and living assistance~~Economic Stability
   2. ~~b. Residence/living arrangements~~Healthcare Access and Quality
   3. ~~c. Employment~~Neighborhood and Built Environment
   4. ~~d. Community resources~~Education Access and Quality
   ~~e. Rehabilitation services~~
   5. ~~f. Other necessary referrals~~Social and Community Context

~~4. Discharge planning shall be realistic and achievable.~~
~~5. Discharge planning and implementation of the plan will prioritize the services provided.~~

D. ~~a.~~ The involvement of the client and family ~~, family, and significant others~~ will be documented in the EHR. ~~and will include~~
E. p~~Process~~rogress toward integrated treatment plan goals. ~~accomplishing discharge goals.~~
F. ~~6.~~ The foundation for discharge planning is to engage patients in the transition from one level of care to the next, with the goal of reducing relapse and preventable readmissions to sustain the progress achieved during treatment~~client education~~.
   1. ~~a.~~ Discharge, transition, and aftercare ~~Teaching~~ will be appropriate to the client's cognitive abilities, ~~and utilize his/her~~ strengths and current resources.

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2. The ~~b. Education~~Discharge Summary will ~~will include, but not be limited to~~ include:
   a. Reasons for transition, or discharge;
   b. ~~c.~~ Symptoms management
   c. ~~1.~~ Relapse prevention
   d. ~~ii.~~ Appropriate use of leisure time
   e. ~~iii.~~ Utilization of community resources
   f. Mental Health Aftercare
G. ~~7.~~ Release of information forms and consents will be secured prior to discharge.
   1. ~~a.~~ The client's refusal of an appropriate referral will be documented in the EHR.
H. ~~8. Community resources and continued support are coordinated and in place before the client's discharge.~~ Referral resources (addictions/metal health) are coordinated prior to client discharge.
I. ~~9.~~ Discharge Summary will be completed prior to the client's final session.
J. ~~10.~~ The designated clinical shall review the Discharge Summary with the client including:
   1. ~~a.~~ Problems upon admission.
   2. ~~b.~~ Initial treatment goals.
   3. ~~c.~~ Summary of treatment provided
   4. ~~d.~~ client's progress in meeting treatment goals.
   5. ~~e.~~ Goals at discharge.
   6. ~~f.~~ Follow-up treatment advised.
   7. ~~g.~~ Follow-up appointment
   8. All ~~h. S~~signatures, ~~including of~~ the client, will be obtained on necessary documents.
   9. A copy of the Discharge Summary will be given to the client/guardian.
K. ~~11.~~ The client will complete the Client Satisfaction Survey, the completed survey will be uploaded in the ~~in the~~ EHR.
L. Discharge Summary will be completed seven (7) days from discharge by the Primary Counselor.
M. If the client chooses to receive Aftercare services the counselor will enroll the client in the EHR.
   1. The counselor will change the enrollment status of the client in the EHR through Program Enrollment.
   2. If the client is a referral from a non-DBMHS program, then a new referral is created in the Referral module for the Aftercare Program enrollment.
N. Refer to the Netsmart NX Reference Guide for the process of enrollment to begin Aftercare services.
O. The following required must be completed in the EHR:
   1. A Biopsychosocial Assessment and Screening Tools

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2. Treatment Plan
3. Progress Notes
4. Discharge Summary

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Navajo DBHS Outpatient Services DISCHARGE PLAN					
Date:	Name:	Client#:	GAF:	Pre	Post
DOB:	SSN:	Diagnosis			
Recommendations: (Activities or resources client may utilize after discharge. Ex. AA meeting two times a week, school Activities, support groups, extracurricular activities):					
1.					
2.					
3.					
4.					
5.					
6.					
Follow-Up Information: Navajo DBHS Outpatient Services would like to contact you between three (3) and six (6) Months after discharge for follow-up purposes. Is this acceptable for you? ☐ Yes ☐ No					
Client Signature Date					
Counselor Signature Date					
Clinical Specialist Date					

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~~Navajo DBHS Outpatient Services~~
~~DISHCARGE SUMMARY~~

~~Date:~~

~~Name:~~	~~Date of Admission:~~
~~Diagnosis:~~	~~Date of Discharge:~~

~~Client's Problem Upon Admission to Program (Reason for Behavioral Health Services):~~

~~Treatment Goals:~~

~~Summary of Treatment Provided~~

~~Client's Progress in Meeting Treatment Goals:~~

~~Goals at Discharge:~~

~~Follow-up Treatment/After Care Services Recommended:~~

~~Community Referrals:~~	~~Contact person:~~	~~Follow-Up Appointments~~

~~Follow-Up Appointments:~~

~~Agency Name~~	~~Date~~	~~Time~~	~~Agency Name~~	~~Date~~	~~Time~~

Client Signature	Date				
Clinician Signature	Date				

Navajo DBHS Outpatient Services
DISCHARGE SUMMARY

Date:	Name:		Client #:
SS#:	DOB:	Date of Admit:	Date of Discharge:
Diagnosis:	Beginning:		End:
GAF:	Beginning:		End:

Reason for Referral:

Describe Course of Treatment

Condition of Discharge

- ☐ Significantly Improved (Met 75% - 100% of goals
- ☐ Improved (Met 25% - 75% of goals
- ☐ Unchanged
- ☐ Regressed
- ☐ Significantly regressed

Comments:

Referral: ☐ Yes ☐ No

Agency: Contact:

Address:

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~~Counselor Signature~~ ~~Date~~

~~Clinical Specialist~~ ~~Date~~

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Navajo DBHS Outpatient Services
DISCHARGE SUMMARY
NON-COMPLIANT DUE TO MISSED I & O OR A & E

Client Name:		Admission Date:	
Date of Birth:		Discharge Date:	
SSN:		Client Number:	
Referral Source:			
Initial Reason for Treatment:			

Diagnosis (DSM-IV-TR): Insufficient Information

Reason for Termination:

- ☐ Two no shows for Intake & Orientation on:
- ☐ Two no shows for Assessment & Evaluation on:
- ☐ Receiving treatment elsewhere
- ☐ Incarcerated
- ☐ Client withdrew
- ☐ Medical Reasons
- ☐ Client deceased
- ☐ Others:

Services Provided:

- ☐ Screening
- ☐ Intake & Orientation

Recommendations:

- ☐ Client will sign a treatment contract when returns for services for treatment accountability
- ☐ Client will not be eligible le for treatment for 90 days from his/her discharge date.
- ☐ Client will comply with court.
- ☐ Client referred back to referring agency.

Counselor Signature Date

Clinical Specialist Date

Navajo DBHS Outpatient Services
Discharge Summary

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Non-Compliant			
Client Name:		Admission Date:	
Date of Birth:		Discharge Date:	
SSN:		Client Number:	

Referral Source:	
Initial reason for treatment	

Multiaxial Diagnosis:

Axis I		
	V815.81 Noncompliance with treatment	
Axis II	Deferred	
Axis IV		
Axis V	GAF=	

Prognosis:	

Recommendations:

- ☐ Client will sign a treatment contract when returns for services for treatment.
- ☐ Client will not be eligible for treatment for 90 days form his/her discharge date.
- ☐ An assessment may need to be completed if returning to evaluate the severity of usage
- ☐ Client referred back to referring agency.

Counselor _____ Date

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Clinical Specialist Date

Navajo DBHS Outpatient Services

FAMILY DISCHARGE SUMMARY

Case First Contact
Name: Date:
Client I.D.#: Date:
Primary #Sessions:
Counselor:
Summary Social Security#
Date:

A. Reason for closure:

B. Services Provided:

C. Progress Toward Treatment Goals:

D. Referrals and Recommendations Made:

Client Satisfaction Given to Client ☐ Yes ☐ No

Counselor Date

Clinical Specialist Date

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Outpatient Client Satisfaction Survey~~CLIENT SATISFACTION FEEDBACK~~

☐ Male ☐ Female ☐ Outpatient ~~Aftercare~~ Aftercare

1. Do you feel the time you spent in the program was (circle one):

~~Too Short~~ ~~Just Right~~ ~~Too Long~~

Comments:

2. ~~What strengths have you gained from you~~ participating in the program?

3. ~~What did you enjoy most?~~

4. What did you enjoy the least?

~~5.~~ ~~What recommendation can you make to help improve the services offered?~~

Name (Optional): _____ Counselor: _____

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Navajo Nation Division of Behavioral and Mental Health Services

POLICYIES AND PROCEDURES MANUAL

Section: 3 Outpatient ~~Services~~Treatment
Subsection: 3.1 Outpatient Environment
Title: 3.1.~~0~~914 Case Closure **Page 1 of 2**

~~I. Case Closure~~

I. ~~I. Policy~~POLICY

~~It is the policy of the Navajo DBHS that c~~Clients who have not received services for a period of
Thirty (30) days will be discharged and their case closed.

II. ~~ii. Purpose~~PURPOSE

~~The purpose of the case closure policy is to make sure any~~Any client who is not active and current
~~i~~is discharged, and ~~his/her~~their case will be closed.

III. DEFINITIONS

A. Non-compliant
Refers to a client who intentionally refuses to engage in treatment, or does not follow the providers recommendations.

B. Non-adherent
Refers to a client who unintentionally refuses treatment such as incarceration, medical, or deceased.

IV. RULES

A. Clients will be discharged after 30 days of inactivity.

V. ~~iii. Procedures~~PROCEDURES

A. The Primary Counselor will discharge clients who have not communicated or engaged in their treatment plan for 30 days.
B. The Primary Counselor will reach out to clients, and document in the EHR, as follows:
   1. Week 1 – Contact the client by phone after the first week of inactivity or no-show. Any lack of activity will be discussed during case staffing.
   2. Week 2 – Send a non-compliance letter to the client with a deadline date to respond. The letter will be reviewed and signed by the Clinical Supervisor.
   3. Week 3 – If the client does not respond by the deadline date the Counselor will begin the discharge process, and review during Case Staffing.
   4. Week 4 – Complete Discharge Summary, if no response within seven (7) days.
   5. Inform referral of client's discharge status.

C. ~~1.~~ The Clinical ~~Specialist~~ Supervisor will review the caseload reports at least once a month for client inactivity.

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~~2. Any client who has not received services in the preceding 30 days will be notified by letter that their case is about to be closed due to inactivity.~~
~~3. The letter will be sent by the Primary Counselor and contain the signature of the Clinical Specialist.~~
~~4. The client will be given 15 (fifteen) days from the sending of the letter to respond.~~
~~5. The client will be discharged and the case closed within the 30 (thirty) days from the letter being sent.~~
~~6. The counselor must close a case whether it is successful or not successful within a reasonable time.~~

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Navajo Nation Division of Behavioral & Mental Health Services

POLICY AND PROCEDURE MANUAL

Section: 5 AcuDetox & Adjunctive Functions
Subsection: 5.1 Level 1 and Level 2
Title: 5.1.01 AcuDetox Level 1 and Level 2 Services **Page 1 of 3**

I. POLICY

~~To~~ DBMHS will provide AcuDdetox services to help treat and prevent addiction as well as increase client participation in counseling and other services.

II. PURPOSE

~~Acudetox~~ AcuDetox ~~Level 1 are~~is provided to help support clients and their families in their efforts to reduce addiction and recidivism. ~~Acudetox Level 1 will help to decrease anxiety, depression and cravings and to increase the client's general health and feeling of well being which lays a good foundation for a drug free life.~~

~~Acudetox Level 2 is provided to help support clients and their families in their efforts to reduce symptoms from conditions that can lead to substance misuse such as chronic and acute pain, asthma, arthritis, diabetes (including its consequences and risk factors). It can be used in addition to Level 1.~~

III. DEFINITIONS

A. **AcuDetox**
An alternative treatment method that can provide symptom relief during the withdrawal management phase of recovery in tandem with other withdrawal management efforts. This adjunct therapy entails the use of point ear acupuncture to help reduce the severity of withdrawal symptoms.

B. **Adjunctive ~~therapies~~ Therapies**
~~t~~The manual, mechanical, magnetic, thermal, electrical, or electromagnetic stimulation of acupuncture points and energy pathways, auricular and detoxification therapy, ion cord devices, electroacupuncture, herbal poultices, therapeutic exercise, and acupressure.

C. **Auricular Acupuncture Detoxification**
~~a~~An acupuncture related technique used only in the treatment and prevention of alcoholism, substance abuse and chemical dependency. Auricular acupuncture detoxification may be described or referred to as "auricular detoxification," "acupuncture detoxification," "auricular acupuncture detoxification," or "AcuDetox."

D. **Auricular Detox Specialist (ADS)**
~~—~~vVariety of healthcare practitioners, clinicians, community members trained and certified by an approved auricular detoxification specialist training program or state certifying body; under the general supervision requirements determined by the state in which they are certified, such as a Doctor of Oriental Medicine (DOM), licensed Acupuncturist; and follows state regulations pertaining to auricular acupuncture detoxification.

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E. **National Acupuncture Detoxification Association (NADA)** – Trains people in the NADA protocol, an ear acupressure and acupuncture intervention for trauma, substance misuse, abuse, dependence, and related behavioral and mental health conditions; and advocate for access to holistic health as a right of all communities.

F. **Clean Needle Technique** – Used by Certified ADS and Acupuncturist to avoid possible cross infection, proper use and disposal of acupuncture needles.

IV. RULES

A. AcuDetox Level 1 will helps to decrease anxiety, depression, and cravings and to increase the client's general health and feeling of well-being which lays a good foundation for a drug-free life.

B. AcuDetox Level 2 is provided to help support clients and their families in their efforts to reduce symptoms from conditions that can lead to substance misuse such as chronic and acute pain, asthma, arthritis, diabetes (including its consequences and risk factors) that can lead to substance misuse. It can be used in addition to Level 1.

~~A.~~C. ADS certification records shall be located at DBMHS Human Resources Section and program site under restricted access. Personnel files shall not be removed.

~~B.~~D. Non-acupuncturist health providers can be trained following a certifying state's regulation for ADS.

~~C.~~E. Level 1 ADS provides a state approved protocol or NADA 5 Point Protocol including: 1) Sympathetic, 2) Shen Men, 3) Kidney, 4) Liver, and 5) Lung. The points target specific points on the ear involving detox and craving pathways.

V. PROCEDURES

A. Level 1 and Level 2 Services:

1. Qualifications for administering AcuDetox Level 1 and Level 2 are: Staff or interns who have received a certificate of completion from an approved training program and are currently or have been certified by the NM Board of Acupuncture and Oriental Medicine or equivalent license or certification in another state.
2. In administering AcuDetox Level 2, staff and interns will limit their scope of practice to their training.
3. The AcuDetox program and staff follow all applicable DBMHS policies and procedures or the organization that is providing the services.
4. Certified Auricular Detoxification Specialists (ADS) follow the National Acupuncture Detoxification Association Code of Ethics.
5. The AcuDetox program accepts referrals from DBMHS practitioners (staff and interns), outside agencies, and self-referral by community members.
6. AcuDetox clients use an intake and consent procedure according to DBMHS intake/screening (or other organization) procedures. Adolescent clients are required to obtain consent from their parent/guardian(s) to receive AcuDetox

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services.

7. Any unexpected adverse events will be recorded in the client's EHR, the DBMHS AcuDetox Adverse Events Form and consult with their supervisor.
8. Staff will follow the Clean Needle Technique and will attend an OSHA bloodborne pathogens training annually.
9. Staff will follow all the requirements of a certifying state law for practicing AcuDetox Level 1 and Level 2.

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REFERENCES

AZ Revised Statutes, Section 32-3901
NMAC 16.2.1

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Standard Operation Plan

~~PURPOSE AND SCOPE~~

~~The Crisis Response Team is the lead group conducting the immediate crisis response and postvention. The purpose is to stabilize suicidal individuals and establish safety measures. The goals of Navajo Nation Crisis Response and Postvention are to follow the Navajo Executive Order NO. 001-19:~~

~~Goal 1: To educate and discuss the signs/symptoms of suicide while emphasizing the need to be resilient and teachable to families across the Navajo Nation.~~

~~Goal 2: To establish a working team and promote the initiative by addressing prevention, intervention, and postvention tasks related to suicide.~~

~~Goal 3: To define and establish local crisis response/postvention teams to provide immediate community support and suppress suicide contagion.~~

~~Goal 4: To implement and maintain a comprehensive suicide surveillance system with mandatory reporting legislation to ensure data sharing and confidentiality of records.~~

~~Goal 5: To assist with community wide crisis, trauma inducing event that causes life threatening injury or death. Changing the scene of the tragedy after a crisis to a more "concerned and caring environment" for all individuals and survivors.~~

I. ~~THE CRISIS RESPONSE TEAM~~POLICY

The Crisis Response Team ~~was established to provide assistance to~~helps individuals and families on the Navajo Nation and surrounding border towns ~~when~~when a community trauma inducing incident ~~occurs~~incident occurs. ~~In 2010, as a result of suicide clusters within the Crownpoint Service Unit, efforts began to bring in resources to form a unified Incident Command Team. To address the need for community crisis response teams, resources from Behavioral and Mental Health Services, Navajo Police Department and Criminal Investigations developed a Suicide Postvention Committee and a Suicide Crisis Response Team. The goal of the team was to support and debrief those affected by a suicide, reduce contagion, and provide postvention services. The efforts of the team in the Eastern Agency led to Executive Order NO. 03-2015 which ordered the Navajo Nation government to "develop a suicide prevention, response, and post-vention program". The team has now grown and teams have been established in Shiprock, NM; Crownpoint, NM; Ft. Defiance, AZ; and Dilkon, AZ.~~

~~The Crisis Response Team physically responds to the scene of an incident, upon clearance from responding public safety entity to provide assistance to individuals with suicidal ideation, threats of suicide, or attempted suicide. The team also helps the survivors of a trauma inducing incident/death by suicide to cope with the loss. Members of the Crisis Response Team can provide needed resources such as emotional support, referrals to other community resources or mental health treatment. Team members beginmembers begin the process of intervention and/or grieving at the scene or upon request for assistance from the family and/or community during a crisis. The Crisis Response Team will follow all Navajo Nation Executive and Public~~

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Health Orders which may affect response method.

The Crisis Response Team was established to provide assistance to individuals and families when a crisis occurs. The Crisis Response Team will physically respond to the scene of incident, upon clearance from responding public safety entity to begin providing assistance to the individual who has: suicidal ideations, made a suicidal threat, suicidal attempt or to begin helping the survivors of a death by suicide to cope with their loss as close to the time of death as possible. Members of the Crisis Response Team can provide needed resources and can begin the intervention and/or grieving process at the scene or upon request for assistance from the family and/or community during suicidal crisis and community wide crisis.

PROGRAM CRISIS RESPONSE TEAM OBJECTIVES

- Provide comprehensive crisis response and postvention services to individuals, familiesy and the public when a trauma inducing event suicidal crisis occurs.
- Report and maintain Navajo Nation Suicide Surveillance System (NSSS).
- Build partnerships and collaborateion with all available community and federal resources.
- Empower and promote mental wellness with best practices training, education and community awareness.

II. PURPOSE AND SCOPEPURPOSE

In partnership with other resources, the The Crisis Response Team is the lead group conducting thprovidese immediate crisis response and postvention to . The purpose is to stabilizeaddress suicidal individualssubstance use co-occurring issues, suicidal ideation, or self-harm and establish safety measures.

III. DEFINITIONS

A. Crisis – Community Wide Trauma Inducing Event
An event that causes life-threatening injury or death that may cause widespread trauma. For example, devastating losses related to death of missing person, Gold King Mine incident, and Chuska Mountain forest fire.

B. Follow-up
Check-in on individuals or family members and discuss how they could take care of their behavioral and mental health after a trauma inducing event.

C. Self-directed violence (analogous to self-injurious behavior):
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
This does not include behaviors such as parachuting, gambling, substance abuse, tobacco use or other risk-taking activities, such as excessive speeding in motor vehicles. These are complex behaviors some of which are risk factors for SDV but are defined as behavior that while likely to be life-threatening is not recognized by the individual as behavior intended to destroy or injure the self. (Farberow, N. L. (Ed.) (1980). The Many Faces of Suicide. New York: McGraw-Hill Book Company). These behaviors may have a high probability of injury or death as an outcome, but the injury or death is usually considered unintentional.

D. Postvention
An organized response to the aftermath of a suicide to accomplish any one or more of

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the following: to facilitate the healing of individuals from the grief and distress of suicide loss; to mitigate other negative effects of exposure to suicide; to prevent suicide among people who are at high risk after exposure to suicide (National Action Alliance for Suicide Prevention). Postvention is best described as "appropriate and helpful acts that come after a dire event," alleviating the effects of stress for the individual, family, and survivors whose lives are forever altered. Postvention helps family members and friends cope with the crisis and/or loss they have just experienced.

E. Socioecological Model

The Social Ecological Model (SEM) is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations. There are five nested, hierarchical levels of the SEM: Individual, interpersonal, community, organizational, and policy/enabling environment.

F. Suicide attempt

A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

G. Death by Suicide

Death by self-inflicted injury.

H. Survivors of Suicide (QPR Definition)

Family, friends, community, co-workers survived by individual death by suicide.

I. Navajo Suicide Surveillance System (NSSS)

Surveillance tool to track suicide data and postvention services. Identifies risk factors of suicide to evaluate the effectiveness of the prevention programs, and to observe the target and focus of these programs.

J. Navajo Epidemiology Center (NEC)

Collects suicide related data, including suicidal behavior and/or preparatory acts; and self-directed violence through the NSSS.

~~The goals of Navajo Nation Crisis Response and Postvention are to follow the Navajo Executive Order NO. 001-19:~~

~~Goal 1: To educate and discuss the signs/symptoms of suicide while emphasizing the need to be resilient and teachable to families across the Navajo Nation.~~

~~Goal 2: To establish a team and promote the initiative by addressing prevention, intervention, and postvention tasks related to suicide.~~

~~Goal 3: To define and establish local crisis response/postvention teams to provide immediate community support and suppress suicide contagion.~~

~~Goal 4: To implement and maintain a comprehensive suicide surveillance system with mandatory reporting legislation to ensure data sharing and confidentiality of records.~~

~~Goal 5: To assist with individual, family, and community wide crisis, trauma inducing event that causes life threatening injury or death.~~

~~IV. ROLES AND RESPONSIBILITIESRULES~~

A. The Crisis Response Team (CRT) consists of ~~Division of Behavioral and Mental Health Services~~DBMHS employees' ~~and other community resource~~and vetted volunteerses.

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B. In the event of a substance use, suicide, or suicide attempt DBMHS will coordinate with local healthcare partners and law enforcement to provide immediate crisis response and post-vention services.
C. If the crisis is a community wide trauma inducing event DBMHS will work with community resources to identify the role of the CRT.
D. To ensure sensitivity of suicide related crisis, the following terms are considered acceptable, "death by suicide," and "suicide attempt." The following terms are unacceptable: "committing suicide, (in)completion, (un)successful."
E. Cultural sensitivity will be considered when collaborating with individuals on, or surrounding, the Navajo Nation.

~~The Crisis Response Team roles consists of:~~
~~The Crisis Response Team Leader~~
~~The Crisis Response Team Members~~
~~Trained Community VolunteersNavajo Nation Public Safety~~
~~Navajo Epidemiology Center~~

~~The Crisis Team Lead will:~~
~~Serve as the primary contact for Law Enforcement~~
~~Crisis Team Lead: primary contact for Law Enforcement, activate team members to respond to incident, and is responsible~~Obtain ~~for obtaining the following:~~
~~Information on the victim community trauma inducing event (i.e. location, names, age, gender, incident);~~
~~Location of incident~~
~~Type of crisis call (suicidal ideation, threat, attempt, death by)~~Coordinate ~~which two (2) team members will respond to the crisis incident;~~
~~Document suicides, including suicidal behavior and/or preparatory acts within the NSSS:~~
~~Name~~
~~Date of Birth~~
~~Age~~
~~Gender~~
~~Location of incident~~
~~Method of injury~~
~~Contact Information~~
~~Name of the lead Law Enforcement Officer responding to the crisis~~
~~Assist with crisis call in the event there are no other team members available to attend a call with Crisis Response team member.~~
~~Follow up with CRT members for debrief.~~
~~Team Lead will assist in responding to crisis calls~~
~~Crisis Response Team Member will:~~
~~Serve on the crisis team per indicated availability~~
~~Selected suicide team member will be~~Become ~~contact person for Law Enforcement and family for any follow up calls or information.~~
~~Physically respond to the scene upon clearance from responding public safety entity; OR~~

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- Physically respond to the emergency room when notified by Crisis Response Team Lead.
- Assist team lead in collecting data to be entered in NSSS.
- Maintain communication with responding public safety entity.
- Focus initially on the Individual who is affected by crisis.
- Offer help or support to the individual, family, and/or community by providing referral information to mental health, faith based and/or traditional support, etc.
-
- Provide emotional support and will respect the wishes of the familyReport to Division of Social Services, Police Departments, Child Protective Services, and/or Adult Protective Services in the event of child/adult abuse.
- Collaborate with local, county, tribal, state, and federal entities based on jurisdiction.

Navajo Nation Public Safety:

- Law Enforcement/Dispatch: dispatch can contact the crisis response team lead, provide necessary demographic information (i.e. name, location); provide point of contact for of the family.
- Department of Corrections: correction personnel can will contact the crisis response team lead, provide necessary demographic information (i.e. name, location); provide screening, emotional support, identify resources and treatment recommendations.
- Criminal Investigator (CI): contact crisis response team lead for postvention services; provide point of contact for impacted individuals.
- Social Services: Crisis response will contact Social Services in the event of child/adult abuse.
- Collaborate with local, county, tribal, state, federal entities jurisdiction aside.

Navajo Epidemiology Center (NEC):

- Provide tablets to CRT members for collection of data in the field for NSSS.
- Collect surveillance data of suicides, including suicidal behavior and/or preparatory acts; and self directed violence through the NSSS;
- Usetilize the NSSS to identify risk factors of suicide, to monitor and implement controls, to evaluate the effectiveness of the prevention programs, and to observe the target and focus of these programs.
- (Addendum: Suicide Surveillance System Policy).

Additional Duties of the Crisis Response Team:

- Attend meetings pertaining to the Crisis Response Team
- Attend monthly Crisis Response Team meeting.
- Debrief with CRT Lead after each call
- Maintain qualifications in required training:
  - Question, Persuade, Refer (QPR) – (2 hours)
  - Mental Health First Aid (MHFA) – Adults Assisting Adults (8 hours)
  - Mental Health First Aid (MHFA) – Adults Assisting Youth (8 hours)
  - Suicide Postvention (3 days)
  - Suicide Surveillance Instrument (4 hours)
  - Health Insurance Portability Accountability Act (HIPAA) – Confidentiality (2 hours).
- Due to other constraints, the trainings listed below are not required, but strongly recommended:
  - SafeTALK (4 hours)

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~~Critical Incident Intervention (2 days)~~
~~Non-Violent Crisis Intervention (4 hours)~~
~~Basic First Aid/CPR~~
~~Applied Suicide Intervention Skills Training (ASIST)~~
~~Law Enforcement Training on Behavioral Health~~

~~Maintain emergency kits in each vehicle when responding to crisis response calls, kits must containing the following items:~~

~~First Aid Kit~~
~~Flashlight & Batteries~~
~~Hand warmers/Foot warmers~~
~~Mittens/Gloves, Socks, Blankets~~
~~Bottled water/Granola Bars~~

- ~~Provides technical support for Navajo Suicide Surveillance System (NSSS).~~
- ~~**I. Use the NSSS to identify risk factors of suicide, to monitor and implement controls, to evaluate the effectiveness of the prevention programs, and to observe the target and focus of these programs.**~~

~~**I. (Addendum: Suicide Surveillance System Policy).**~~

~~**I. The Crisis Response Team consists of:**~~

- ~~**I. The Crisis Response Team Leader**~~
- ~~**I. The Crisis Response Team Members**~~
- ~~**I. Trained Community Volunteers**~~

V. ~~CRISIS RESPONSE TEAM PROCEDURESPROCEDURES~~

A. In the event of a suicide related incident, the CRT roles consists of the Crisis Team Lead and Crisis Team Members:

1. The Crisis Team Lead will:
   a. Serve as the primary contact for Law Enforcement
   b. Obtain information on the incident (i.e., location, names, age, gender).
   c. Coordinate which two (2) team members will respond to the crisis incident.
   d. Document suicides, including suicidal behavior and/or preparatory acts within the NSSS:
      - Name
      - Date of Birth
      - Age
      - Gender
      - Location of incident
      - Method of injury
      - Contact Information
      - Name of the lead Law Enforcement Officer responding to the crisis.
   e. Assist with crisis call in the event where there are no other team members available to attend a call with the CRT member.

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f. Follow-up with CRT members for debrief.

2. Crisis Response Team Member will:
   a. Serve on the crisis team per indicated availability.
   b. Become contact person for Law Enforcement and family for any follow-up calls or information.
   c. Physically respond to the scene upon clearance from responding public safety entity; or
   d. Physically respond to the emergency room when notified by CRT Lead.
   e. Assist team lead in collecting data to be entered in NSSS.
   f. Maintain communication with responding public safety entity.
   g. Focus initially on the Individual who is affected by crisis.
   h. Offer help or support to the individual, family, and/or community by providing referral information to substance use disorder, mental health, faith-based and/or traditional support.
   i. Report to Division of Social Services, Law Enforcement, Child Protective Services, and/or Adult Protective Services in the event of child/adult abuse.
   j. Collaborate with appropriate entities based on district.

B. Additional Duties of the Crisis Response Team member:
   1. Attend meetings pertaining to the Crisis Response Team, including monthly team meetings.
   2. Debrief with the CRT Lead after each call.
   3. Maintain certification in required training:
      a. Basic First Aid/CPR
      b. Question, Persuade, Refer (QPR) – (2 hours)
      c. Mental Health First Aid (MHFA) – Adults Assisting Adults (8 hours)
      d. Mental Health First Aid (MHFA) – Adults Assisting Youth (8 hours)
      e. Non-Violent Crisis Intervention (4 hours)
      f. Suicide Postvention (3 days)
      g. Suicide Surveillance Instrument (4 hours)
      h. Health Insurance Portability Accountability Act (HIPAA) – Confidentiality (2 hours)
   4. The following trainings are not required, but strongly recommended:
      a. SafeTALK (4 hours)
      b. Critical Incident Intervention (2 days)
      c. Applied Suicide Intervention Skills Training (ASIST)
      d. Law Enforcement Training on Behavioral Health
   5. CRT will follow GSA rules and regulations.
   6. Maintain emergency kits in each vehicle when responding to crisis response calls, kits must contain the following items:
      a. First Aid Kit
      b. Flashlight & Batteries
      c. Hand warmers/Foot warmers
      d. Mittens/Gloves, Socks, Blankets
      e. Bottled water/Granola Bars

C. Crisis Call ~~Procedures~~:
   1. Team Lead will obtain demographic information from public safety and contact other CRT members.
   2. The ~~Crisis Response Team~~CRT will respond only after location and the scene has been secured and cleared by public safety entity.
   ~~Crisis Response Team members will respond to a crisis call and provide~~

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~~assistance at the scene/location.~~

~~Team Lead will obtain demographic information from public safety, and contact other CRT members to respond to the call after scene/location has been cleared.~~

D. Follow-Up ~~Procedures~~:

1. CRT ~~member~~members will contact the individual or survivors of suicide to notify them of available ~~resources~~resources and provide follow-up care.

~~CRT member will provide information on available resources and provide information for follow-up care.~~

2. CRT member who responded will conduct the first follow-up within a week of the incident and conduct a second follow up approximately two (2) weeks— from the first follow up:
   a. If additional services are needed or requested, the individual will be referred for ~~services~~services.
   b. Follow up will cease after second follow-up— if no additional services are requested.

E. Postvention (Death by Suicide/Sudden Death) ~~Procedures~~:

1. CRT ~~member~~members will contact the individual or survivor(s) of suicide to extend Postvention Services (community health first aid, meet with high-risk youth, host community events to raise awareness on suicide).
   a. If further services are requested, CRT member will provide services based on Socioecological Model (individual, family, tribe, village, society).
   b. If services are no longer required, CRT member will provide information on available resources and provide information for follow-up care.
2. Responder(s) will conduct the first follow-up and conduct a monthly follow up:
   a. If additional services are needed or requested, the individual will be referred to other service providers.
   b. Follow up will cease after second follow-up— if no additional services are requested.

F. The Crisis Response Team members may involve all aspects of the community during a postvention including: hospital and emergency personnel, community mental health workers, traditional healers, faith-based/pastoral, law enforcement, ~~&~~ public safety, tribal, county, state and federal agencies, ~~clergy,~~ school leaders, parent groups, and survivor groups by:

1. Providing a public response to minimize sensationalism and avoid glorification through prevention information and community resources.
2. Providing immediate evaluation and counseling of families and close friends of the victim(s) and others known to be suicidal or assessed as at-risk with support of family/community member if all parties ~~are in agreement~~agree.

~~**The Crisis Response Team Leader will:**~~

- ~~Serve as the primary contact for the crisis team~~
- ~~Be the first team member contacted by Law Enforcement~~
- ~~Coordinate which two (2) team members will respond to the crisis incident~~
- ~~Determine if the crisis is a suicidal ideation, threat, attempt or death by suicide, and~~
- ~~Document within the Suicide Surveillance System (i.e. tablet) and DBMHS Electronic~~

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Health Record (EHR)

- Name
- Date of Birth
- Age
- Gender
- Location of incident
- Method of injury
- Contact Information
- Name of the lead Law Enforcement officer responding to the crisis.
- Contact other crisis team members and gather information regarding the individual and nature of the crisis,
- Assist with crisis call, as needed
- Follow up with CRT members for debrief.

The Crisis Response Team Members will:

- Physically respond to the scene upon clearance from responding public safety entity; OR
- Physically respond to the emergency room
- Assist in collecting Suicide Surveillance System data to be input in tablet and EHR system.
- Maintain communication with responding public safety entity.
- Focus initially on the Individual who is affected by crisis.
- The Crisis Response Team will offer help or support to the individual, and/or community by:
- Providing referral information to mental health, faith based and/or traditional supports, etc.
- Providing referrals for individualized support as requested to all survivors and individuals at risk
- Establishing an immediate and meaningful bond between the newly bereaved individuals and the para professional. Aimed at facilitating a conversation about the grief and the potential for hope between the bereaved and the crisis team.
- Changing the scene of the tragedy after a crisis to a more "concerned and caring environment" for all individuals and survivors.

Additional Duties of the Crisis Response Team:

- Attend meetings pertaining to the Crisis Response Team
- Attend monthly Crisis Response Team meeting

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- Debrief with CRT Lead after each call
- Maintain qualifications in required training:
  - QPR (2 hours)
  - MHFA – Adult (8 hours)
  - MHFA – Youth (8 hours)
  - Suicide Postvention (3 days)
  - Suicide Surveillance Instrument (4 hours)
  - HIPPA – Confidentiality (2 hours)
- Other Suggested trainings:
  - SafeTALK (4 hours)
  - Critical Incident Intervention (2 days)
  - Non Violent Crisis Intervention (4 hours)
  - Basic First Aid/CPR
  - ASIST – Applied Suicide Intervention Skills Training
  - Law Enforcement Training on Behavioral Health
- Maintain emergency kits in each vehicle used to respond to crisis response calls, containing the following items:
  - First Aid Kit
  - Flashlight & Batteries
  - Hand warmers/Foot warmers
  - Mittens/Gloves, Socks, Blanket
  - Bottled water/Granola Bars

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Crisis Response Team Procedures

Crisis Call Procedures:

- The Crisis Response Team will respond only after location and the scene has been secured and cleared by public safety entity.
- Only trained Crisis Response Team members will respond to a crisis call and provide assistance at the scene/location

Follow Up Procedures:

- Responder will contact the individual or survivors of suicide to notify them of available resources
- Responder will provide DBMHS information services and provide information for follow-

up with expedited referral within DBMHS

- Responder will document follow up within DBMHS EHR
- Responder(s) will conduct the first follow up within a week of the incident and conduct a second follow up approximately two (2) weeks from the first follow up:
  - If additional services are needed/requested the individual will be referred for services
  - Follow ups will cease after second follow up or if no additional services are requested

Postvention (Death by Suicide/Sudden Death) Procedures:

- Responder will contact the individual or survivors of suicide to extend Postvention Services.
  - If yes, Responder will provide services based on Socioecological Model (individual, family, tribe, village, society).
  - If no, Responder will provide DBMHS information services and provide information for follow up with expedited referral within DBMHS
- Responder will document follow up within DBMHS EHR
- Responder(s) will conduct the first follow up and conduct a monthly follow up:
  - If additional services are needed/requested the individual will be referred for services
  - Follow ups will cease or continue as needed.

The Crisis Response Team members may involve all aspects of the community during a postvention including the hospital and emergency personnel, community mental health workers, traditional healers, law enforcement & public safety, tribal, county, state and federal agencies, clergy, school leaders, parent groups, and survivor groups by:

- Providing a public response to minimize sensationalism, avoid glorification, but include prevention information and community resources
- Providing immediate evaluation and counseling of close friends of the victim(s) and others known to be suicidal or assessed as at risk with support of family/community member if all parties are in agreement.
- Providing appropriate restriction of any lethal means to those assessed to be at risk in the community.
- Understanding that all agencies will work together to prevent a suicide and the Postvention intervention must emphasize prevention.

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DEFINITIONS

Crisis—Community—Wide Trauma Inducing Event

An event that causes life-threatening injury or death that may cause widespread trauma. For example, devastating losses related to death of missing person, Gold King Mine incident, and Chuska Mountain forest fire.

Follow-up

Check in on individuals or family members and discuss how they could take care of their behavioral and mental health after a trauma inducing event.

Self-directed violence (analogous to self-injurious behavior):

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.

This does not include behaviors such as parachuting, gambling, substance abuse, tobacco use or other risk taking activities, such as excessive speeding in motor vehicles. These are complex behaviors some of which are risk factors for SDV but are de-needdefined as behavior that while likely to be life threatening is not recognized by the individual as behavior intended to destroy or injure the self. (Farberow, N. L. (Ed.) (1980). The Many Faces of Suicide. New York: McGraw-Hill Book Company). These behaviors may have a high probability of injury or death as an outcome but the injury or death is usually considered unintentional.

Self-directed violence is categorized into the following: **Non-suicidal** (as defined below) **Suicidal** (as defined below).

Non-suicidal self-directed violence

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.

There is no evidence, whether implicit or explicit, of suicidal intent. ***Suicidal self-directed violence***

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.

Please see appendix for definition of implicit and explicit.

Postvention

An organized response to the aftermath of a suicide to accomplish any one or more of the following: to facilitate the healing of individuals from the grief and distress of suicide loss; to mitigate other negative effects of exposure to suicide; to prevent suicide among people who are at high risk after exposure to suicide (National Action Alliance for Suicide Prevention). Postvention is best described as "appropriate and helpful acts that come after a dire event", alleviating the effects of stress for the individual, family and survivors

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whose lives are forever altered. Postvention helps family members and friends cope with the crisis and/or loss they are have just experienced.

Socioecological Model

The Social Ecological Model (SEM) is a theory based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations. There are five nested, hierarchical levels of the SEM: Individual, interpersonal, community, organizational, and policy/enabling environment

Suicidal self-directed violence

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.

Undetermined self-directed violence

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based on the available evidence.

Suicide attempt

A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Interrupted self-directed violence – by self or by other

By other – A person takes steps to injure self but is stopped by another person prior to fatal injury. The interruption can occur at any point during the act such as after the initial thought or after onset of behavior.

By self (in other documents may be termed "aborted" suicidal behavior) – A person takes steps to injure self but is stopped by self prior to fatal injury.

Death by Suicide

Death by self-inflicted injury.

Survivors of Suicide (QPR Definition)

Family, friends, community, co-workers survived by individual death by suicide.

Unacceptable Terms

Committing suicide, (in)completion, (un)successful suicide.

Acceptable Terms

Death by suicide, suicide attempt.

REFERENCES

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~~1.~~A. American Counseling Association (ACA)
~~2.~~B. Hanzlick R, Hunsaker JC, Davis GJ. *Guide for Manner of Death Classification.* National Association of Medical Examiners. Available at: http://www.charlydmiller.com/LIB03/2002NAMEmannerofdeath.pdf. Accessed 1 Sept 2009
~~3.~~C. Health Insurance Portability and Accountability Act (HIPAA)
~~4.~~D. National Association for Alcoholism and Drug Abuse Counselors (NAADAC)
~~5.~~E. National Center for Injury Prevention and Control, Division of Violence Prevention
~~6.~~F. Notice of Non-Discrimination: In accordance with Navajo Nation "law/act/executive order"~~...~~
~~7.~~G. Self-Directed Violence Surveillance Uniform Definitions (CDC, 2011)

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Navajo Nation Division of Behavioral & Mental Health Services

RESIDENTIAL TREATMENT CENTER POLICIES AND PROCEDURES

TABLE OF CONTENTS

Contents updated: October 25, 2023

I. PURPOSE

The Division of Behavioral & Mental Health Services (DBMHS) Policies and Procedures Manual provides protocols guiding the core elements of services provided by DBMHS.

The overall purpose of the DBMHS Policies and Procedures Manual is to assist staff in achieving the purpose of DBMHS, which is to provide culturally responsive, comprehensive, individualized, client and family-driven behavioral health services.

Policies are in accordance with cultural, community, and professional norms and standards, and also in compliance with relevant tribal, state, and federal laws and regulations. Guidelines for DBMHS administrative processes not specifically delineated in other tribal regulations and policies, such as the Navajo Nation Personnel Policies, are also included in accordance with national and state behavioral health standards by which the division functions.

II. NAVAJO DEPARTMENT OF HEALTH AUTHORITIES

Pursuant to 2 N.N.C.§1604, The Department of Health is established as a Department under the Executive Branch of the Navajo Nation Government. Pursuant to 2 N.N.C.§1606, The Department of Health shall be comprised of such programs, offices and administrative components as may be deemed necessary by the Executive Director to fulfill its purposes subject to legislative review and approval of the Department's Plan of Operation.

The Department of Health was established by enacted Resolution CO-50-14 to ensure that quality comprehensive and culturally relevant health care and public health services are provided on the Navajo Nation, and was established to monitor, evaluate, regulate, enforce, and coordinate health codes, regulations, policies, and standards and provide public health services in order to protect the health and safety of the Navajo people and communities.

III. BACKGROUND

This policy was developed in 2009 and applied in 2010 for the Navajo Regional Behavioral Health Center in Shiprock, NM. The policy allowed Shiprock Residential Treatment Center to achieve accreditation from the Commission on Accreditation of Rehabilitative Facilities (CARF) in 2015. CARF was re-surveyed in 2022 for another three years of accreditation.

The policy was combined with the Outpatient Treatment Policy but was later extracted to become its own standalone policy in 2020. Currently, this Residential policy meets the needs for adolescents and adults on Navajo Nation and will be revised annually.

IV. PROGRAM PHILOSOPHY

All DBMHS treatment services are based on the value of applying clinical behavioral health treatment modalities with approaches that complement spiritually and culturally based healing. Both Western clinical and traditional Navajo approaches prescribe the restoration of the whole person within the family system by addressing physical, emotional, mental,

spiritual, and social being. Program staff uses an integrated approach to providing intervention and treatment.

Navajo culture and traditional healing practices are integrated throughout the program for clients to learn and practice if they choose. A strong emphasis is placed on assisting clients with the development or reinforcement of a positive cultural/ethnic identity. The use of songs and stories, traditional ceremonial practices, cultural beliefs, and values allow clients to become connected to the roots of their people.

Consistent with cultural values and with best practices in client treatment, family involvement is also integrated throughout treatment; families are supported and actively encouraged so they are able to participate. All these elements build a foundation for clients to increase their ability to live a healthier lifestyle and for restoration of k'é hwindziin (positive interpersonal relationships) in all aspects of living.

The integration of Native healing practices is an essential component to the western treatment modality in addressing the holistic life and health needs of the clients served. DBMHS clinical programming is based on the belief that individuals having behavioral health problems can reach their potential and achieve a meaningful place in society if provided with opportunities to gain experience and heal, with nurturing, patience, encouragement, and structure, in a therapeutic environment. The primary focus of treatment/healing is to assist clients in re-establishing positive growth and development in all developmental or functional domains.

V. GUIDING PRINCIPLES

A. DBMHS Vision Statement
The DBMHS vision is captured in the Navajo language as, "***Diné Be'iina' Hoozhoogo Silá***." This phrase has a broad and complex meaning, but a simple translation is: "In the Navajo way of life there is beauty before you."

B. DBMHS Mission Statement
The DBMHS overall mission is to restore families to health and harmony by using culturally appropriate behavioral health services.

VI. PROGRAM GOALS

A. **GOAL:** To provide comprehensive, clinically managed services to Native American people suffering from substance abuse/dependence and related co-occurring problems including mental health disorders.
OBJECTIVES:
1. Provide treatment utilizing the biopsychosocial, spiritual, and traditional Native American modalities in addressing the spiritual, emotional, mental, traditional, and physical needs of each client.
2. Assist clients with identification of their problems and include them in the treatment planning process.

3. Integrate Native American cultural teachings and traditional activities to enhance the treatment process of the target population.
4. Conduct assessments and evaluations for the formulation of appropriate and effective individualized treatment plans.
5. Provide individual and group therapy to address issues of substance dependence and co-occurring issues.
6. Provide family therapy and education to foster a healthy family environment.
7. Provide experiential therapy and wellness activities through an Adventure Based Counseling model (ropes course, rappelling, hiking, running) to support the treatment process.
8. Provide a comprehensive discharge plan to support continued recovery.
9. Provide case management services throughout the treatment process.

B. **GOAL:** Provide appropriate spiritual support and healing for substance abuse and co-occurring conditions.

OBJECTIVES:

1. Provide clients with cultural, spiritual, and traditional philosophy of life and provide holistic teaching about the importance of abstinence and other health beliefs and behaviors.
2. Provide spiritual, cultural education and awareness.
3. Provide faith-based counseling to clients and families.
4. Provide sweat lodge ceremonies for purification, healing, and spiritual intervention.
5. Provide traditional diagnosis when appropriate.
6. Provide support for traditional healing ceremonies for clients and families.

C. **GOAL:** To support healthy and drug-free lifestyles among Native American clients by providing community education, partnership/collaboration, referral support, and service coordination to local communities and community service providers, from the perspective of a DBMHS provider.

OBJECTIVES:

1. Utilize media for public awareness of prevention and treatment services available through the DBMHS programs.
2. Engage in community activities which provide expertise and knowledge to support healthy and drug-free communities.
3. Work collaboratively with community agencies to ensure coordinated, prevention and high-quality treatment services across the continuum of care, from pre-referral assessments to discharge planning and continuing care.

D. **GOAL:** To comply with all legal and regulatory requirements of tribal, federal, state, and accrediting body standards.

OBJECTIVES:

1. Meet the standards and guidelines required to access appropriate funding.
2. Obtain and maintain appropriate accreditation of the facility and treatment program.
3. Meet state behavioral health standards of care and uphold all the standards within each treatment agency.

4. Comply with Navajo Nation, state, and federal mandates to ensure safety and welfare of clients and employees in all aspects of the DBMHS organization.
5. Maintain and upgrade staff professionalism and credentials as required for the delivery of professional quality treatment services in all components of the program.

E. **GOAL:** To provide individualized education services and assistance based on the needs of individual DBMHS clients.

OBJECTIVES:

1. Provide individual and group instruction to address remedial needs, skills development, and to maintain academic skills while receiving treatment.
2. Provide academic education services that match clients' learning styles.
3. Periodically provide parents/guardians and clients with an academic report.
4. Provide knowledge and skills to enhance clients' future employment capabilities.
5. Interface with the client's school which was attended prior to admission and following discharge from the residential program.
6. Interface with other education agencies and programs as needed.

F. **GOAL:** To promote health and wellness for DBMHS clients.

OBJECTIVES:

1. Provide clients with nutrition education in the area of good nutrition and provide clients with balanced meals and snacks in residential programming.
2. Provide clients in residential programming with dental, hearing and vision screens to identify problems that need attention to help clients be more successful in school/jobs after discharge.
3. Provide clients with information about family planning and sexually transmitted diseases to promote healthy relationships and family life.
4. Counsel clients and families on chronic health conditions to prevent illness.

G. **GOAL:** Data is collected, and information is used to manage and improve service delivery.

OBJECTIVES:

1. Accumulate and compile client data outcomes to evaluate the program effectiveness in all aspects of the treatment milieu and cultural services.
2. Conduct peer reviews to ensure compliance with pre-set case management standards and delivery of quality services.
3. Conduct exit interviews with clients and families to ensure delivery of quality services.
4. Establish client follow-up procedures and obtain data at one month, six months, and twelve months to determine the long-term effectiveness of the program.

H. **GOAL:** Create a sustainable funding stream by capitalizing on third party reimbursement.

OBJECTIVES:

1. DBMHS establishes the internal capacity, infrastructure, and back-office functions to enable billing for third-party reimbursement.
2. The treatment center will submit claims to Medicaid, Title 19, or private insurance as available.

I. POLICY

DBMHS consistently adheres to established parameters defining eligibility for program services and clinical appropriateness for the level of care provided.

II. PURPOSE

To provide clinical appropriateness for population served in residential treatment.

III. DEFINITIONS

A. **Adolescent Residential**
Services provided in accordance with the American Society of Addiction Medicine Patient Placement Criteria (ASAM) Level 3.5, Clinically Managed Medium-Intensity Residential Treatment for adolescents.

B. **Adult Residential**
Services provided in accordance with ASAM Level 3.5, Clinically Managed High-Intensity Residential Treatment for adults.

C. **Intensive Outpatient**:
Services provided in accordance with ASAM Level 2.1, Intensive Outpatient Treatment for adults and adolescents.

D. **Transitional Living**
Services provided in accordance with ASAM Level 3.1, Clinically Managed Low-Intensity Residential Treatment for adults and adolescents.

E. **Outpatient**:
Services provided in accordance with ASAM Level I.0 and 0.5, Outpatient Treatment for adults and adolescents.

IV. RULES

A. DBMHS provides services to enrolled members of the Navajo Tribe. Enrolled members of all federally recognized Indian tribes are eligible for services contingent upon availability of beds and funding.
   1. Adolescent services are provided to adolescents aged 13 through 18.
   2. Adult services are provided to adults aged 18 and older.

B. DBMHS Residential Treatment Services are designed for individuals who:
   1. Meet ASAM criteria for adolescent Level of Care 3.5 or adult Level of Care 3.3 or 3.1.
   2. Meet criteria for a substance use disorder and who may have a co-occurring mental disorder, as diagnosed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – Text Revision (DSM 4).
   3. Are determined to be medically stable.
   4. Agree to adhere to program guidelines and participate in the treatment process to the best of their ability.

C. Exclusionary criteria, which rule out admissions due to client characteristics that impede his or her ability to participate and benefit from treatment interventions, include the following:

1. Medical conditions which cannot be managed within the residential treatment setting.
2. Acute substance intoxication or withdrawal which requires medical management.
3. Active psychosis or other serious mental illness not stabilized by medication or other means.
4. Presenting an exceptional and immediate danger to self or others.
5. Significant cognitive impairment, as measured by a culturally and linguistically appropriate assessment process, requires specialized services not provided by DBMHS.
6. Pending felony charges or convictions which are scheduled for adjudication or sentencing, and which are likely to interrupt the treatment process.

D. Structured, supportive services are provided for family members in conjunction with clients' residential treatment services. Parent or family participation is required for adolescents receiving residential services. Participation of family or significant others is strongly encouraged for adults receiving residential services.

E. Case-by-case adjustments in age-based eligibility for services for children, adolescents, and young adults may be made at discretion of Clinical Director and Clinical Team based on the developmental appropriateness of services.

V. PROCEDURES

A. Decisions regarding application of admission and exclusion criteria are made by the Clinical Director and Clinical Team, based on assessment of client clinical data, presenting problems, the client's cultural context, and current program capacity.

B. Documentation of the client's enrollment in a federally recognized tribe is obtained at the time of admission and kept on file in the client record.

REFERENCES

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). *The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occuring Conditions* (3rd ed.). Chevy Chase: The Change Companies.

I. POLICY

DBMHS offers a variety of care options for Native American individuals and their families suffering from the effects of substance use and mental health problems.

II. PURPOSE

To provide clinically and developmentally appropriate residential services for adolescents aged 13 to 18, and adults aged 18 and older.

III. DEFINITIONS

A. **Assessment**
Multidisciplinary assessment is provided to clients to obtain a complete picture of their strengths and needs in all developmental domains, and to define treatment goals and objectives. Licensed/Certified providers complete the assessment and generate an integrated treatment plan that identifies initial and ongoing treatment directions and recommended level of care.

B. **Case Management (Service Coordination)**
Based on the needs of the client, the case management specialist, or the primary counselor with input from the clinical team coordinates client services. Coordinated services may include service provision approval, resource referrals, medical, rehabilitation, housing, clothing, food.

C. **Continuum of Care**
Refers to a range of community-based, culturally responsive behavioral health services designed to foster recovery and resiliency among persons served. Each client receives care from a primary behavioral health professional, under the supervision of a primary behavioral health professional. The DBMHS continuum of care includes the following levels of care:

1. Men's LOC 3.3, 3.1 Residential
2. Women's LOC 3.3, 3.1 Residential
3. Adults with Children Residential LOC 3.1 & Sober Housing
4. Sober Housing for Men
5. Sober Housing for Women
6. Adolescent LOC 3.5 Residential
7. Sober Housing for Adolescents
8. Outpatient Treatment Center
9. Intensive Outpatient Program
10. Community Outreach & Prevention

D. **Counseling**
The goal of individual, family and group counseling is to assist the client with their substance abuse and mental health problems to achieve the maximum level of healthy development, self-reliance, and community integration.

E. **Family Services**
Family participation in the treatment process is required, with the purpose of restoring individuals to a life of health and harmony, consistent with Navajo traditional concept of *Ké hasin*. Participation includes family therapy and psychoeducational sessions, treatment and continuing care planning, and traditional treatment services. The goal of these services is to assist family member(s) with the restoration, enhancement, or

maintenance of the family functioning in dealing with substance abuse and mental health issues.

F. **Interpreter Services**
Oral and/or written translation services are provided to persons and/or their families with limited English proficiency by staff who are bilingual. Other communication barriers (e.g., hearing or vision) may be addressed through collaboration with other agencies.

G. **Substance Abuse and Health Education, Psychosocial Skills**
Provide Psychoeducation groups to clients and their families (i.e., anger management, parenting skills training, emotion & behavior, relapse prevention, Alcoholics Anonymous, Narcotics Anonymous, healthy life skills, coping skills).

H. **Telephone Crisis Intervention**
Telephone crisis intervention services are available, as needed. Services typically involve brief stabilization, referral to community emergency services, and a follow-up call to ensure the person is stabilized.

I. **Traditional Healing Services**
The Navajo Traditional healing model includes diagnostic and healing Ceremonies, sweat lodge sessions, talking circle, traditional peacemaking sessions, cultural education, and other traditional activities. Traditional healing services and Native American Church (NAC) meetings can be provided at the request of client and family in accordance with the treatment plan.

J. **Transportation Services**
Limited transportation services involve the transporting of a person from one place to another to facilitate the client to achieve their treatment goals. The service may also include the transportation of a person's family/caregiver, with or without the presence of the person, if provided for the purposes of conducting the person's treatment plan (e.g., counseling, family support, case planning/review meetings).

K. **Triage**
Behavioral health (mental health and substance abuse) screening to determine eligibility for admission using a standardized screening tool or criteria, including the triage function of making preliminary recommendations for treatment interventions and/or assisting in the development of the person's service plan.

L. **Pastoral Services**
DBMHS makes available faith-based counseling services to clients and their families to encourage restoration of spirituality as a part of their recovery process.

IV. RULES

A. DBMHS treatment services are provided through a multidisciplinary treatment team approach and the roles, responsibilities and leadership of the team are clearly defined.

B. DBMHS provides a daily structured program that meets clients' needs as identified in the comprehensive assessment and as prescribed in the treatment plan. The following services are provided:
   1. Individual, family, and group therapy, at the level of frequency documented in the treatment plan.
   2. Access to timely and necessary medical care.

3. Supervision of self-administered medication, if appropriate.
4. Crisis intervention.
5. Educational services.
6. Activities of daily living.
7. Recreation, leisure time and other planned therapeutic activities.

C. The agency provides services, care, and supervision at all times, including:
   1. The provision of, or access to, medical services (through Indian Health Services) on a 24-hour basis.
   2. Maintenance of a staff-to-client ratio appropriate to the level of care and needs of the clients.
      a. For Adolescent Residential Treatment Services, the minimum ratios are one (1) to six (6) during the day and evening shifts and one (1) awake staff to twelve (12) clients during the night shift.
      b. For Adult Residential Treatment services, the minimum ratios are one (1) to eight (8) during the day and evening shifts and one (1) awake staff to twelve (12) clients during the night shift.
      c. Additional staff must be provided if the clinical needs of the client population are high.
      d. A written schedule must be maintained by the agency to document the staffing ratios.
      e. A Behavioral Health Professional (BHP) is on-call and available 24 hours a day.
   3. Arrangements for, and provision of, supervision for off-grounds activities, including transportation, in accordance with minimum and need-based ratios; and
   4. Arrangements for, and provision of responses to significant life events that may affect the client's treatment when out of the facility.

D. The following factors will be considered in determining the appropriate level of services and supervision:
   1. Risk of victimizing others.
   2. Risk of inappropriate consensual activity.
   3. Risk of being victimized by others.
   4. Applying the least restrictive means to meet the needs of the client.

E. Services and activities are appropriate to the age, behavioral, and emotional development level of the client.

F. When not therapeutically or legally contraindicated, the agency encourages parent/client contact and makes efforts at family reunification. Such contacts and efforts are documented as they occur. If reunification is contraindicated, the reason is documented in the client's record at the time that determination is made, and the issue is reconsidered when indicated. This process of reunification and strengthening the family *K'é hasin* is also strongly encouraged for adult clients.

G. Accessibility of services is ensured by:
   1. Providing culturally responsive services consistent with the culture and values of the client and family, acknowledging diversity of tribal and spiritual affiliations.
   2. Employing staff who are bilingual and bicultural, consistent with the population

served.

3. Providing public information concerning services provided to persons in the community who are non-English speaking, to help ensure their full access to services.

H. Adolescent Residential Treatment Services are limited to 16 beds or fewer per unit.

I. Adult and adolescent residential services are consistent with requirements for New Mexico Residential Treatment Center for Adults and Adolescents with Substance Use Disorders and Arizona Residential Level 2, Substance Abuse, and co-occurring disorders Treatment Services.

V. PROCEDURES

A. All services provided will be in accordance with the client's treatment plan. DBMHS client treatment plans contain all the elements required by applicable tribal, state, or federal regulations. Treatment plans are defined in terms of objectives or desired outcomes, and accomplishment of desired outcomes is documented in the electronic health record.

B. Full time Primary Counselor caseloads may be established for up to eight (8) clients.

REFERENCES

NMAC 7.20.11.18; NMAC 7.20.11.20; NMAC 7.20.11.23; NMAC 7.20.11.30F
ADHS/DBMHS Covered Services Guide §II.G.1

I. POLICY

DBMHS uses the current DSM-5 and ASAM Client Placement Criteria for assessment and treatment of clients with substance use disorders and/or with co-occurring disorders.

II. PURPOSE

The DSM-5 and ASAM Client Placement Criteria classification systems will be utilized in conjunction with cultural/spiritual support in accordance with clients' values.

III. DEFINITIONS

A. **American Society of Addiction Medicine (ASAM)**
Founded in 1954, a professional medical society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

B. **Level of Care**
The continuum of substance abuse care provided to people seeking substance abuse treatment, including outpatient, day treatment, residential and hospitalization.

ASAM Dimensional Placement Criteria:

1. **Acute Intoxication and/or withdrawal**: The client has no signs or symptoms of withdrawal or his or her withdrawal needs can be safely managed in a residential setting. Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued substance use treatment services.
2. **Biomedical Condition and Complications**: Client's status is characterized by biomedical conditions and problems, if any, that is sufficiently stable or permits participation in residential treatment. (e.g., uncomplicated pregnancy or asymptomatic HIV disease.)
3. **Emotional, Behavioral or Cognitive Conditions and Complications**: Client status is characterized by (a) *and* (b); *and* (c) *or* (d):
    a. The client has no symptoms of a co-occurring mental disorder, or any symptoms are mild, stable, fully related to substance use, and do not interfere with the client's ability to focus on addiction treatment issues; *or*
    b. The client's psychiatric symptoms (such as anxiety, guilt, or thought disorders) are mild, mostly stable, and primarily related to substance use or to a co-occurring cognitive, emotional, or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition, and behavior; for example, fluctuations in mood only recently stabilized with medication, substance-induced depression that is resolving but still significant, or a client with schizophrenic disorder recently released from a hospital; *and*

c. The client's mental status does not preclude his or her ability to: (1) understand the information presented and (2) participate in treatment planning and the treatment process; *and*
d. The client is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.

4. **Readiness to Change**: The client's status in Dimension 4 is Characterized by (a) and (b); or (c) or (d):
   a. The client expresses willingness to participate in treatment planning and to attend all scheduled activities mutually agreed upon in the treatment plan; *and*
   b. The client acknowledges that he or she has a substance-related and/or mental health problem and want help to change; *or*
   c. The client is ambivalent about substance-related and/or mental health problems. He or she requires monitoring and motivating strategies, but not an acute care setting. For example, the client has sufficient awareness and recognition of a substance use and/or mental health problems to allow engagement and follow-through with attendance at intermittent treatment sessions as scheduled; *or*
   d. The client may not recognize that he or she has a substance-related and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such a client may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.
5. **Relapse, Continued Use or Continued Problem Potential**: In Dimension 5, the client is assessed as able to achieve or maintain abstinence and related recovery goals, or to achieve awareness of a substance problem and related motivational enhancement goals, only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol or other drug use, craving, peer pressure, and lifestyle and attitude changes.
   In addition, the client with co-occurring disorders is assessed as able to achieve or maintain mental health functioning and related goals only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) impulses to harm self or others and difficulty in coping with his or her affect, impulses or cognition.
6. **Recovery Environment**: Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services. The client's status in Dimension 6 is characterized by one of the following:
   a. The client's psychosocial environment is sufficiently supportive that residential treatment is feasible (for example, a significant other agrees with the recovery effort; there is supportive work environment or legal coercion; adequate transportation to the program is available; and the support

meeting location and non-alcohol/drug-centered work are near the home environment and accessible); *or*

b. The client does not have an adequate primary or social support system, but has demonstrated motivation and willingness to obtain and support system; *or*
c. The client's family, guardian or significant others are supportive but require professional interventions to improve the client's chance of treatment success and recovery. Such interventions may involve assistance in limit setting, communication skills, a reduction in rescuing behaviors, and the like.

7. **ASAM Risk Ratings and Intensity of Service Needed**
   0 – No risk and no service needed
   1 – Mild risk and low intensity of service needed
   2 – Moderate risk and moderate intensity of service needed
   3 – Significant risk and moderately high intensity of service needed
   4 – Severe risk and high intensity of service needed

IV. RULES

A. ASAM Adolescent Residential/Intensive Inpatient Treatment Criteria
   1. The client needs a structured, 24-hour placement to ensure safety and effectiveness that cannot be provided at a lower level of care.
   2. Level 3.5, Clinically Managed, Medium Intensity Residential Treatment emphasizes psychoeducational or psychosocial treatment models (in contrast to a medical model) for refractory Dimension 3 (emotional/behavioral) conditions such as conduct disorder, developmental difficulties, or personality vulnerabilities.
   3. The client's recovery environment poses a risk or danger to their recovery so residential treatment is required.

V. PROCEDURES

A. A client may enter the continuum at any level most appropriate to their needs. A client could begin at a more intensive level and move to a less intensive levels either in consecutive order or by skipping levels. As the client moves through treatment in any one level of care, their progress is continually assessed. The discharge criteria for each level of care presume that the client has progressed towards a state of greater health and thus may be discharged to a less intensive level of care. Clients may, however, worsen or fail to improve at a given level of care. In such cases, modification to the treatment plan is necessary.
B. Adolescents referred for services will complete a preadmission packet that includes screening to determine their eligibility for receiving service.
C. On completion of Pre-admission:
   1. The Clinical Team will review the Pre-admission Packet upon receipt.
   2. The Clinical Team will determine the appropriate level of care in accordance with ASAM Dimensional Placement Criteria, defined above.
   3. The client is admitted, referred to, or placed on a waiting list.

REFERENCE

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). *The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occuring Conditions* (3rd ed.). Chevy Chase: The Change Companies.

I. POLICY

Division of Behavioral & Mental Health Services uses the current DSM-5 and ASAM Client Placement Criteria for assessment and treatment of clients with substance use disorders and/or with co-occurring disorders.

II. PURPOSE

To utilize these placement criteria in conjunction with cultural/spiritual support in accordance with clients' values to provide the appropriate level of care.

III. DEFINITIONS

A. **American Society of Addiction Medicine (ASAM)**
Founded in 1954, a professional medical society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

B. **Level of Care**
The continuum of substance abuse care provided to people seeking substance abuse treatment, including outpatient, day treatment, residential and hospitalization.
ASAM Dimensional Placement Criteria:

1. **Acute Intoxication and/or withdrawal**: The client has no signs or symptoms of withdrawal or his or her withdrawal needs can be safely managed in a residential setting. Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued substance use treatment services.
2. **Biomedical Condition and Complications**: Client's status is characterized by biomedical conditions and problems, if any, that is sufficiently stable or permits participation in residential treatment. (e.g., uncomplicated pregnancy or asymptomatic HIV disease.)
3. **Emotional, Behavioral or Cognitive Conditions and Complications**: Client status is characterized by (a) *and* (b); *and* (c) *or* (d)
    a. The client has no symptoms of a co-occurring mental disorder, or any symptoms are mild, stable, fully related to substance use, and do not interfere with the client's ability to focus on addiction treatment issues; *or*
    b. The client's psychiatric symptoms (such as anxiety, guilt, or thought disorders) are mild, mostly stable, and primarily related to substance use or to a co-occurring cognitive, emotional, or behavioral condition. Mental health monitoring is needed to maintain stable mood, cognition, and behavior; for example, fluctuations in mood only recently stabilized with medication, substance-induced depression that is resolving but still significant, or a client with schizophrenic disorder recently released from a hospital; *and*

c. The client's mental status does not preclude his or her ability to: (1) understand the information presented and (2) participate in treatment planning and the treatment process; *and*
d. The client is assessed as not posing a risk of harm to self or others and is not vulnerable to victimization by another.

4. **Readiness to Change**: The client's status in Dimension 4 is Characterized by (a) and (b); or (c) or (d):
   a. The client expresses willingness to participate in treatment planning and to attend all scheduled activities mutually agreed upon in the treatment plan; *and*
   b. The client acknowledges that he or she has a substance-related and/or mental health problem and want help to change; *or*
   c. The client is ambivalent about substance-related and/or mental health problems. He or she requires monitoring and motivating strategies, but not an acute care setting. For example, the client has sufficient awareness and recognition of a substance use and/or mental health problems to allow engagement and follow-through with attendance at intermittent treatment sessions as scheduled; *or*
   d. The client may not recognize that he or she has a substance-related and/or mental health problem. For example, he or she is more invested in avoiding a negative consequence than in the recovery effort. Such a client may require monitoring and motivating strategies to engage in treatment and to progress through the stages of change.
5. **Relapse, Continued Use or Continued Problem Potential**: In Dimension 5, the client is assessed as able to achieve or maintain abstinence and related recovery goals, or to achieve awareness of a substance problem and related motivational enhancement goals, only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) concern or ambivalence about preoccupation with alcohol or other drug use, craving, peer pressure, and lifestyle and attitude changes.
   In addition, the client with co-occurring disorders is assessed as able to achieve or maintain mental health functioning and related goals only with support and scheduled therapeutic contact to assist him or her in dealing with issues that include (but are not limited to) impulses to harm self or others and difficulty in coping with his or her affect, impulses or cognition.
6. **Recovery Environment**: Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services. The client's status in Dimension 6 is characterized by one of the following:
   a. The client's psychosocial environment is sufficiently supportive that residential treatment is feasible (for example, a significant other agrees with the recovery effort; there is supportive work environment or legal coercion; adequate transportation to the program is available; and the support meeting

location and non-alcohol/drug-centered work are near the home environment and accessible); *or*

b. The client does not have an adequate primary or social support system, but has demonstrated motivation and willingness to obtain and support system; *or*
c. The client's family, guardian or significant others are supportive but require professional interventions to improve the client's chance of treatment success and recovery. Such interventions may involve assistance in limit setting, communication skills, a reduction in rescuing behaviors, and the like.

ASAM Risk Ratings and Intensity of Service Needed

0 – No risk and no service needed
1 – Mild risk and low intensity of service needed
2 – Moderate risk and moderate intensity of service needed
3 – Significant risk and moderately high intensity of service needed
4 – Severe risk and high intensity of service needed

IV. RULES

A. ASAM Adolescent Residential/Intensive Inpatient Treatment Criteria

1. The client needs a structured, 24-hour placement to ensure safety and effectiveness that cannot be provided at a lower level of care.
2. Level 3.1, Clinically Managed, Low-Intensity Residential Services emphasizes at least 5 hours per week of low-intensity treatment of substance-related disorders.
3. Level 3.5, Clinically Managed, Medium-Intensity Residential Services emphasizes psychoeducational or psychosocial treatment models (in contrast to a medical model) for refractory Dimension 3 (emotional/behavioral) conditions such as conduct disorder, developmental difficulties, or personality vulnerabilities.
4. The client's recovery environment poses a risk or danger to their recovery so residential treatment is required.

B. ASAM Adult Residential/Intensive Inpatient Treatment Criteria

1. The client needs a structured, 24-hour placement to ensure safety and effectiveness that cannot be provided at a lower level of care.
2. Level 3.1, Clinically Managed, Low-Intensity Residential Services emphasizes at least 5 hours per week of low-intensity treatment of substance-related disorders.
3. Level 3.5, Clinically Managed, High-Intensity Residential Services emphasizes psychoeducational or psychosocial treatment models (in contrast to a medical model) for refractory Dimension 3 (emotional/behavioral) conditions such as mood/anxiety disorders or personality vulnerabilities.
4. The client's recovery environment poses a risk or danger to their recovery so residential treatment is required.

V. PROCEDURES

A. A client may enter the continuum at any level that is most appropriate depending on the client's needs. As the client moves through treatment in any one level of care, their progress

is continually assessed. The discharge criteria for each level of care presume that the client has progressed towards a state of greater health and thus may be discharged to a less intensive level of care. Clients may, however, worsen or fail to improve at a given level of care. In such cases, modification to the treatment plan is necessary.

B. Clients referred for services will complete a preadmission packet which includes screening to determine their eligibility for receiving service.
C. On completion of Preadmission:
    1. The Preadmission Packet will be reviewed by clinical staff upon receipt.
    2. The Clinical Team will determine the appropriate level of care in accordance with ASAM Dimensional Placement Criteria, listed above.
    3. The client is admitted, referred to, or placed on a waiting list.

REFERENCES

A.A.C. R9-20-401a

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). *The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occuring Conditions* (3rd ed.). Chevy Chase: The Change Companies.

I. POLICY

The Division of Behavioral and Mental Health Services uses the current DSM-5 and ASAM Patient Placement Criteria for assessment and treatment of clients with concurrent substance use and mental disorders.

II. PURPOSE

To provide integrated co-occurring disorders treatment, the placement criteria will be utilized in conjunction with cultural/spiritual support in accordance with clients' values to provide the appropriate level of care.

III. DEFINITIONS

A. **Co-Occurring Disorders (COD)**: Any combination of two or more substance use disorders and mental disorders identified in the DSM-5. COD carry no implication of which disorder is primary, secondary or which occurred first, or whether caused the other.

IV. RULES

A. COD treatment program services accommodate clients who have both co-occurring mental and substance use disorders with coordination and collaboration with addiction and mental health services onsite or offsite providers (i.e., medication management and monitoring). ASAM-5 identifies Co-Occurring Capable, formally dual diagnosis capable (DDC) and Co-Occurring Enhanced, formally dual diagnosis enhanced.

V. PROCEDURES

A. Residential Treatment Practice Standards:
   1. All clients presenting for treatment are engaged in treatment in such manners that are empathic, welcoming, and hopeful. Every contact with every client, throughout the process of treatment, shall reflect this type of interaction.
   2. Integrated Assessment, Treatment and Recovery: Client treatment is inclusive of an integration of substance abuse and other mental health disorders. Psychiatric and Substance Use Disorders, regardless of severity, tend to be persistent and recurrent, and these disorders co-occur with sufficient frequency and complicate each other so that a continuous and integrated approach to assessment, treatment and recovery is required. Regardless of the location of the initial and subsequent clinical presentations, integrated services are available and provided to every client, as needed.
   3. Access to Treatment: There are no "arbitrary" barriers to treatment (i.e., a client who is on methadone maintenance, a bi-polar disorder on lithium, the presence of a substance use disorder client does not preclude the provision of psychotropic medications).
   4. Individualized Treatment Strategies: Clients with co-occurring disorders may be at different phases of recovery for each disorder and receive "phase-specific" treatment for each/all disorders.
   5. Balance Case Management and Care Expectation, Empowerment and Empathic Confrontation: Within a process of care client cares for themselves and are provided

assistance with those things they cannot do for themselves by virtue of acute impairment or persistent disability, while being empowered to take responsibility for decisions and choices they are ready to make for themselves, and allowed to be empathetically confronted with the negative consequences of poor decisions.

6. Dual Primary Relationship: When a client has co-occurring, substance use and mental health disorders, integrated treatment for both disorders are provided by the same clinician / team of clinicians, working in one setting, providing both substance use and mental health interventions, in a coordinated fashion.
7. Coordination and Collaboration: Both ongoing and episodic interventions require consistent collaboration and coordination between all treatment providers, the client, family caregivers, and external systems. Collaboration with families is considered for all clients in all stages of change. Families may provide significant assistance in developing strategies for motivational enhancement and contingent learning, in identifying specific skills or techniques required for modification of behavior(s), and in actively supporting participation in recovery-based programming to promote relapse prevention.
8. Effectiveness: Services provided are "outcome-based" as defined by the client. Outcome / satisfaction studies are included in the process of treatment and are one of the tools used for modifications / enhancements to the care being provided.
9. Cultural Competency: Clients receive culturally relevant care that addresses and respects language, customs, values, and mores, with the capacity to respond to the individual's unique family, culture, traditions, and strengths.
10. Gender/Sexual Orientation Competency: Clients receive care that is gender/sexual orientation relevant, with isolated gender/sexual orientation treatment modalities that are clinically appropriate.

REFERENCES

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). *The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occuring Conditions* (3rd ed.). Chevy Chase: The Change Companies.

I. POLICY

As a tribal government program, the Division of Behavioral and Mental Health Services' governance authority and management authority are provided through the administrative structure of the Navajo Nation.

II. PURPOSE

To define the management and leadership structure of the Division of Behavioral and Mental Health Services.

III. DEFINITIONS

RESERVED

IV. RULES

A. The Health, Education, and Human Services Committee of the Navajo Nation Council provides oversight function to the Navajo Division of Health (NDOH), and its Executive Director.
B. NDOH is administratively located within the Executive Branch of the Navajo Nation Government, and thus is supervised under the direct authority of the Navajo Nation President.
C. NDOH includes the Division of Behavioral & Mental Health Services (DBMHS).
D. Under these lines of authority, the DBMHS Health Services Administrator provides management authority for all DBMHS programming. The Treatment Center Behavioral Health Director, Clinical Director and/or Clinical Specialist (CD/CS) provides clinical oversite and management, with administrative support.

V. PROCEDURES

A. Role of the Health, Education, Human Services Standing Committee of the Navajo Nation Council:
    1. To provide oversight, support, and recommendations to the governance authority of the Division of Behavioral & Mental Health Services.
B. Role of the Executive Branch of the Navajo Nation Government:
    1. To provide policy and technical support in all areas not related to specialized behavioral health services operation, including public health, procurement, travel, risk management, personnel, and fiscal management.
C. Role of Division of Behavioral & Mental Health Services:
    1. Functions as the management authority by developing, evaluating, and refining the DBMHS Policies and Procedures Manual in accordance with applicable tribal, state, and federal regulations, and other accreditation standards.
    2. Provide guidance to the local management team regarding the interpretation, intent, and application policies, regulations, and accreditation standards, as related to administrative and clinical issues.
D. Role of DBMHS Treatment Center Management:

1. The Behavioral Health Director, Clinical Director, Clinical Specialist, and other supervisory staff are responsible for utilizing and applying this manual and all applicable Navajo Nation policies and laws.
2. Treatment Center Management are responsible for orientating staff regarding DBMHS policies and procedures, providing leadership in implementing the policies, and setting a positive example for DBMHS employees by fully complying with all policies.

E. Role of DBMHS employees:
1. It is the responsibility of DBMHS employees to read, understand, acknowledge, and comply with DBMHS Policies and Procedures.

REFERENCES

CARF Standards Manual 1.G; 1.J
Navajo Nation Personnel Policies Manual Section I, Section II
NMAC 7.20.11.19

I. POLICY

All DBMHS Policies and Procedures will be written, executed, distributed, and maintained in a uniform manner as described by this policy.

II. PURPOSE

To ensure uniformity in policy development and implementation.

III. DEFINITIONS

A. **Effective Date**
For each new policy, the effective date will be the date of final approval and distribution, which should be the same date.

B. **Revised Date**
At the time a policy is revised, the effective date will remain for the initial policy date and a date for revision will be added in the designated location in the policy.

IV. RULES

A. All policies will fall into one of three sections:
   1. Management & Support Functions
   2. Client-Focused Functions
   3. Residential Environment

B. All policies will fall under a descriptive chapter heading corresponding to either:
   1. A specific aspect of management or support functions, for example:
      a. Governance and Management Structure.
      b. Personnel.
      c. Accessibility, Health, and Safety; or,
   2. A specific service level, for example:
      a. Prevention.
      b. Outpatient.
      c. Residential; or,
   3. A specific aspect of service delivery, for example:
      a. Notice of Privacy and Confidentiality.
      b. Client Monitoring.
      c. Informed Consent.

C. Every policy will have a title reflecting its subject, i.e., "what the policy is about."

V. PROCEDURES

A. Policies or revisions are prepared in Microsoft Word.
B. Policies are prepared in the format of this policy.
C. Policies include the following sections:
   1. A statement of the policy that is clear, concise, and complete.
   2. Definitions of any terms necessary to understand or implement the policy and procedures.
   3. Specification of any general rules or principles to be applied in implementing the policy.

4. A detailed explanation of procedures that provide steps to accomplish the policy and identify who is responsible for implementing the procedures.
5. The references section cites laws, regulations, codes, and standards, which require or recommend the condition or action addressed by the policy.
6. Any section except the statement of policy may be omitted if not applicable.

D. The DBMHS Health Services Administrator (HSA) designates members of the Policy and Procedure Committee (hereafter known as the P&P Committee) which is responsible for amendment of the DBMHS Policy and Procedure Manual.

E. The P&P Committee is responsible for keeping informed of changes in applicable laws, regulations, and requirements of certifying and accrediting bodies that may require changes in DBMHS policy.

F. The P&P Committee reviews a proposed new policy and procedure, checks for duplication with existing policy, and recommends approval or disapproval, or may send back to the initiating party with recommended changes.

G. When the P&P Committee approves the policy and procedure, it is forwarded to the HSA for formal approval.

H. Upon approval, the HSA's office will distribute the new or revised policy to all treatment center sites.
   1. The date of distribution is the effective date for new policies and the revised date for revised policies.
   2. A record is kept of the distribution of all new or revised policies.
   3. Distribution may be either hard copy, electronic copy, or both.

I. The manual will be made available on the departmental website, in a secure read-only format that allows employees to print the manual in part or in its entirety.

J. Annually, the HSA's Office submits an updated copy of the manual to the Health, Education, and Human Services Committee of the Navajo Nation Council and requests approval by resolution of the Committee.

K. All DBMHS supervisors are responsible for ensuring their supervisees are oriented to the manual.

L. All employees and supervisors must sign an orientation form to indicate attendance and understanding of the policy and procedure.

M. Access to printed or electronic copies of the manual is available at each treatment center site to ensure that all staff have ready access to the manual.

N. New or revised policies are reviewed with employees by their supervisor, within 15 business days from the effective or revised date, and this review is documented by the supervisor.

REFERENCE

NMAC 7.20.11.19

I. POLICY

DBMHS promotes and protects the health and safety of its clients, and possesses applicable licenses required by tribal, state, or federal laws and regulations.

II. PURPOSE

To demonstrate compliance with all applicable laws and regulations, adhering to the requirements of accrediting bodies.

III. DEFINITIONS

RESERVED

IV. RULES

A. DBMHS is authorized to operate as an agency of the Navajo Nation government and invites the appropriate state agency to review its compliance with state regulations and, with due regard for issues of authority and tribal sovereignty, recommend the DBMHS facility for approved operation within the state behavioral health system.
B. DBMHS complies with the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation requirements.
C. To ensure appropriate delivery of service to clients with language barriers (non-English speaking clients), DBMHS employs staff who are fluent in the Navajo language.
D. Clients who have neither English or Navajo as a primary language may be referred to an individual/agency that specializes in treating individuals from select cultures and have linguistic specific services that better meet the needs of the client. This may only be done with the client and receiving community individual/agency agreement.
E. DBMHS does not discriminate against any staff hire, appropriate referral or client because of race, creed, color, sex, age, handicap, or marital status. This is in voluntary accordance with the laws of the United States and Arizona Administrative Code *R9-20-203 and 9 A.A.C. 21.*
F. DBMHS provides client accommodations for mobility or sensory impairment, and physical disability. When clients have physical/sensory impairments that need additional assistance, DBMHS coordinates with community service agencies that are equipped to assist with disability services/devices. In this manner, client accommodation may be achieved so that their clinical needs may proceed with minimal disruption to the delivery of care.
G. DBMHS clients will not be charged for services they do not receive. If a client states that they have paid a fee for a service they did not receive, the agency will provide the client or a client's parent, guardian, or custodian with a timely refund. All fees for services, if any, will be explained at the time of intake and admission. However, if a client is eligible for benefits such as AHCCCS, Title XIX or other funding sources, they may have their service billed in accordance with standard business practices. Clients may be asked to help defray the cost of non-reimbursable services (e.g., providing their own supplies for crafts or consultation with non-staff Traditional Healer/s).

V. PROCEDURES

A. The following procedures are established for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian and to keep client payment records confidential in accordance with tribal, federal, or state law:
   1. A client and, if applicable, the client's guardian, or designated representative, will be informed of all required fees and refund policies and procedures during intake prior to receiving any behavioral health services, except for services provided to a client experiencing a crisis situation.
   2. Direct charges will not be made to clients who are enrolled in a recognized American Indian Tribe and have a certificate of Indian blood.
   3. Clients who are eligible for AHCCCS, Title XIX will be referred to the Navajo Regional Behavioral Health Authority for authorization for service. If authorized for services, a client will not be charged for services.
   4. Clients with private medical insurance, Managed Care Organizations, and/or Medicaid will have their insurance representative authorize for service and make payment arrangements including any amounts or co-payments for which the client may be responsible for according to standard business practices. A client or a client's parent, guardian, custodian, or medical insurance will be refunded for service that was not provided by the agency in a timely manner.
   5. Client out-of-pocket payment for services is not accepted by DBMHS.
   6. Client will not be permitted to labor for service, nor exchange with gift or gratuity to receive service that is provided by the agency.
   7. The agency's fee for service and refund policy and procedures will be conspicuously posted in the facility and made available to a client or, if applicable, a guardian, custodian, or designated representative.
   8. A client or, if applicable, guardian or designated representative will receive written notice at least 30 days before the agency charges a fee that requires a client to pay.
   9. The notice of change in fee for service will be conspicuously posted in the facility and made available to a client or, if applicable, a family member, guardian, custodian, designated representative, or agent.
   10. A client or, if applicable, a family member, guardian, custodian, designated representative, or agent that provides fees for arts and craft supply will not be reimbursed or refunded.

REFERENCES

NMAC 7.20.11.21

I. POLICY

DBMHS has a continuous quality improvement process, reviewed annually, through which the Division systematically evaluates the effectiveness of services provided.

II. PURPOSE

To determine whether services meet pre-determined quality improvement expectations and outcomes, and correct any observed deficiencies identified through the quality improvement process.

III. DEFINITIONS

A. **Continuous quality improvement (CQI)**
A philosophy and a set of techniques for managing the quality of services in behavioral healthcare involves procedures for defining an organization's goals and work processes and applying measures of quality focused on client outcomes.

IV. RULES

A. DBMHS explicitly details the desired expectations and service outcomes for each of its programs and has a written plan to achieve them.

V. PROCEDURES

A. DBMHS has established policies and procedures for the timely and regular evaluation of serious incidents, complaints, grievances, and related investigations. Processes include identification of events, trends and patterns that may affect client health, safety, and/or treatment efficacy. Findings and recommendations are documented and submitted to agency management for corrective action. Actions and outcomes are documented, and trends are analyzed over time.

B. When problems (or potential problems) are identified, DBMHS acts as soon as possible to avoid any risks to clients by taking corrective steps that may include, but are not limited to:
   1. Changes in policies and/or procedures.
   2. Staffing and assignment changes.
   3. Additional education or training for staff.
   4. Addition or deletion of services.

C. DBMHS develops a system to utilize its collected data and works collaboratively with Navajo Nation Epidemiology Center (NNEC) regarding the outcome of its activities for delivering continuously improving services.

D. Formal and informal feedback from consumers of services and other collateral sources is aggregated and used to improve management strategies and service delivery practices.

E. DBMHS and NNEC collect and maintain information necessary to plan, manage, and evaluate its programs effectively. The outcomes are evaluated on a quarterly basis, the results of which are used continuously to improve performance.

F. DBMHS implements and maintains ongoing utilization review processes.

I. POLICY

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F. DBMHS implements and maintains ongoing utilization review processes.

I. POLICY

DBMHS employees will honor the DBMHS Code of Ethics, the Navajo Nation Ethics in Government Law, and their professional Code of Ethics.

II. PURPOSE

To ensure ethical behaviors of all DBMHS employees and for the protection of clients, employees, and the Navajo Nation.

III. DEFINITIONS

A. **Certification**
Professional credentialing of a service provider by a recognized certification board.

B. **Licensure**
Professional licensing of a service provider by a state-regulated licensing board in a field regulated under state law.

C. **Reciprocity**
Recognition of a license or certificate by another authority or body than the one under which the credential was obtained.

IV. RULES

The following rules of conduct are set forth as the minimum standards for all DBMHS employees. A violation of these rules of ethical practice and professional conduct constitutes employee misconduct and is sufficient reason for disciplinary action up to and including termination in accordance with guidelines provided in the Navajo Nation Personnel Policies Manual.

A. **Non-discrimination:** DBMHS employees will not discriminate against clients or professionals based on race, age, gender, religion, mental or physical barriers, national ancestry, sexual orientation, or economic condition.

B. **Responsibility:** DBMHS employees will advocate objectivity, integrity, and maintain the highest standards in the services offered by the treatment center
   1. DBMHS employees will recognize that the primary obligation is to help others acquire knowledge and skills in dealing with substance abuse.
   2. DBMHS employees will accept the professional challenge and responsibility deriving from the DBMHS employee's work.

C. **Professional and Cultural Competence:** DBMHS employees will recognize that the profession is founded on national standards of competency that promote the best interest of society, the client, the counselor, and the profession as a whole. The counselor will recognize the need for ongoing education as a component of professional competency.
   1. DBMHS employees will seek to prevent the practice of substance abuse counseling by unqualified or unauthorized persons.
   2. DBMHS employees who are aware of unethical conduct or unprofessional modes of practice will report such violations to the Behavioral Health Director or Clinical Director. The Behavioral Health Director and/or Clinical Director will determine the need to further report to appropriate agencies/licensing/certifying boards.

3. DBMHS employees will recognize the boundaries and limitations of their competencies and not offer services or use techniques outside of their professional competencies.
4. DBMHS employees will recognize the effect of personal impairment on professional performance and be willing to seek appropriate treatment for self. DBMHS employees will support assistance programs in this respect.

D. **Legal and Moral Standards:** DBMHS employees will uphold the legal and accepted moral codes that pertain to professional conduct.
1. The DBMHS employee will not claim either directly or by implication, professional qualifications/affiliations that the DBMHS employee does not possess.
2. The DBMHS employee will not use affiliation with professional organizations for purposes that are not consistent with the stated purposes of DBMHS.
3. The DBMHS employee will not associate with or permit the DBMHS employee's name to be used in connection with any services or products in such a way as to be incorrect or misleading.
4. The DBMHS employee associated with the development or promotion of books or other products offered for commercial sale will be responsible for ensuring that such books or products are presented in a professional and factual way and receive proper approval from the Navajo Nation.

E. **Public Statement:** DBMHS employees will respect the limit of present knowledge in public statements concerning substance abuse.
1. The DBMHS employee, who represents the field of substance abuse counseling to clients, other professionals, or to the general public, will report accurate information.
2. The DBMHS employee will acknowledge, and document materials and techniques used.
3. The DBMHS employee who conducts training in substance abuse counseling skills or techniques will indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

F. **Publication Credit:** DBMHS employees will assign credit to all who have contributed to DBMHS published material and for the work upon which the publication is based.
1. The DBMHS employee will recognize joint authorship when several persons make major contributions of a professional nature to a DBMHS project. The author making the principal contribution to the DBMHS publication will be identified and listed first.
2. The DBMHS employee will acknowledge by special citations, the unpublished and published material used in the writing or research of a DBMHS project.
3. The DBMHS employee who compiles and edits for publication any DBMHS project will list oneself as editor, along with the names of others who have contributed.

G. **Client Welfare:** DBMHS employees will respect the integrity; protect the welfare of the client or group with whom the counselor is working.
1. The DBMHS employee will define for self and others the nature and direction of loyalties and responsibilities, and keep all parties concerned informed of these commitments.
2. The DBMHS employee, when faced with a professional conflict, will be concerned primarily with the welfare of the client.

3. The DBMHS employee will terminate a counseling or consulting relationship when it is clear to the counselor that the client is not benefiting.
4. The DBMHS employee will assume responsibility for the client's welfare either by termination of services with appropriate referral, mutual agreement, and/or by the client becoming engaged with another professional. In situations where a client refuses treatment, referral, or recommendations, the DBMHS employee will carefully consider the welfare of the client by weighing the benefits of continued treatment or termination, and act in the best interest of the client.
5. The DBMHS employee, who asks a client to reveal personal information from other professionals or allows information to be divulged, will inform the client of the nature of such transactions. The information released or obtained with informed consent will be used for the specified purposes only.
6. The DBMHS employee will not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
7. The DBMHS employee will ensure the presence of an appropriate setting for clinical work to protect the client from harm and the DBMHS employee and the profession from censure.
8. The DBMHS employee will collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed medications.

H. **Confidentiality:** DBMHS employees will maintain confidentiality, as a primary obligation, the duty of protecting the privacy of clients and will not disclose confidential information acquired in teaching, practice, or investigation.
1. The DBMHS employee will inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and observation of an interview by another person.
2. The DBMHS employee will make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
3. The DBMHS employee will reveal information received in confidence only when there is a clear and imminent danger to the client or to other persons, and then only to appropriate professional workers of public authorities.
4. The DBMHS employee will discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports will present only data germane to the purpose of the evaluation, and every effort will be made to avoid undue invasion of privacy.
5. The DBMHS employee will use clinical and other materials in teaching and writing only when the identity of the person involved is adequately disguised.

I. **Client Relationships:** DBMHS employees will inform clients of potential conflicts and the important aspects of a counseling relationship.
1. The DBMHS employee will inform the client and obtain the client's consent in areas likely to affect the client's participation including the recording of an interview, use

of interview materials for training purposes, and/or observation of an interview by another person.

2. The DBMHS employee will inform the designated guardian or responsible person of circumstances that may influence the counseling relationship.
3. The DBMHS employee will not enter into a counseling relationship with immediate family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
4. The DBMHS employee will not engage in any type of sexual activity with a current or former client.

J. **Professional Relationships:** DBMHS employees will treat colleagues with respect, courtesy, fairness, and will afford the same professional courtesy to other professionals.
   1. The DBMHS employee will not offer professional services to a client in counseling with another professional except with:
      a. Knowledge of the other professional or;
      b. After the termination of the client's relationship with the other professional.
   2. DBMHS employees will cooperate with duly constituted professional ethics committees and in consultation with the Clinical Supervisor, provide the necessary information, but with due regard for the constraints of confidentiality.

K. **Payment:** DBMHS employees will not receive any payment for services and will follow the terms and conditions of the Navajo Nation Personnel Policies Manual.
   1. DBMHS employees will not send or receive any monetary payment or any other form of wage for referral of clients for professional services. The counselor will not engage in fee splitting.
   2. DBMHS employees will not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. Exceptions may be made on a case-by-case basis, and in accordance with DBMHS established policy regarding traditional healing services provided by DBMHS Traditional Practitioners.
   3. DBMHS treatment centers may make specific provisions for private work with its clients by members of its staff through proper referral protocols. The client must be fully apprised of all policies affecting them.

L. **Community Obligation:** DBMHS employees will advocate changes in public policy and legislation to afford opportunity and choice of all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The DBMHS employee will inform the public through active civic and professional participation in community affairs to the effects of alcoholism and drug addiction and will act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services.

M. DBMHS employees will adopt a personal and professional stance that promotes the best interest of all.

V. PROCEDURES

A. All DBMHS staff will be oriented to and will adhere to all applicable Navajo Nation Rules on Ethics and DBMHS Code of Ethics.

B. Professional (licensed or certified) staff will also adhere to ethical code, guidelines, or standards established by their respective professional association and/or licensing body.
C. A documented violation of any Code of Ethics will be reported to the appropriate licensure and/or certification board by the supervisor.
D. DBMHS employees will be held to standards for employee behavior in accordance with guidelines found in the Navajo Nation Personnel Policies Manual.
E. All direct service providers' certification and/or licensure will be posted in their clinical office and in visual view of the client.
F. A copy of the licensure and/or certification will be placed in the DBMHS Treatment Center and DBMHS personnel files.
G. In cases where a significant question regarding ethical practice and professional conduct arises, the supervisor will seek consultation from the Behavioral Health Director as designated by the Health Services Administrator.
H. The DBMHS Code of Ethics (below) and Navajo Nation Ethics in Government Law – Declaration of Ethical Conduct (below) will be reviewed and signed by the DBMHS employee annually.

Division of Behavioral & Mental Health Services

CODE OF ETHICS

DBMHS professional employees adhere to the code of ethics of their respective license or certification. Because DBMHS is a behavioral health treatment organization which is focused on healing and recovery for its clients, all DBMHS employees adhere to the following code of ethics, which is adapted from the Code of Ethics of the National Association of Alcohol and Drug Abuse Counselors (NAADAC).

I DO AFFIRM:

1. That my primary goal is recovery for the client, their family, and community.
2. That I have a commitment to provide the highest quality of care and acknowledge the rights of clients.
3. That I will show a genuine interest in all my clients and do hereby dedicate myself to the best interests of my clients and to helping them help themselves.
4. That I will maintain at all times an objective, non-possessive, professional relationship with all my clients.
5. That I will recognize when it is in the best interest of clients to release and refer them to another program or another helping individual to receive the appropriate services.
6. That I will adhere to Navajo Nation Privacy and Access to Information Act and HIPAA regulations.
7. That I will not in any way discriminate between clients or co-workers on the basis of race, color, creed, age, religious preference, gender, or sexual preference.
8. That I will respect the rights and views of my fellow Navajo Nation colleagues and other professionals.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness in providing services under DBMHS.
10. That I will continuously strive for self-improvement and professional growth through further education and training by fully utilizing my DBMHS Individual Development Plan.
11. That I will adhere to the Navajo Nation Personnel Policies Manual, DBMHS Policies and Procedures, and other work ethics related to my licensure or certification.
12. That I will adhere to my certification, licensure, and scope of practice while providing direct services to DBMHS clients and communities.

I have read the entire Division of Behavioral & Mental Health Code of Ethics and do subscribe to it. These things I pledge to DBMHS clients, coworkers, and professional peers.

Print Name: _____

Signature: _____ Date: _____

This is to acknowledge that I have attended the Navajo Nation Ethics in Government Law orientation provided for the Division of Behavioral and Mental Health Services (DBMHS). I agree to comply with the standards of conduct contained in the orientation and in the DBMHS policies and procedures as part of my continued employment with DBMHS.

I will disclose any potential conflict that may include any fiduciary relationship, activity, or financial interest that might impair or affect my judgment or influence my decision-making promptly to my supervisor, a DBMHS Human Resources Representative, and the DBMHS Health Services Administrator. I also understand that I will be in possession of sensitive information, and I will treat such information as confidential and will not disclose it to any unauthorized third parties or use it for my own personal benefit or gain, or for the benefit of any person other than the subject of the protected information. I will use the utmost care and discretion in the handling of such confidential information.

I understand that any violation of the Code of Conduct is grounds for disciplinary action, up to and including termination from employment, as consistent with the Table of Penalties in the Navajo Nation Personnel Policies Manual.

Employee Name (print)	AB #
Employee Signature	Date

I. POLICY

DBMHS employees are expected to comply with all applicable laws and policies of the Navajo Nation with respect to their conduct regarding the use of social media.

II. PURPOSE

To ensure the ethical behavior of all DBMHS employees, and to protect the rights of clients, employees, and the Navajo Nation.

III. DEFINITIONS

A. **Social Media**
Website and applications that enable users to create and share content or to participate in social networking.

IV. RULES

A. DBMHS recognizes that social media can be a way to share your life and opinions with family, friends, and co-workers around the world. However, the use of social media also presents risks and carries with it certain responsibilities.
B. Social media include all means of communicating or posting information or content of any sort on the internet, whether through an app, web blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with DBMHS, as well as other shared forms of electronic communication online.
C. Employees are responsible for what they post online. Keep in mind that any conduct that adversely affects job performance, the performance of fellow employees, or otherwise affects community members interacting with DBMHS may result in disciplinary action up to and including termination.
D. DBMHS employees must be respectful, honest, and accurate. Always be fair and courteous to others. Examples of such conduct might include offensive posts meant to harm someone's reputation, or posts that could contribute to a hostile work environment.
E. Maintain confidentiality: do not post on any social medial sites internal reports, policies, procedures, or other internal business-related confidential information.
F. Express only your individual opinions. Never represent yourself as a spokesperson for DBMHS.
G. DBMHS employees will refrain from using social media during work hours or on equipment provided by DBMHS unless it is work-related as authorized by the immediate supervisor or consistent with DBMHS MIS and NNPPM protocols.
H. Do not use DBMHS email addresses to register on social networks, blogs or other online sites or applications for personal use.
I. Any employee who retaliates against another employee for reporting a deviation from this policy or for not cooperating in an investigation will be subject to disciplinary action, which may include termination.
J. DBMHS employees should not speak to the media on DBMHS behalf without first contacting the DBMHS Health Services Administrator and getting authorization. All media inquiries should be directed to the DBMHS Central Administration.

K. Law: Navajo Nation Criminal Code At 17 N.N.C. §203, 209, 303.01, 318 and 319 for Purposes of Addressing Cyberbullying.
L. All employees will adhere to the Navajo Nation Personnel Policies Manual

V. PROCEDURES

A. All DBMHS staff will be oriented to and adhere to the Navajo Nation Privacy Act and the DBMHS Employee Code of Ethics when using social media.
B. Social media shall not interfere with employee's responsibilities, job duties and/or timelines.
C. DBMHS computer systems are to be used for business purposes only. Personal cellular phone use of social media shall be limited to breaks and lunch hour.
D. Any online activity that violates the DMBHS Code of Ethics is subject to employee disciplinary action in accordance with Navajo Nation Personnel Policies Manual.
E. In cases where significant questions regarding employee's use of social media and ethical practice or professional conduct, the employee will discuss with their immediate supervisor, and if necessary, the Office of Ethics and Rules.

I. POLICY

This policy is intended to reduce delays in processing claims, as well as avoid rebilling. In addition, to ensure DBMHS applies Industry Standard Claims whereby promoting correct coding methodologies and controlling improper coding and inappropriate payments.

II. PURPOSE

To provide clear and consistent guidelines for conducting billing functions in a manner that promotes compliance, patient satisfaction, and efficiency.

III. DEFINITIONS

A. **638 Contract or Compact Health Centers**
Outpatient health care programs and facilities, operated by tribes or Tribal organizations that specialize in caring for American Indians and Alaska natives. They are operated under the Indian Self-Determination Act.

B. **Indian Health Services and Tribal 638 Clinics Billing**
For IHS and Tribal 638 clinics, specialized services are paid at the Office of Management and Budget (OMB) rate or also referenced as the All-Inclusive Rate (AIR), using the UB claim form and a revenue code for behavioral health of 0919.

C. **Center for Medicare and Medicaid Services (CMS)**
The agency within the U.S. Department of Health and Human Services (HHS) that administers the nations' major healthcare programs. CMS oversees programs including Medicare, Medicaid, the Children's health Insurance Program (CHIP), and the state/federal health insurance marketplaces. CMS collects and analyzes data, produces research reports, and works to eliminate instances of fraud and abuse within the healthcare system.

D. **Medicaid**
Provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by the states and the federal government.

E. **Medicare**
Medicare is a U.S. federal government health insurance program that subsidizes healthcare services. The plan covers people aged 65 or older, younger people who meet specific eligibility criteria, and individuals with certain diseases. Medicare is divided into different plans that cover a variety of healthcare situations—some of which come at a cost to the insured person. While this allows the program to offer consumers more choice in terms of costs and coverage, it also introduces complexity for those seeking to sign up.

F. **Managed Care Organization (MCO)**
A health care company or a health plan that is focused on managed care as a model to limit costs, while keeping quality of care high

G. **Private Health Insurance**
Refers to any health insurance coverage that is offered by a private entity instead of a state or federal government. Insurance brokers and companies both fall into this category.

IV. RULES

A. DBMHS will follow Indian Health Service Programs, Services, Functions, and Activities (PSFA) manual and Tribal 638 Medicaid rules and regulations.
B. DBMHS will bill according to Centers for Medicare and Medicaid Services (CMS) rules and regulations.
C. The Reimbursement Specialist will monitor all claims with the following status:
    1. **Errors**
    2. **Denied:** Medical claims that have been received and processed by the payer but have been marked unpayable. 5 reasons a medical claim may be denied:
        a. Pre-Certification or Authorization was required but not obtained.
        b. Claim for Errors: Patient Data or Diagnosis/Procedure Codes
        c. Claim was filed after Insurer's Deadline (timely filing limit)
        d. Insufficient Medical Necessity
        e. Use of Out-of-Network Provider
    3. **Rejection:** A rejected claim usually contains one or more errors that were found before the claim was ever processed or accepted by the payer.
    4. **Void:** Void a canceled paid clam. Voiding a claim can result in an over-payment. A provider can modify and resubmit a voided claim.
    5. **Corrected Claim:** A corrected claim is a replacement of a previously submitted claim where changes or corrections to charges on the claim are needed, clinical or procedure codes, date of service, member information. A corrected claim is not an inquiry or appeal. Do not submit an appeal form.
D. For all insured patients, DBMHS will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
E. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. Denied claims are to be corrected and rebilled under the same CRN/TCN claim number or as instructed by the payer.
F. If a claim is denied (or is not processed) by a payer due to an error on our behalf, DBMHS will not bill the patient for any amount.
G. If resolution does not occur after prudent follow-up efforts, DBMHS will write-off the claim.
H. The Reimbursement Specialist or the Treatment Service Provider will ensure all treatment service providers are enrolled within the State Medicaid Provider Enrollment Portal.
I. All uninsured Native American patients will be a write-off directly to Indian Health Service/Tribal 638.
J. For commercial/private insured patients, any remaining amounts after claims have been processed by third-party payers, DBMHS will complete a contractual adjustment in a timely manner for their respective liability amounts as determined by their insurance benefits.

V. PROCEDURES

A. Billing for Services Process
    1. The Reimbursement Specialist will verify client insurance eligibility in the payer portal, and document/update the insurance information in the Electronic Health Record under the Benefits Assignment tab. This will be completed before every

claim submission.

2. In regard to Arizona Behavioral Health Residential Facility (BHRF), a prior authorization from Arizona Health Care Cost Containment System (AHCCCS) – American Indian Health Program will need to be in place. This will need to be a collaborative effort between the BHRF case management specialist and reimbursement specialist. This will also include the continued stay prior authorization requests.
3. The Reimbursement Specialist will submit and coordinate claim reimbursement to applicable third-party payers.
    a. State of New Mexico or Managed Care Organizations
        i. Claim Form Billing: UB-04 Claim Form
        ii. Claim Form Billing: CMS-1500 Claim Form
    b. State of Arizona (AHCCCS)
        i. Claim Form Billing: UB-04 Institutional Claim Form
        ii. Claim Form Billing: CMS-1500 Professional Claim Form

B. Receipt of payment for reimbursement claim.
1. All reimbursement checks are to be mailed to NDBMHS Central Office; PO Box 709; Window Rock AZ, 86515.
2. The Senior Accountant will document a record of the incoming checks.
3. The Central Reimbursement Specialist will process the deposit of payment.

C. Deposit of Payment
1. A memo detailing deposit information is required by Navajo Nation Office of the Controller. The following documents are required information on the memo:
    a. Payer information.
    b. Site business unit and Company number (i.e., NM 4559.0602, AZ 4558.0602)
    c. Check amount, check number and check date.
    d. Original check attached.
    e. Deposit summary, in Excel, emailed to FCC@nnooc.org.
2. The Office of the Controller – Cashiers Section will email a receipt of checks that have been deposited to the Central Reimbursement Specialist.
3. The Central Reimbursement Specialist will email a copy of the deposit receipt and General Ledger to the Reimbursement Specialist and Administration at each site.

D. Fund Distribution
1. Each Treatment Center billing site is responsible for completing the Office of Management and Budget (OMB) Budget Form 4 to identify obligation of funds.
2. The Central Reimbursement Specialist will complete the Summary of Change form, based on Budget Form 4, and a memo to the Office of Management and Budget. The memo will include:
    a. Business Unit
    b. Overview of fund distribution
    c. Justification of change
    d. Spreadsheet containing budget, and summary of change.
3. The Central Reimbursement Specialist will attach Budget Form 4, receipt deposit, copies of the checks, and the FMIS report to the memo.

4. The Summary of Change packet will be reviewed by the Senior Accountant, approved by the HSA, and forwarded to NDOH Executive Director for review and approval.
5. The approved Summary of Change packet will be sent to Contracts and Grants Section/Office of Management and Budget for their review and approval. If approved, a transmittal will be sent to DBMHS HSA.
6. Once the transmittal is received, the Central Reimbursement Specialist will check the business unit in FMIS to verify transmittal.
7. Each Treatment Center billing section will complete reconciliation with receipt and invoice.

E. Compliance with Laws and Regulations
1. Reimbursement Specialist will not bill for services or items that have not been documented or supported by client's medical record or encounter form as forwarded by the Behavioral Health Director or Clinical Director
2. Reimbursement Specialist, in coordination with the Behavioral Health Director or Clinical Director, will review the medical necessity for each visit.

F. The Revenue Cycle Review Committee will:
1. Identify risk areas.
2. Write and implement policies and procedures.
3. Monitor internal and external audits and investigations.
4. Analyze and develop new strategies as needed; and
5. Periodically review compliance policies and procedures for adequacy.

I. POLICY

The Division of Behavioral & Mental Health Services adheres to the Navajo Nation Personnel Policies Manual.

II. PURPOSE

To hire qualified individuals following the Navajo Nation Personnel Policies Manual.

III. DEFINITIONS

A. **Navajo Nation Personnel Policies Manual**
A comprehensive guide regarding personnel, management, and supervisory responsibilities; salary and wage administration, leave administration, discipline of employees, employee grievance, termination of employment, and conduct of employees.

IV. RULES

A. Each position is established by the Navajo Nation Department of Personnel Management (DPM) in a Class Specification that defines the general duties, responsibilities, and qualification requirements.
B. Through the assessment and qualification process, DPM ensures each candidate meets the minimum qualification and possesses the necessary State Registration, Licensing and/or Certification Requirements applicable to the position, and/or use of professional title(s), and the agency has copies of such licenses on file.
C. DPM only determines qualifications and not whether the applicant is trained, supervised, and can perform the functions.
D. Tour of Duty
    a. DBMHS will maintain a standard tour of duty of 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm for work hours, unless an alternative work schedule is initiated. Each site will maintain time records for respective employees, which include hours worked, hours absent, hours on approved leave, type of approved leave and hours of unauthorized absence.
    b. Certain positions require employees to work shifts schedule (day, swing, and graveyard), other than the standard tour of duty. The employees may be placed on a rotating schedule and will be notified in writing of any changes.
    c. A copy of any approved alternative work schedule memorandum with the alternative work schedule will be kept on file.

V. PROCEDURES

A. A full and complete employment history will be verified before hiring any individual, including names, address, and telephone numbers of employers, immediate supervisors as well as dates of employment.

REFERENCES

NNPPM Section IV; Section VI

I. POLICY

In accordance with applicable Navajo Nation policies and regulations, DBMHS encourages training and development to ensure staff are appropriately trained to provide services.

II. PURPOSE

To allow personnel to improve their knowledge, skills, and abilities; and to promote awareness and appreciation of the cultural background and service needs of the people served.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. The purpose and expectations of the training is defined by the state or organization issuing licensure, certification, or otherwise regulating the services provided.
B. DBMHS provides orientation to all new hires in the following areas:
    1. Treatment program goals, services, policies, and procedures.
    2. Responsibilities of the staff member's position.
    3. Establishing and maintaining appropriate and responsive relationships and boundaries with clients.
    4. Crisis management/intervention; behavior management; emergency personal restraint and seclusion.
    5. Emergency procedures, including CPR and first aid.
C. Direct service staff may provide documentation of a current certificate of completion in a required training and are not required to repeat that training.
D. Training requirements may be adjusted through use of the Individual Development Plan that is documented by the employee and Clinical Director and/or Behavioral Health Director.
E. Initial and ongoing orientation is documented in the DBMHS HR personnel record.
F. DBMHS provides staff development opportunities for personnel, including in-service training.
G. Staff who require training to qualify for a position in which they have direct contact with children will not have direct contact until after the successful completion of the training.
H. Staff designated as direct service staff under specific program certification requirements (e.g., adolescent residential treatment) receive ongoing training related to the age and/or emotional development of the child(ren) for whom they are responsible.

V. PROCEDURES

A. Staff may initiate a training request by submitting a written request for approval to their immediate supervisor.
B. If the supervisor approves the request, it is forwarded to designated DBMHS Central personnel for processing in accordance with departmental protocols and Navajo Nation Training, Purchasing, and Travel Policies.
C. Supervisors and staff are jointly responsible for planning and obtaining necessary training.

D. Supervisors are responsible for planning in-service training to comply with this policy and other programmatic needs.
E. Each employee is allowed two (2) training courses, annually, per Navajo Department of Health policies to support licensure/certifications.
F. Each employee completes or updates their Individual Development Plan with their supervisor annually, at the time of the Employee Performance Appraisal.
G. All new employees are required to complete the appropriate trainings required on the Employee Onboarding Form. Regular status employees must maintain certifications and licensures throughout their employment with DBMHS.
H. The program will provide in-service training in an employee's first year of employment (exclusive of outside training). Training topics will take into consideration clinical needs, and may include:
    1. Managed Care approaches to addiction treatment
    2. Psychopharmacology
    3. Brief Therapy techniques for chronic clients
    4. Traditional Healing therapies for Recovery
    5. Treatment Planning

REFERENCES

NMAC 7.20.11.16
NMAC 7.20.11.30

DIVISION OF BEHAVIORAL & MENTAL HEALTH SERVICES

Employee Onboarding

Employee Name: _____

Hire Date: _____ Name of Immediate Supervisor: _____

Position Title: _____

Navajo Nation Personnel Policies Manual:

- V. Employment – Introductory Period — Date completed: _____
  90 Days Introductory ends on: _____
- X. Leave Administration — Date completed: _____
- XI. Employee Performance Appraisal — Date completed: _____
- XVI. Conduct of Employee — Date Completed: _____
- XVII. Drugs and Alcohol — Date Completed: _____
- XVIII. Sexual Harassment — Date Completed: _____
- XVIV. Workplace Violence Prevention — Date Completed: _____

Administrative Policies: Review general administration policies — Date / Initial

- DBMHS Policies & Procedures: ____OTC and ____RTC _____/_____
- Diversity Videos (USB-10 Topics) _____/_____
- Tour of Duty Memorandum _____/_____
- DBMHS Statement of Confidentiality _____/_____
- DBMHS Policy on Certification, Licensure and Permits _____/_____
- Emergency Contact Sheet _____/_____
- DBMHS Code of Ethics _____/_____
- Disclosure Form Potential Conflict of Interest _____/_____
- Navajo Nation Policy on Drugs and Alcohol in the Workplace (July 5, 1991) _____/_____
- DBMHS Work Safety Plan (March 24, 2022) _____/_____
- Navajo Nation Personnel Policies Manual _____/_____
- Navajo Nation Defensive Driving Course _____/_____
- Employee Infection Control Training _____/_____

Navajo Nation & DBMHS Training

- NN Employee Multiservice Orientation (NNEMSO) Date Scheduled _____ Date Completed _____
- Financial Management Information System (FMIS) Date Scheduled _____ Date Completed _____
- NN Sexual Harassment Orientation Date Scheduled _____ Date Completed _____
- Fraud Waste and Abuse Training Date Scheduled _____ Date Completed _____
- Question, Persuade & Refer (QPR) Training Date Scheduled _____ Date Completed _____
- Mental Health First Aid Training (one-time) Date Scheduled _____ Date Completed _____
- Suicide Postvention Training (one-time) Date Scheduled _____ Date Completed _____
- Health Insurance Portability Accountability (HIPAA) & Confidentiality Training
  Date Scheduled _____ Date Completed _____
- Non-Violent Crisis Prevention Training (one-time) Date Scheduled _____ Date Completed _____

- Basic First Aid/CPR Date Scheduled _____ Date Completed _____
- Bloodborne Pathogen Training Date Scheduled _____ Date Completed _____
- NN Ethics in Government Law Orientation Date Scheduled _____ Date Completed _____

Specific Training Dependent on Position (Supervisor's Discretion)

- OMB Super Circular Training Date Scheduled _____ Date Completed _____
- Food Handler's Training Date Scheduled _____ Date Completed _____
- Medication Self Administration Training Date Scheduled _____ Date Completed _____
- Urinalysis/Drug Testing Training Date Scheduled _____ Date Completed _____
- NetSmart NX Reference Guide Date Scheduled _____ Date Completed _____

ACKNOWLEDGEMENT: To be signed upon completion of all orientation items

_____ _____

Employee (Print Name and Signature) Date

_____ _____

Supervisor (Print Name and Signature) Date

I. POLICY

Lines of authority and supervision are established through Navajo Nation Personnel Policies, chain of command, and clinical best practices in supervision.

II. PURPOSE

To ensure the welfare and safety of clients and employees through clinical supervision and/or consultation.

III. DEFINITIONS

A. **Clinical Supervision**
The purpose, expectations, and limits of the supervision are defined by the state or organization issuing licensure, certification, or otherwise regulating the services provided. Supervision includes an ongoing professional workforce relationship between two or more staff members for the purpose of support/sharing of knowledge or expertise to support professional development.

B. **Clinical Supervisor**
1. To provide clinical supervision in **Arizona**, an individual must:
    a. Hold an active, in good standing license.
    b. Be compliant with the Board's educational requirements found in A.A.C. R4-6-214 (including completion of the Clinical Supervision Tutorial on Arizona Statutes/Regulations).
    c. Be qualified under A.A.C. R4-6-212(A).
    d. Ensure they provide clinical supervision meeting the applicable Board rules and document the supervision appropriately.
2. To provide clinical supervision in **New Mexico**, an individual must:
    a. Be an independently licensed alcohol and drug abuse counselor (LADAC), professional art therapist (LPAT), licensed professional clinical mental health counselor (LPCC), licensed clinical social worker (LCSW), licensed marriage and family therapists (LMFT), and licensed psychologist.
    b. Complete the requisite three continuing education units in supervision.
    c. Register as supervisors with the New Mexico counseling and therapy practice board (16.27.19.7 NMAC).
    d. Virtually supervised contact hours are subject to the supervision requirements required for services supervised in-person. Electronic and telephonic supervision means supervision of counseling and psychotherapy services provided by supervisors either electronically or telephonically (16.27.19.7 NMAC).

C. **Clinical Consultation**
Provided by one independently licensed clinician to another independently licensed provider within the scope of clinical practice standards established by the clinicians' profession.

D. **Administrative Supervision**

Focuses on maintaining overall quality of service and assures that job performance of DBMHS employees is conducted in accordance with Navajo Nation Personnel Policies, DBMHS Policies and Procedures, and other applicable tribal, state, and federal regulations.

E. **Behavioral Health Professional**
A Behavioral Health Professional (BHP) is Licensed by the Arizona Board of Behavioral Health Examiners (i.e., LPC, LCSW, LISAC, LMFT, LAC, LMSW, LBSW, LAMFT, LASAC)

F. **Behavioral Health Technician**
Behavioral health employee who provides direct care to clients with substance use and related mental health issues. BHT's perform a vital, front-line function in all healthcare settings as they observe, treat, and interact with clients.

IV. RULES

A. Clinical and Administrative supervision may be provided concurrently by the same supervisor, or separately by two supervisors as needed.
B. For professional licensure, and to meet billing requirements, supervision is rendered by an independently licensed clinician collaborating with an individual who has a lower level of licensure or clinical experience.
C. All services are provided under supervision of an independently licensed clinician who provides oversight by way of documented supervision and consultation to all direct service staff. Supervision may be direct or may occur through a designated clinical supervisor who is directly supervised by the clinical director.
D. All clinical supervision/consultation is documented, and documentation includes, the topic, date, length of time of supervision and signatures of those participating, and any additional information required by specific licensure/certification regulations.
E. In the event that a therapist and clinical supervisor are the same person, another properly credentialed clinician, either from within DBMHS or from outside DBMHS, provides consultation, minimally, at least one (1) time per month to the clinical supervisor.
F. The responsibilities of the counselor/therapist include assessment, treatment planning and providing counseling/therapy consistent with level of training and/or licensure. All activities are documented according to best practices of the individual's license or certification.
G. If DBMHS utilizes the services of professionals on a per interview, hourly, part-time, or independent contractor basis, the contractor documents regular assessment of the quality of services provided.
H. DBMHS supervisors ensure that the performance of all employees, consultants, contractors, and volunteers is consistent with division policy and applicable tribal, state, and federal regulations.
I. In accordance with Navajo Nation Personnel Policies, the Administrative Supervisor is responsible for annually completing the Employee Performance Appraisal with each supervisee, including volunteers. If the Administrative Supervisor and Clinical Supervisor are not the same person, the Administrative Supervisor may, at their discretion, request input from the Clinical Supervisor.

V. PROCEDURES

A. Weekly clinical supervision is provided through clinical group staffing, group supervision, and individual supervision. These activities are posted in the weekly schedule, which allows for staff to attend clinical supervision when free from other work duties.
B. A supervision log is maintained to document clinical supervision provided. The hours of supervision received by each employee will be recorded in his/her training log on a monthly basis.
C. Behavioral Health Professionals, Technicians, and Paraprofessionals (AAC R-20-304d):
    1. All non-professional members (i.e., behavioral health technicians) of the direct service staff will be required to receive one-hour clinical supervision per week (group or individual) by a designated professional staff member.
    2. Behavioral Health Professionals (BHPs) are authorized to provide supervision to the non-professional staff.

References

NMAC 7.20.11.16
NMAC 16.27.19.7
A.A.C R-20-304d
A.A.C. R4-6-212(A)
A.A.C. R4-6-214

I. POLICY

A personnel record is maintained for each employee and volunteer in accordance with Navajo Nation Personnel Policies Manual and applicable regulations.

II. PURPOSE

To establish guidelines for maintaining personnel records for employees.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. The Department of Personnel Management maintains the official personnel records for Navajo Nation employees.
B. Personnel records will be located at DBMHS Human Resources Section and program site under restricted access. Personnel files cannot be removed.
C. Information in an employee's personnel record is considered confidential. However, the information may be disclosed in compliance with a lawful investigation or subpoena. Access to and release of information contained in the personnel records shall be limited to only those persons who have a legally recognized need to know.
D. Employees may access their personnel record, with the examination of records being completed in the presence of the Human Resources representative.
E. Certain information contained in the employee file is considered public information and therefore may be released without employee authorization. These include, but are not limited to title, department, and worksite.
F. Upon termination, the employee personnel record will be considered inactive, but will be maintained for a period of three (3) years after the date of termination. After three (3) years, the personnel record may be archived. The personnel record will be destroyed seven (7) years from date of termination.

V. PROCEDURES

A. The personnel record maintained with the DBMHS Human Resources Section is utilized for review by certifying/accrediting entities for site visit, and contains, at a minimum:
    1. Documentation of onboarding and training; including dates, hours, or Continuing Education Credits (CEU) earned, names of trainer and trainee, and copy of certificate.
    2. Employee's name, current address, telephone number and emergency contact(s).
    3. Personnel Action Forms (date of hire, date of any transfers, changes in position, etc.).
    4. Pay and benefits.
    5. Evidence of licensure for those employees required to be licensed.
    6. Documentation of reference checks with previous employers prior to employment.
    7. A copy of the employee's current CPR/First Aid certificate, valid driver's license, and vehicle operators permit.
    8. Application for employment and/or resume consistent with Navajo Nation policy.

9. Employee Performance appraisals.
10. A favorable determination notice from the Office of Background Investigations.

REFERENCES

NMAC 7.20.11.15
NMAC 7.20.11.16

I. POLICY

DBMHS will abide by the Navajo Nation Personnel Policies Manual and the Navajo Office of Background Investigations (NOBI) requirements.

II. PURPOSE

To promote a safe and secure work environment and ensure client safety.

III. DEFINITIONS

A. **Behavioral Health Program Personnel**
An employee or volunteer who works at a behavioral health program.

B. **Integrated Behavioral Health Program**
Behavioral health includes both substance use and mental health, encompassing a continuum of prevention, intervention, treatment, and recovery support services.

IV. RULES

A. DBMHS will comply with applicable tribal and state regulations that govern criminal records checks; and tribal/state requirements governing criminal records clearances remain in effect regardless of accreditation by any other body.

B. If DBMHS receives reliable evidence that indicates that an employee or prospective employee poses a potential risk of child abuse, sexual abuse, exploitation, moral turpitude, cruelty, or indifference to children, DBMHS will not hire or retain that person in a direct service position nor allow that person direct unsupervised contact with minor clients. Hiring is not possible until a background check is completed. However, this can be changed to reflect IF 'evidence' is found after hiring.

C. Student trainees in psychiatry, psychology, social work and/or nursing, or other related health, social or human-services disciplines who are enrolled in a clinical training program of a state-accredited institution of higher learning, and who are under the supervision of a cleared licensed independent practitioner are required to adhere to all background investigations and adjudications in accordance to the Navajo Nation Personnel Policies Manual.

D. Program non-compliance with any certification requirement relating to background checks and clearances may result in sanction or loss of certification by the governing body who issued the certification.

E. Prospective employee's references and employment history are verified in accordance with DBMHS policy. Verification and attempts at verification are documented in the personnel record.

F. The background check determination notice will be obtained prior to employment.

G. An applicant for employment must disclose any prior criminal convictions in accordance with Navajo Nation Personnel Policies.

H. Employees are to report any arrests and/or convictions that occur, within 72 hours, while employed, in accordance with Navajo Nation Personnel Policies.

I. All employee information received in accordance with this policy is considered confidential personnel information.

J. If DBMHS receives information that an employee has been arrested or is convicted of an offense the supervisor will make an appropriate report to NOBI, which will determine appropriate personnel action will be taken in accordance with Navajo Nation Personnel Policies.

V. PROCEDURES

A. Prospective employees are required to pay all initial applicable fees.
B. Current DBMHS employees are required to pay applicable fees, and may be reimbursed by DBMHS, depending on funds availability.
C. DBMHS Human Resources personnel will receive the results of the background investigation. A copy is placed in the employee's personnel file and the original is provided to the employee by the Office of Background Investigations.

REFERENCES

NMAC 7.20.11.15.
NMAC 8.8.3
NNPPM Section, IV. K

I. POLICY

DBMHS ensures that all staff meet the minimum qualifications and supervision to provide residential services.

II. PURPOSE

To ensure the safety and welfare of the people served, and to ensure the quality of services provided.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Specific position classifications are established and maintained by the Navajo Nation Department of Personnel Management (DPM).
B. All direct service staff meet the minimum qualifications as established by DPM which may include a high school diploma or G.E.D. and one or more of the following:
    1. Two years' experience in a residential treatment setting; or
    2. Two years' experience providing direct services; or
    3. Two years of post-secondary education in a human service-related field; and
    4. Knowledge of:
        a. The principle, practices, and structure of residential facilities.
        b. Alcoholism, substance abuse and/or dependency programs and co-occurring services.
        c. Recreational activities available in residential facilities.
        d. Therapeutic services provided at residential facilities.
        e. Resources, treatment facilities and educational programs available.
    5. Or an equivalent combination of education and experience.
C. The Clinical Director possesses one of the following licenses:
    1. Physician (Physicians must be Board-certified in Psychiatry or eligible to attain such certification).
    2. Psychologist.
    3. Licensed Independent Social Worker (LISW).
    4. Clinical Nurse Specialist in Child Psychiatric Nursing.
    5. Registered Nurse (RN) with a Master's in Psychiatric Nursing.
    6. Licensed Professional Clinical Mental Health Counselor (LPCC); or
    7. Licensed Marriage and Family Therapist (LMFT).
D. In addition to having one of the above licenses, the Clinical Director is required to have a minimum of six (6) years of clinical experience; two (2) years in a supervisory capacity.
E. The responsibilities of the Clinical Director are to provide clinical oversight of services, as well as to provide supervision, support, and consultation to all program staff.
F. The Clinical Specialist possesses one of the following licenses:
    1. Physician (Physicians must be Board-certified in Psychiatry or eligible to obtain such certification).

2. Psychologist.
3. Licensed Independent Social Worker (LISW), or another Licensed Independent Practitioner in a related field.
4. Clinical Nurse Specialist in Child Psychiatric Nursing.
5. Registered Nurse (RN) with a Master's in Psychiatric Nursing.
6. Licensed Professional Clinical Mental Health Counselor (LPCC); or
7. Licensed Marriage and Family Therapist (LMFT).

G. In addition to having one of the above licenses, the clinical supervisor is required to have a minimum of three (3) years supervisory experience, two (2) years of which must have been in a clinical setting, but four (4) years of experience in a clinical setting is preferred.

H. Therapists and Counselors providing individual, family and/or group therapy must meet either the necessary licensed requirements as listed for clinical supervisor or possess one of the following licenses:
1. Licensed Professional Mental Health Counselor (LPC).
2. Licensed Master's Social Worker (LMSW).
3. Licensed Art Therapist (LAT).
4. Licensed Mental Health Counselor (LMHC).
5. (NM) Licensed Alcohol and Drug Abuse Counselor (LADAC).
6. (AZ) Licensed Independent Substance Abuse Counselor (LISAC).
7. Licensed Clinical Social Workers (LCSW).

I. In accordance with Navajo Nation policy, the Clinical Director, Clinical Specialist, and Therapist/Counselor meet the required qualification by holding one of the above licenses in any state.

J. Licensed, certified or registered addiction & mental health Clinicians provide a planned treatment regimen of 24-hour professionally directed evaluation, care and treatment services for clients and their families.

K. The program may establish a written agreement or contract with a behavioral health medical practitioner and a registered nurse to provide treatment as needed.

L. Traditional Practitioners/Traditional Counselors providing direct services, to clients must meet the minimum requirements as listed by DPM:
1. Five (5) years' experience as a traditional healing practitioner.
2. Certified with the Navajo Nation Medicine Man Association and/or Dine' Hataatli Association, Native American Church.
3. A high school diploma or GED.
4. 10 years of experience as a Navajo traditional healing practitioner of which 3 years must have been in a behavioral health setting is preferred.
5. The use of routine or advanced techniques aimed to relieve the emotional distress evident by disruption of the person's functional ability,

V. PROCEDURES

1. DBMHS will adhere to the Navajo Nation Department of Personnel Classification Plan.
2. DBMHS will abide by DPM qualification assessments and referrals to determine selection of qualified personnel.

REFERENCES

NMAC 7.20.11.30
A.A.C. R9-20-409

I. POLICY

The practicum and/or internship training will focus on the provision of counseling services within a professional setting under the direction of an on-site supervisor.

II. PURPOSE

To ensure students meet the educational requirements in order to obtain the necessary degree, licensure, or certification.

III. DEFINITIONS

A. **Volunteer Staff**
A non-paid staff member who provides services within the agency who is either a professional, behavioral health technician, paraprofessional, or support staff. Volunteer staffs have certain rights and responsibilities of paid staff.

B. **Interns**
An advanced student or graduate usually in a professional field gaining supervised professional experience.

IV. RULES

A. Due to the confidential nature of providing services to a client experiencing behavioral and mental health disturbance(s) DBMHS allows only students who are placed through an accredited college or university internship program to apply for the program.

B. Supervisors are responsible for arranging appropriate coverage under workers' compensation for volunteers.

V. PROCEDURES

A. The preferred coursework for university or college programs will be limited to nursing, psychology, sociology, social work, counseling, behavioral health, health care administration, or a closely related field.

B. Volunteers or internship requests must be submitted to the respective Behavioral Health Director (BHD), Clinical Director (CD), or designee. The BHD, CD, or designee will evaluate and approve the request based on appropriateness, supervisory resources available, and other pertinent factors.

C. Upon approval, the assigned Supervisor will forward all relevant documents to DBMHS HR Section, once reviewed, all documents will be forwarded to the Department of Personnel Management for review and appropriate action. The following documents will be submitted to DPM:
   1. Navajo Nation Application
   2. Resumé
   3. Certificate of Indian Blood
   4. Practicum Agreement
   5. Liability Insurance from College/University

D. In compliance with the NNPPM, any volunteer or intern will be required to complete the background check and adjudication process to determine suitability for accessing the facility and providing clinical services.

E. DBMHS HR Section will submit the Personnel Action Form (PAF) and relevant documents to DPM; a copy of the PAF will be sent to Worker's Compensation for appropriate coverage.
F. The assigned Supervisor will determine the type of orientation process needed and the conditions of the volunteer relationship.
G. A practicum agreement must be signed, outlining the responsibilities, establishing the start and end date of the assignment, and number of hours of clinical experience between the college and/or university and DBMHS.
H. Each student is to be provided a written description of job requirements and expectations necessary to gain his/her clinical experience by DBMHS.
I. Each student shall comply with all applicable Navajo Nation policies, code of ethics, rules, and regulations.
J. Each student shall read and affirm that they understand the DBMHS policies and procedures.
K. Students will have appropriate access to the client's file or electronic health record in the presence of an authorized representative of DBMHS.
L. The Behavioral Health Director, Clinical Director, or designated licensed personnel shall be responsible for providing guidance and supervision of the placed student. This shall include any required training or orientation.
M. Upon the conclusion of the volunteer agreement, the assigned supervisor shall contact the appropriate college/university to provide a status update or written report regarding the performance of the student.
N. The DBMHS HR Section will submit a PAF to end the volunteer status.

REFERENCES

NMAC 16.27.2.8
NMAC 27.1.7.24
4 A.A.C.6.E

I. POLICY

To maintain compliance with accrediting agency, DBMHS will follow safety management procedures to assure the safety of clients, staff, and guests.

II. PURPOSE

To manage the consequences of fires, disasters, and other emergencies.

III. DEFINITIONS

A. **Workplace Emergency**
A situation that threatens workers, customers, or the public; disrupts or shuts down operations; or causes physical or environmental damage. Emergencies may be natural or human-caused, and may include hurricanes, tornadoes, earthquakes, floods, wildfires, winter weather, chemical spills or releases, disease outbreaks, releases of biological agents, and explosions involving nuclear or radiological sources.

B. **Emergency Action Plan (EAP)**
Intended to facilitate and organize employer and worker actions during workplace emergencies and is recommended for all employers.

IV. RULES

A. The emergency action plan should describe how workers will respond to several types of emergencies, considering specific worksite layouts, structural features, and emergency systems. If there is more than one worksite, each site should have an emergency action plan available for employees.
B. Health and safety functions are the responsibility of the designated safety officer.
C. The safety officer maintains applicable sanitation and building occupancy permits are posted in the respective areas.
D. The Behavioral Health Director, Clinical Director, or designee will have the power to intervene whenever conditions exist that pose an immediate threat to life or health or pose a threat of damage to equipment or buildings. In such cases, the Health Services Administrator (HSA) will be notified immediately of any action taken.
E. The Safety Officer or his/her delegate will be trained regarding relevant sections of the National Fire Prevention Association Life Safety Code (NFPA 101) and other licensure and accreditation standards pertaining to safety.
F. An emergency preparedness program will exist to manage the consequence of fires, disasters, and other emergencies. Fire drills will be conducted at least once per quarter on each site.
G. A facility-wide security program will exist to provide for the safety of clients and staff, to secure the confidentiality of records and to protect agency property and equipment.
H. A comprehensive safety plan will be established and maintained to assure the safety of personnel.
I. The Safety Officer will maintain a hazardous materials and waste program to identify and control hazardous materials and waste.

J. All new employees will be oriented to the safety program and will continue to participate in ongoing safety education throughout their employment.
K. At least annually, the Safety Officer shall review the effectiveness of the Safety Program and revise as necessary to improve risk and safety management.
L. Every staff member who observes a facility maintenance issue requiring attention is responsible for completing and submitting a work order request as soon as possible.

V. PROCEDURES

A. The designated safety officer conducts and documents quarterly facility inspections to ensure compliance with all applicable health, safety, and physical plant requirements.
B. The designated site administrator designates the safety officer and establishes the Safety Committee, to include HR, maintenance at each local site, and Property Section which tracks and analyzes the following information:
    1. Incident reports.
    2. All employees' CPR and First Aid certification, Food Handlers' Permit, Tribal drivers' permit, and other required health/safety certification.
    3. Identification of other health and/or safety incidents or concerns.
C. Health and safety issues are addressed in quarterly meetings led by the Property Section.
D. Reports of how key issues have been resolved are forwarded to the DBMHS Quality Improvement Team.
E. The Quality Improvement Team reviews reported health and safety issues quarterly for the purpose of:
    1. Identifying events, trends and patterns that may affect client health, safety, and/or treatment efficacy.
    2. Submitting findings and recommendations to the appropriate office for action:
        a. Changes in policies and/or procedures.
        b. Staffing and assignment changes.
        c. Additional education or training for staff.
        d. Facilities maintenance and improvement.
F. Emergency Procedures
    1. Fire
        a. The *Emergency Fire Procedure* and *Emergency Exit Plan* will be posted in each work area. All staff will be familiar with the procedures for their work area.
        b. In the case of a fire, the necessary emergency procedures have been followed: call the fire department and evacuate the facility, the Safety Officer or designee will notify the Behavioral Health Director and HSA.
        c. A complete written report of any fire will be made by the Safety Officer, or designee and given to the HSA.
    2. Disasters (natural or human-caused):
    In the event of an evacuation due to disasters or local facility emergencies, the Supervisor in charge will monitor procedures.
    3. Telephone Outage:

In order to continue providing a minimum standard of safe client care, it is necessary to have continuous communication with emergency services of the police and fire departments. In the event of a telephone failure due to a power outage, a cellular telephone will be utilized as the primary source of communication. The telephone company will be contacted to inform them of the emergency nature of the Behavioral Health Treatment Centers and immediate service/repair will be requested.

4. Power Failure:
   All client occupied areas of the facility are equipped with emergency lighting/flashlights, which will provide enough light during a power failure.
   The staff on duty should first contact the local electric company to report the failure. The staff person calling will identify the type of program the Behavioral Health Treatment Center is operating and express the importance of restoring power as soon as possible. If the local electric company has no knowledge of any power outage, the electrical breakers will be checked and reset as needed. If this does not correct the problem, the supervisor will be notified, and building maintenance will be ordered. Flashlights will be used for private bathroom/bedroom use. Clients will be advised and reassured as needed. If the estimated time to restore power is greater than 1.5 hours, the BHD and HSA will be contacted regarding evacuation to a local site; evacuation may be necessary if it is dark, or if temperatures are extreme.
5. Water/Gas Outage:
   For a water or gas failure, the city in which the program resides will be contacted to report the problem. An estimate of when gas or water will be restored will be requested. The BHD will then be contacted to assess the impact and arrange the required services.
   a. GAS: For a gas failure, the area's gas company will be contacted to report the problem and advise on evacuation. If evacuation is necessary, an alternate location shall be established and used until gas is restored. If the time to restore gas is greater than 24 hours, the BHD will be contacted to assess impact and arrange required services.
   b. WATER: For a water failure, the community in which the program resides will be contacted to report the problem. An estimate of when water is to be restored will be obtained; the BHD or designee will then be contacted to assess impact and arrange required services.
6. Bomb Threat:
   Any staff member answering an incoming call may be in the position to receive such a call. The person receiving the threat should attempt to:
   a. Prolong the conversation as long as possible.
   b. Listen for background noises to help determine the caller's location.
   c. Make note of distinguishing voice characteristics.
   d. Try to determine where the bomb is, when and what will cause it to explode, what it looks like and what kind it is.
   e. Ask who placed the bomb and why. Try to get a name and address. Note if the caller seems knowledgeable of the Navajo Nation's Behavioral Health Treatment Center.

f. Report the call to the police immediately.
g. Contact the BHD, or designee, who will determine if evacuation is necessary. If evacuation is necessary, it should occur as in the procedures outlined for fire emergency.
h. The police should make a search. If a device is found, only police personnel should approach or manage it.
i. Re-entry may be made only after an "all-clear" has been by the police.
j. An incident report will be made out and given to the BHD and HSA as well as the Quality Assurance Section.

7. Active Shooter:
   a. Evacuate – Run: If there is an accessible path, attempt to evacuate the premises. Be sure to:
      i. Have an escape route and plan in mind.
      ii. Evacuate regardless of whether others agree to follow.
      iii. Leave your belongings behind.
      iv. Help clients, and others, evacuate, if possible.
      v. Call local authorities (i.e., 911) when you are safe.
      vi. Prevent individuals from entering an area where the active shooter may be.
      vii. Keep your hands visible.
      viii. Follow the instructions of any police officers.
      ix. Do not attempt to move wounded people.
   b. Shelter-in-Place – Hide: If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:
      i. Be out of the active shooter's view.
      ii. Provide protection is shots are fired in your direction (i.e., an office with a closed and locked door).
      iii. Not trap you or restrict your options for movement.
      iv. To prevent an active shooter from entering your hiding place:
         a. Lock the door.
         b. Blockade the door with heavy furniture.
      v. If the active shooter is nearby:
         c. Lock the door.
         d. Silence your cell phone and/or 2-way radio.
         e. Turn off any source of noise (i.e., television, radio)
         f. Remain quiet.
   c. Protect Yourself – Fight: As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
      i. Acting as aggressively as possible against him/her.
      ii. Throwing items and improvising weapons.
      iii. Yelling
      iv. Committing to your actions.
   d. When Police Arrive

i. Put down any items in your hands.
ii. Keep your hands visible.
iii. Follow all instructions.
iv. Avoid making quick movements towards officers.
v. Do not stop to ask officers for help or directions when evacuating, just proceed in the direction from which officers are entering the premises.

G. Emergency Preparedness
1. Fire Safety: Materials Acquisition
a. The Safety Officer and/or the BHD will review all proposed acquisitions of bedding, window treatments, furnishings, wastebaskets, and other equipment to assure that fire resistant materials are used where needed.
b. Special attention should be given to heat generating equipment and the placement of combustibles close to heat sources. In addition, if materials have flame resistant coatings or coverage, they will be maintained to retain their effectiveness and replaced with worn or no longer effective.
c. If materials must be purchased, the BHD or designee will complete procurement in accordance with Navajo Nation rules and regulations.
2. Electrical Safety:
a. Electrical power distribution systems must have a systematic and periodic evaluation and inspection at least once each year. A licensed electrical contractor will do the inspection and evaluation. Written records will be maintained of all inspections performed, which include recommendations and actions taken.
b. Residential facility must have a backup generator that is well serviced and maintained so operation is not compromised. This includes monthly quarterly and annual maintenance and repairs.
c. Once each quarter, electrical panels, receptacles, switches, wiring and all other electrical devices must be evaluated by maintenance personnel. Electrical panels are to be assessed using an ampere test to indicate the load on each circuit breaker. The wire connectors shall be assessed for tightness. A tester for correct ground should be used on each receptacle and the necessary repairs made by a licensed electrician.
d. Personal electrical equipment used by clients, such as hair dryers, curling irons, razors, radios, etc., must be inspected for safety by the staff member receiving the item. All such equipment must be stored in the staff office and not in client rooms depending on the level of care. Client equipment that is not safe, with loose wires, defective cords, cracked or broken, shall be labeled *DO NOT USE* and stored with the client's property.
e. Extension cords. The use of electrical extension cords is not recommended; however, exceptions can be made where the electrical outlet is not accessible to the equipment or appliance being used. Such extension cords must be UL labeled and used in accordance with instructions. The use of electrical plug-in adaptors is prohibited. UL labeled multi-plug surge protectors are permitted.

H. Hazardous Materials
   1. The purpose of the safety regulations is to ensure that potential hazards and hazard control measures for chemicals used by the Behavioral Health Center staff are understood by all employees. Federal law defines a hazardous material as one which: "May cause or significantly contribute to an increase in serious, irreversible or incapacitating illness, pose substantial present or potential hazard to human health or the environment when improperly treated, stored, transported of or disposed of, or otherwise managed."
   2. Material Safety Data Sheet (MSDS) binders will be placed in all custodial closets, food preparation areas, front reception area and maintained by the Safety Officer, or designee, and will be available to all staff. Binders will contain information on regulated chemical hazards:
      a. Corrosivity; materials with PH less than 2.0, or greater than 12.5 having the ability to cause burns to skin, corrode containers, and/or dissolve fibers.
      b. Ignitability; materials posing a fire hazard during routine handling.
      c. Reactivity: material able to explode during, or emit toxic gas, on exposure to atmosphere or water.
      d. Toxicity: material with the ability to cause illness, death, genetic or reproductive abnormalities, or restrict awareness enough to present a safety danger.
   3. All hazardous or cleaning supplies will be stored in a lockable cabinet not accessible to clients.
   4. The designated Central Safety Officer will identify all hazardous chemicals used (if any) at DBMHS sites. All hazardous materials will be itemized on a list that includes the name of the chemical, manufacturer, type of hazard, and use at DBMHS. This list will be available for all staff to review in the Staff office and in administration.
      a. Container Labeling - The designated Central Safety Officer and Property Section will verify that all containers received and used at DBMHS sites will be clearly labeled as to the contents and that they are noted with the appropriate hazard warnings, and that they list the name and address of the manufacturer.
      b. Employee Training – Each employee will be provided information concerning the hazardous materials program and training before working in areas (if any) where hazardous chemicals exist. In addition, if a new hazardous material is introduced into the workplace, affected employees will be given the latest information and training concerning that material.

I. Safety Inspection and Surveillance
   1. Safety inspections will be conducted by the designated Central Safety Officer at least monthly. These inspections will identify any potential fire code violations, any defective equipment (smoke detectors, emergency lighting, fire extinguishers), and other safety hazards.
   2. Inspections will be documented on a "Safety Inspection" form with a copy of the report given to the BHD, who will evaluate and initiate corrective measures for all problems.

3. Corrective actions taken will be documented in the report. A copy of the report will be forwarded to the HSA and made available for review by the designated Central Safety Officer.
4. In addition, the designated Safety Officer shall train Staff/Clients, conduct, and document a Fire Drill & evacuation not less than once per calendar quarter.

J. Staff Training
1. All permanent staff will be oriented to emergency procedures including evacuation and to facility security during orientation. This orientation will be documented in the employee's personnel record.
2. All staff shall participate in one safety training session quarterly. This shall include the safety instruction and specific instructions in fire emergency procedures and in evacuation of the facility.
3. A training program in the use of hand-held fire extinguishers shall be provided for all personnel by a certified trainer. The training shall be conducted annually and documented in the employee's personnel record.

REFERENCES
R-20-311.G
R-20-308.A & B
R-20-409A

I. POLICY

DBMHS establishes procedures to limit access to the residential facility.

II. PURPOSE

To ensure the safety and confidentiality of residential clients.

III. DEFINITIONS

A. **Residential Facility**
The Residential Facility includes all buildings, parking areas, and grounds, including the Traditional Healing Grounds and any area considered DBMHS property.

B. **Residential Center – Program**
Residential Center is the sleeping and living quarters, including adjacent hallways, where clients reside.

IV. RULES

A. All visitors must register at the Residential Facility and will be issued a visitor pass.
B. Visitors must visibly display their pass throughout their visit to the facility.
C. A photo ID may be required to verify the identity of any visitor, at any time.
D. Residential Centers are off-limits to all visitors unless specifically authorized by the Clinical Director or designee.
E. Any unauthorized persons at the Residential Facility will be immediately asked to leave the premises, and the Clinical Director or designee will be immediately notified. Law Enforcement personnel will be contacted if necessary.
F. Appropriate documentation of both authorized and unauthorized visitors will be maintained.
G. When entering or leaving the premises all visitors and staff are to use the main entry to the building only. All exits are to be monitored and secured by all staff.

V. PROCEDURES

A. Visitor signs in at designated location which will record their name, time of visit, purpose for visit, and time leaving the facility.
B. Visitors will present a photo ID and will be issued a visitor's badge.
C. Visitors will not be allowed into the general client areas without the consent of all the clients in the Facility at the time.
D. Visitation should be confined to discreet areas of the Facility (e.g., Group Room).
E. All visitors are required to relinquish all personal items (i.e., purses, wallets, keys, cell phones, etc.), which will be returned at the end of the visit.
F. Any personal items brought for clients will be turned over to Clinical staff for inspection before relinquishing to the client. All items must be approved by their counselor.
G. Visitors are accompanied or supervised by Clinic staff at all times.
H. The visitor signs out and surrenders the visitor's badge before leaving the facility.
I. The front door to the facility should be kept locked between the hours of 5:00 p.m. and 8:00 a.m. Staff needing access to the facility during those hours will be issued a key. Staff should not open the door for any other person requesting access unless that person has been authorized to enter the facility.

J. All Residential Center doors should be locked from the inside at all times when the building is unoccupied.
K. In the event of a security emergency, direct service staff will utilize DBMHS work cellphones and/or 2-way radios. Devices should be carried by the direct service staff at all times.
L. All interior office doors will be kept locked at all times when the building is unoccupied, and at night.
M. The kitchen must be locked when not in use. Clients will not be permitted in this area unless accompanied by a staff person.
N. Unauthorized Entry to the Facility
    1. Persons seeking entry to the building shall ring the bell at the front entry and be screened on the TV Monitor.
    2. After identifying the visitor, the Staff on duty will meet them at the door, escort them to a private area of the Facility, and then bring the client(s) to them.
    3. Staff will explain to both the client and visitor(s) the need to respect the privacy and confidentiality of the other clients.
    4. When the session is over, Staff will escort the visitor(s) out of the Facility.
O. In the event that any person gains unauthorized access to the Facility, the following Procedure is to be followed:
    1. One Staff will engage the unauthorized person in conversation while the other Staff brings all clients to a private & secure area of the building.
    2. Staff will inform the visitor of the need for privacy, access rules, and will politely request that they leave the Facility or enter through the front entrance as above.
    3. If the unauthorized person refuses, they are to be informed politely that the Police will be called to safeguard the rights of the clients if they do not leave immediately.
    4. If they do not leave, or cause any trouble, the other Staff person is to call the Police immediately.
    5. A full Incident Report is to be filled out by the Staff involved before change of shift and presented to the Director for review and any needed action.
P. Security: Access Control Card
    1. The Clinical Director or designee maintains a key file with a copy of all physical keys, and all access control cards issued to staff.
    2. No locks will be used unless a copy of the key is in the facility key file.
    3. A record will be kept in each employee's personnel file of any access control cards, or keys, they may be issued. At the time of leaving employment, all keys must be returned prior to issuing a final paycheck.
    4. Lost keys or access control cards must be reported to the Clinical Director, or designee, immediately. Employees may be charged for replacement keys, or for the cost to re-key locks.

REFERENCES
A.A.C. R20-311

I. POLICY

For the safety of clients and staff, DBMHS maintains security cameras, monitors, and recording devices in its facilities.

II. PURPOSE

To ensure the safety of clients and staff, to provide a visual record of significant incidents that may occur in the facility.

III. DEFINITIONS

A. **Client Common Areas**
Client communal areas include all hallways, lobby and foyer areas, lounge or living areas, dining room/kitchen, group rooms, classrooms, and other group areas. Excluded are client sleeping areas and restrooms.

IV. RULES

A. Surveillance security cameras, monitors, and recording devices will be maintained in good working condition at all times.
B. Video recordings are maintained on recording devices with external storage for a period of at least six (6) months before being erased.
C. Recording devices and external storage are backed up by a 3-year hardware warranty and software support.
D. The use of any video or photographic pictures of DBMHS clients in material that is either commercial or public service oriented is prohibited.

V. PROCEDURES

A. Surveillance security cameras are located such that only client communal areas and outdoor grounds are in view of the cameras.
B. Client informed consent procedures provide clients with the information that surveillance security cameras are used in the treatment facility.
C. Monitors are used only for the purpose of determining that the system is functioning properly. Monitors are not to be used by staff as a substitute for direct personal observation of clients and program premises.
D. Recordings made from security cameras are considered confidential client information and are managed with the same precautions as other client records.
E. Recordings made from security cameras are reviewed by program management in support of investigations conducted under the DBMHS Incident Reporting Policy, the Client Grievance Policy, and for other reasonable and appropriate management functions.

REFERENCE:

NMAC 7.20.11.22

I. POLICY

A comprehensive prevention policy of nosocomial infections, control of environmental infection hazards, and prompt recognition and reporting of acquired infections.

II. PURPOSE

To provide a systematic approach to infection prevention and control.

III. DEFINITIONS

A. **Control**
Activities designed to support the infection control process by preventing the transmission of identified infections.

B. **Community-Acquired Infection**
An infection present or incubating at the time of admission.

C. **Contaminated**
A situation that occurs when there are infectious materials, such as blood, believed to be present on any surface or item.

D. **Endemic**
The habitual presence of a disease within a geographic area may also refer to the usual prevalence of a given disease within such an area.

E. **Epidemic**
An outbreak in a community or region of a group of illnesses of similar nature, clearly in excess of normal expectancy and derived from a common or propagated source.

F. **Pandemic**
An epidemic of an infectious disease has spread across a large region, i.e., multiple continents or worldwide, affecting a substantial number of individuals.

G. **Infection**
An illness produced by an infectious agent.

H. **Infection Control**
The continuing scrutiny of all those aspects of the occurrence and transmission of infections are pertinent to effective control.

I. **Nosocomial Infections**
An infection that develops during hospitalization and is not present or incubating at the time of admission to the hospital. An infection present on admission is community acquired. If incubation period is unknown, an infection is called nosocomial if it develops at any time within 72 hours after admission.

1. If a Medical Provider indicates in the medical record that a nosocomial infection is or has been present, the information is recorded unequivocally as an infection, whether or not additional supporting data are present in the record.
2. Nosocomial infections express themselves in Inpatients whom the infection was not present or incubating at the time of admission.
3. Nosocomial infections present on admission can be classified as nosocomial, but only if it is related to or in the residual of a previous admission.

4. Nosocomial infections include those with endogenous organisms carried by the client and with the organisms originating in the animate or inanimate environment of the facility.
5. The term nosocomial infection will include potentially preventable infections, as well as some infections that may be regarded as inevitable.
6. Applications of specific guidelines require that clinical and laboratory data be dependable. There must be a high degree of certainty as to when the clinical manifestations of the infection in question had their onset.
7. The appearance of the clinical infection at a new and different site, even with the same organisms as the original infection, must be considered a new nosocomial infection.
8. The appearance in culture of new and different organisms from a previously described site of nosocomial infection if there is a coincident clinical contribution or deterioration in the client's condition. Infection Control Attack Rate will be calculated using the census on the first day of the month of the reporting period, plus all admissions for that reporting period.

J. **Universal Precautions**
A method of infection control that requires treating all human blood and certain human body fluids as if they were known to be infected with HIV, HCV, HBV, or other blood borne pathogens.

K. **Prevention**
Mechanisms designed to support the infection control process throughout the utilization of strategies designed to reduce the probability of an individual acquiring an infection i.e., hand washing, immunizations, educational activities.

L. **Surveillance**
Continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control.

IV. RULES

DBMHS practices a systematic approach to infection prevention and control that requires each staff to play vital role in protecting everyone who utilizes the behavioral health facility.

A. All employees are trained at the start of employment, and annually in infection and control activities. The program and activities of the Infection Control Program will prevent, detect, and control the spread of infection in DBMHS Residential facilities.

B. Objectives of the Infection Control Program
   1. To improve the quality of health care delivery through identification, prevention, and control of infections.
   2. To develop, implement, and monitor a comprehensive agency-wide Infection Control Program.
   3. To establish and maintain consistent policies and procedures to implement the Infection Control Program.
   4. To collect and analyze data concerning infections and their epidemic potential and provide a profile of infection trends in the facility as part of the agency's activities.

5. To implement orientation and education of all employees in infection surveillance, prevention, and control.
6. Evaluate on an ongoing basis, the infection control activities and program.

C. Scope of the Infection Control Program
1. The Infection Control Program is agency-wide for clients, employees, visitors, students, and volunteers. All agency programs and departments will work with the program to detect, prevent, and control infections. Included are direct care activities, as well as support activities such as housekeeping, dietary, laboratory service, etc. Health authorities will be contacted for consultation and reporting when indicated and required.
2. The HSA will subcontract services for the management of the Infection Control Program.
3. The Infection Control Program will have the responsibility for overseeing the following activities:
   a. Review the type and scope of surveillance activity and recommend corrective action based on records and reports of infections among clients and personnel to Quality Assurance Program.
   b. Periodically review retrospective reports including surveillance data for epidemics, clusters, unusual pathogens, and nosocomial infections exceeding unusual baseline levels to suggest improvement on the management of the Quality Assurance program.
   c. Recommend standards of sanitation throughout the program, reviewing those standards on a periodic basis.
   d. Investigate problems related to communicable diseases within the program, suggesting methods to improve infection control management.
   e. Provide input into standard criteria for data reporting and evaluation.

V. PROCEDURES

A. Infection Control Plan
1. Mechanisms will be established to support infection control through strategies developed to reduce the probability of an individual acquiring any infection. Included are the following prevention activities:
   a. Blood borne pathogens exposure training and reporting.
   b. Proper hand washing techniques will be utilized by all staff.
   c. Assessment of each employee's general health, and exposure incidents are managed.
   d. Employees will receive orientation and periodic on-going training in Universal Precautions – Standard Principles of Infection Prevention and Control.
      i. Hand Hygiene
      ii. Use of personal protective equipment
      iii. Safe use and disposal of sharps
      iv. Safe handling and disposal of clinical waste
      v. Spillage of blood and bodily fluids
      vi. Decontamination of equipment and environment

vii. Safe management of linen

B. Visitor Restrictions: Visitors with known infections, which are communicable by casual or environmental contact, shall not be permitted to visit clients.
   1. Control: Activities will be designed and managed to support the Infection Control Program by preventing the spread of identified infections.
      a. Client infections: All suspected or known client infections will be reported on the "Infection Reporting Form and Tracking Record" by direct client care staff to the Registered Nurse at DBMHS, who will work in conjunction with other medical facilities. The report will include the diagnosis, where and when the infection was identified/acquired, and the action taken by the medical staff.
      b. The Registered Nurse will assess the symptoms, data, and related findings, communicate with the medical facility, and follow through with medical recommendations.
      c. The original of the "Infection Reporting Form" will be placed in the designated location in the medical record.
      d. The Registered Nurse will record the assessment of the client's symptoms which will be placed in the medical record.
      e. Employee infections. All employee illnesses or absences will be reported to the employee's supervisor who will follow Navajo Nation Policies and Procedures.
   2. Reporting: Health care organizations are governed by the requirements for reporting set down by the Tribal, State, Federal, and Center for Disease Control guidelines. The Registered Nurse is required to report communicable diseases to the county health department within five (5) business days. Refer to the State Department of Health for a list of all communicable diseases.

C. Tuberculosis (TB) Exposure Plan
   1. All DBMHS Staff will be trained in screening and prevention of tuberculosis at the time of initial employment.
   2. Clients will be evaluated and cleared of TB symptoms before beginning the admission process. A TB Health Screen will be completed by the medical provider as part of the physical examination.

D. Blood-borne Pathogens Exposure Control Plan
   1. DBMHS staff will receive training on various types of blood-borne pathogens to which they may be exposed. Training will include techniques on prevention and control of infection.
   2. Staff will receive training on Hepatitis B (HBV) and C (HCV) Virus, and Human Immunodeficiency Virus (HIV).
   3. Staff are required to notify their supervisor or the Clinical Director of any exposure incident immediately. An Incident Report Form will be completed and reported to the Behavioral Health Director as soon as possible.
      a. Employees who have exposure to blood or other potentially infectious material will be referred to the Navajo Nation Workers Compensation Program to complete the Report of Injury Form.
      b. When an exposure occurs, the staff/client can volunteer to be HIV tested at

the County Health Department or the Navajo Health Education and HIV Prevention Program (NHE/HPP).

c. The findings and diagnosis of any exposure incident will be kept confidential. DBMHS is not authorized to be informed of the results of the exposed employee testing.

4. Approaches to reduce risk of exposure to blood-borne pathogens on the job are more effective when used together, they include:
   A. Engineering control: These are physical or mechanical systems that are provided to all employees, to eliminate hazards at their source.
      i. Sharps disposal containers
      ii. Adding guardrails to prevent falls.
      iii. Ventilation limiting exposure to hazardous chemicals via ventilation.
   B. Workplace Practice Control: These are specific procedures to reduce exposure to blood-borne pathogens or infectious materials.
      i. Wear gloves
      ii. For storage and transport of specimens they should be placed in containers that prevent leakage and are marked with biohazard labels.
      iii. Make sure the outside of container is not contaminated, to protect others who may handle the specimen.
   C. Decontamination:
      i. Always wear gloves to clean up spills.
      ii. Wipe up the spill with appropriate cleaning supply and carefully dispose of the contaminated towel.
      iii. Apply germicide and then allow the surface to dry completely.
      iv. Remove gloves and throw them away in a contaminated bag along with the contaminated material.
   D. Personal Hygiene:
      i. When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, spattering and generation of droplets (e.g., before removing a rubber stopper from a specimen tube, cover it with gauze to reduce the chance of splatter).
      ii. Do not eat, drink, smoke, apply cosmetics, or handle contact lenses where there may be exposure to blood or potentially infectious materials.
      iii. Avoid petroleum-based lubricants that may eat through latex gloves. Applying hand cream is OK if hands are thoroughly washed first.

E. Personal Protective Equipment: Equipment that protects a person from contact with potentially infectious materials including gloves, masks, disposable gowns, protective eyewear, mouthpieces, resuscitation bags, ventilation device for resuscitation. The appropriate type of protective equipment for a given task depends on the degree of exposure anticipated.
   1. Splashes, sprays, spatters, or droplets of infectious materials require the use of masks, gloves, eye protection, or gowns.
   2. Appropriate protective equipment is provided to all employees.

3. Employees must follow these rules to ensure that protective equipment is effective.
    a. Be trained to use equipment.
    b. Protective equipment must be appropriate for the task.
    c. Equipment must be free of physical flaws that could compromise safety.
    d. If equipment is penetrated by blood or other potentially infectious materials, review it as soon as possible.
    e. All protective equipment must be removed prior to leaving the work area and placed in the designated area or container for washing, decontamination, or disposal.
    f. Resuscitation Devices: Mechanical emergency respiratory devices and pocket masks are types of personal protective equipment designed to isolate from contact with a victim's saliva during resuscitation. Since the client may expel saliva, blood or other fluids during resuscitation, unprotected mouth-to-mouth resuscitation must be avoided.
    g. Gloves: Gloves are the most widely used form of personal protective equipment. They function as a primary barrier between a person's hands and blood-borne pathogens. Latex or nylon gloves are used in medical or laboratory procedures. Heavy-duty utility gloves may be used for housekeeping duties.
        i. Gloves must fit properly.
        ii. Gloves must be worn when anticipating hand contact with blood, potentially infectious materials, mucous membranes, or non-intact skin.
        iii. If a person is allergic to latex or nylon gloves, hypo-allergenic gloves, powder less gloves or another alternative will be provided.
        iv. Gloves can be torn or punctured by sharps. Bandage any cuts before being gloved.
        v. Replace disposable single-use gloves, such as surgical or examination gloves, as soon as possible if contaminated, torn, punctured or damaged in any way. Never wash or decontaminate for reuse.
        vi. Utility gloves may be decontaminated and reused unless they are cracked, peeling, torn, punctured and no longer provide barrier protection.
        vii. Glove Removal. Employees must follow a safe procedure for glove removal, being careful that no substances from the soiled gloves contact their hands.
            a) With both hands gloved, peel one glove off from the bottom and hold it in the gloved hand.
            b) With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
            c) Dispose of the entire bundle properly.
            d) Remove gloves when they become contaminated, damaged, or before leaving the work area.

e) Wash hands thoroughly.

F. Housekeeping: The following housekeeping procedures should be followed.
   1. Wipe down all exposed surface areas regularly with an approved tuberculocidal cleaner.
   2. All equipment and work surfaces that may have become contaminated with blood or infectious material shall be cleaned and disinfected immediately.
   3. Any protective coverings, such as plastic wrap, aluminum foil, and imperviously packed absorbent paper used to cover equipment or surfaces, shall be removed, and replaced when overtly contaminated but no later than the end of the work shift.
   4. Broken glass shall not be picked up by hand but shall be swept up with a broom or picked up with tongs.
   5. Handle contaminated laundry as little as possible and with minimal agitation. Place soiled laundry in labeled or color-coded leak-proof bags or containers without sorting or rinsing.
   6. Bags to be used for contaminated waste are red, designating biohazard, and labeled with a sign or tag, which shall be affixed to the bag.
   7. All regulated waste shall be placed in impermeable leak-proof containers.
   8. Hazardous warning labels shall be affixed to all regulated waste prior to removal from the facility and disposed of in accordance with the applicable County Health Department or State Department of Environmental Quality regulations.
   9. Telephone receivers will be cleaned with the approved disinfectant by the contracted housekeeping service.
   10. Dishes will not be shared with others.

G. Universal Precautions

Because it if often not possible to know when an individual may be infected with a blood-borne pathogen, all DBMHS staff are required to use universal precautions when contact with blood or body fluids is likely, to prevent accidental exposure to infection.

The following steps are based on recommendations from the Center for Disease Control, OSHA (Occupational Safety and Health Administration), and the State Department of Health. Training is provided in new employee Orientation and on an ongoing basis.

The effectiveness of universal precautions depends on vigilant compliance on the part of each individual; Universal Precautions rely on the individual to take responsibility for their own potential exposure. For this reason, effective training and enforcement of these protective measures are essential.

1. Barrier Precautions: To be used when health care workers care in contact with blood or other body fluids.
   a. Gloves are to be worn when touching blood or body fluids or handling objects or materials containing blood or body fluids.
   b. Disposable gowns are to be worn if it is likely that an employee will be soiled with blood or body fluids.
   c. Masks or protective eyewear are to be worn if there is a possibility of blood or body fluids splattering on a person's face.

2. Washing: Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or immediately after gloves are removed.
3. Procedures for Sharps: All sharp items should be placed in puncture resistant containers for disposal.
4. Resuscitation: Mouth guards are provided, which are located at the front desk.
5. Removal of staff: Staff who have exudative lesions or weeping dermatitis are to refrain from all direct client care, and handling client care equipment until the condition resolves.
6. Pregnant Workers: Although pregnant staff are not known to be at greater risk of contracting HIV or HBV infection, they should especially be familiar with and strictly adhere to the universal precautions in order to reduce their own risk of infection and therefore their infants.'
7. Urine/Mouth Swab Specimen Precautions: To be used for all specimens obtained.
    a. Specimens are to be obtained using the proper procedure for obtaining a urine specimen.
    b. Work surfaces are to be decontaminated with germicide solution if a spill of blood or body fluids occurs.
    c. Contaminated equipment will be decontaminated through use of a germicide before the equipment is sent for repairs.
    d. Hands are to be washed and protective equipment and clothing removed before leaving the area.
8. Housekeeping Precautions:
    a. Chemical germicides, which are approved as agency disinfectants, are to be used for routine cleaning of all surfaces and of areas that are visibly soiled.
    b. Gloves should be worn during cleaning and decontamination.
    c. Large spills of infectious waste are to be flooded with liquid germicide before cleaning, wiped up, and then decontaminated with fresh germicide.
9. Laundry Precautions:
    a. Soiled laundry is to be bagged at the location where it was used. It is not to be sorted or reused in client care areas.
    b. Linen soiled with blood or body fluids is to be placed in red plastic bags that are then tied shut.
    c. Linen will be replaced every 2 years regardless of condition.
    d. Mattresses will be replaced every 10 years or depending on the condition.
10. Infectious Waste:
    a. Blood by-products are to be carefully poured into the toilet and flushed or placed in the red infectious bag.
    b. Soiled sanitary napkins or tampons are to be placed in a small plastic biohazard bag.
    c. Dressings (including bandages) are to be placed in a puncture-proof container or a plastic bag, which is then sealed.

H. Hand Washing Procedures
1. When to wash hands:
    a. Before starting work

b. After handling soiled articles
c. After removing gloves
d. After direct contact with blood
e. Between clients when giving client care
f. After each visit to the toilet
g. After using and discarding tissue or handkerchief for cough or sneeze
h. Before and after meals
i. Before and after preparing medicines

2. When preparing to wash hands, see that there is:
   a. Clean lavatory
   b. Adequate supply of disposable towels
   c. Sudsing action cleaning agent
3. How to Wash Hands:
   a. Turn on the water.
   b. Wet hands
   c. Add cleaning agent.
   d. Washing with suds well for 20 seconds above the wrist with careful attention to fingernails and in between fingers.
   e. Rinse thoroughly to remove all soap.
   f. Dry hands with paper towel
   g. Turn off the water faucet with a paper towel.
   h. Discard paper towel

I. Employee Infection Control Training
   1. DBMHS will orient all new employees to the importance of Infection Control, personal hygiene, and infection prevention.
      a. The orientation program will include:
         i. Infection Control Plan
         ii. TB Exposure Control Plan
         iii. OSHA Bloodborne Pathogen Standards & Exposure Control Plan
         iv. Infectious Disease Update: Acquired Immune Deficiency Syndrome (AIDS), Hepatitis
         v. Universal Precautions
         vi. Hand washing
         vii. Employee Health Program: Pre-employment Requirements, Annual Requirements, Work Related Injuries
         viii. Employee Illness
      b. Additional In-service programs will be held regularly on various aspects of infection control or infectious diseases. Impromptu In-service Trainings will be held as client populations or situations indicate.

J. Employee Health
   1. DBMHS will follow Navajo Occupational Safety and Health Administration (NOSHA) standards for employees to protect employees from hazards.
      a. Prior to returning to work, after an infectious illness or injury, the employee is required to submit a medical clearance report to the Behavioral Health

Director.

b. The Behavioral Health Director will follow appropriate protocol for filing industrial claims and will notify the Navajo Nation Workers Compensation Program of infections or injuries, in personnel, which require work restrictions or exclusions from work.

I. POLICY

DBMHS residential clients are provided a planned, nutritionally balanced diet.

II. PURPOSE

To provide a sanitary and hygienic food service operation.

III. DEFINITIONS

A. **Therapeutic Diet**
A meal plan that controls the intake of certain foods or nutrients. It is part of the treatment or a medical condition and are normally prescribed by a physician and planned by a dietitian. A therapeutic diet is usually a modification of a regular diet. It is modified or tailored to fit the nutritional needs of a particular person. Therapeutic diets are modified for (1) nutrients, (2) texture, and/or (3) food allergies or food intolerances.

B. **Regular Diet**
Nutritionally adequate in accordance with standard Recommended Dietary Allowances (RDA).

C. **Dietary Services**
The Dietary Department prepares culturally and age-appropriate meals for adolescents and adults consistent with current RDA of the Food and Nutrition Board of the National Research Council, and in accordance with the Dietary Guidelines for Americans.

IV. RULES

A. The Behavioral Health Director (BHD) and/or Clinical Director (CD) collaborates with the Nutritionist, or designee operating the Dietary Department within an annual fiscal budget. The budget is prepared and should be reviewed at least annually by the BHD, CD, and the Dietary Department Supervisor or designer.

B. The Residential Treatment Center will compute the food and supply cost per resident on a bi-weekly basis based on production sheets and invoices. Cost per resident report will be sent to the Contract Analyst. Contract Analyst will assist with cost control.

C. As necessary, expenditures will be planned and executed to provide Dietary staff with equipment of the type and in the amount needed for proper food preparation, serving and storage, proper dishwashing and for appropriate eating utensils.

D. The Nutritionist or Supervisor or designee will maintain cost control records.

E. The Dietary Department will function within the Residential Treatment Center organizational chart.

F. The Dietary Department will function as a food establishment with proper sanitation permit from the Office of Environment Health (OEH). The Dietary Department staff are required to have a food handler card. This includes workers who manage food, utensils, and food contact services per New Mexico Department of Environmental Health, 2019. Staff will be referred to Indian Health Service (IHS), Division of Environmental Health Services Online Food Handler Training course. In addition, at least one supervisor or manager will hold and maintain a certified food protection manager certificate.

G. The facility provides at least three meals at regular times and two scheduled snacks, selective and/or non-selective plans based on a minimum four-week menu cycle.

H. The Nutritionist, or designee, may revise menu as needed per staffing status, preferably updating seasonally with a full staff.
I. Any substitutions or changes made in the menu must provide equal nutritive value and recorded on the posted menu; identical menus will not be used within a one-week cycle Changes are reviewed and approved in advance by the Nutritionist or designee.
J. Record of dated menus, including snacks, as served with documented substitutions, are filed, and maintained as required on site.
K. Menus are flexible on holidays to allow for special food items usually served for the holiday.
L. DBMHS will provide a regular or therapeutic diet based on individual needs of clients in accordance with dietary standards or guidelines of the U.S. Department of Health and Human Services (HHS) and the United States Department of Agriculture.
M. Residents that may have or develop acute or chronic medical conditions may be prescribed a special diet at the discretion of a physician.
N. The Nutritionist will approve special (therapeutic) diets upon recommendation by a Physician and implemented by all Dietary Staff. Any therapeutic diets will be entered into the EHR, and if necessary, renewed every 30 days.

V. PROCEDURES

A. Office of Food Services
    1. The Nutritionist, or designee has the overall responsibility for the operation of the Dietary Department.
        a. The Nutritionist will ensure that a written work schedule is available for all employees within the Dietary Department.
        b. The work schedule will define time, and specific hours, and working days with two days to be listed as regular day off (RDO).
        c. All food service staff will receive a copy of the work schedule.
        d. A copy of the work schedule will be posted on the said bulletin board for employees' view only.
        e. Train all food service staff on policies and procedures within the Food Services Policy.
        f. Ensure food services staff follow New Mexico, FDA Food Code requirements.
        g. The Nutritionist may designate a Lead Cook to assist with overseeing food management. The Lead Cook may assist with menu planning and determining best use of seasonal foods, ordering, and receiving menu items, recipe development and modifications, monitors rotation and inventory levels of food items, and monitors work of others to ensure production, performance, procedures and finished products meet quality and sanitation standards.
    2. The Cooks are responsible to the Nutritionist, or designee.
    3. Clients are expected to attend meals in the dining area once they are cleared of isolation. Exceptions include clients that are all ill, clients attending a field trip, or are participating in a sweat ceremony.

4. Client meals will not be served beyond posted times except in an emergency or by special arrangements. Food or drink will be allowed only in the dining area during regular scheduled mealtimes, unless approved in designated areas by the clinical director, such as: kitchenette, cookouts, or picnics.
5. Meals will aim to meet the nutritional needs of the clients in accordance with the "2020-2025 USDA dietary guidelines for Americans." Further calorie and nutrient adjustments will be made according to individual client needs, food preferences and religious beliefs will be considered within the parameter of a diet order.
6. No food items will be kept in the living quarters or out in the open at any time, food must be stored properly in the kitchen area.
7. All personal snacks purchased by adult clients will be kept in a lockable cabinet, located in the kitchen, and monitored by the DBMHS staff.
8. Depending on the level of care, DBMHS may provide the use of a cooking stove/oven, a microwave and electric coffee maker for adult client use.
9. DBMHS ensures food is free from spoilage, filth, or other contamination and is safe for human consumption.
10. DBMHS ensures food is protected from potential contamination on the facility premises or outings.
11. DBMHS provides tableware and eating utensils are provided and are clean and in good repair.

B. Food Service & Client Dietary Needs:
The facility will ensure, regardless of the source, that there is adequate nutrition available to clients at all times, including outings. This will include (but not be limited to):

1. Adequate variety of menu selections, without repetition
2. Maintaining proper temperature, color/texture, and nutritional value during transport
3. Specific menus will be posted for clients at least a week in advance and kept on file for at least six months.
4. Assuring that age-appropriate, nutritionally well-balanced, and adequately portioned meals meet the nutrient standards for calories, sodium, fats, and total sugars.
5. All foods served conform to FDA guidelines.
6. That individual taste & preference are honored whenever possible
7. That both content and texture-modified special diets will be made available & served as clinically appropriate
8. Adequate portions of nutritious snacks will be available.
9. Therapeutic diet:
    a. The Counselor and/ or Clinical Director is responsible for having diet orders submitted to the Food Services Department in writing. These orders must correspond to the physician's diet orders in the resident's medical records.
    b. The Counselor and/ or Clinical Director is responsible for clarifying diet orders when necessary.
    c. Within 72 hours from admission, the Nutritionist or designee, visits each resident.
    d. The cook on duty will notify the Nutritionist or designee, and/or CD in writing in the EHR any time a resident on a therapeutic diet refuses the special meal

or accepts the regular main-line meal.

e. A physician may order snacks or supplemental feedings for such reasons as:
   i. Insulin-dependent diabetes
   ii. A need to increase protein or calories for weight gain, pregnancy, cancer, AIDS, etc.
   iii. Prescribed medication that must be taken with food.

10. In some circumstances, residents may be provided sack meals. ASAM 3.1 residents may prepare a sack meal for consumption in the dining area. Sack meals will be provided for: residents being transported from the facility; residents arriving/departing between scheduled meal hours; and residents in transit during scheduled meal hours.
    a. Quality – Sack meals will be of the same quality as other meals prepared by the Dietary Department.
    b. Preparation – The Dietary Department staff will prepare sack meals for transport from the facility. While lower level of care residents will be involved in preparing meals for transportation. Before departing, the Residential Treatment Center staff or lower level of care resident will inspect the sacks for:
       - Quality of contents
       - Proper wrapping
       - Correct individual counts.
    c. Contents - For any resident, the sack lunch will contain at least two individually wrapped sandwiches per meal, of which, at least one will be meat (non-pork). Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats will not be used after 24 hours. In addition, each sack will include:
       - One piece of fresh fruit or properly packaged canned fruit.
       - One ration of a dessert item, for example, cookies, doughnuts, and fruit bars.
       - Packaged fresh vegetables i.e., celery sticks, and carrot sticks.
       - Commercially packaged "snack foods," i.e., peanut butter crackers, cheese crackers, and individual bags of potato chips.

C. Receiving Inventory & Storage
   1. Kitchen Locations
      a. Commercial (Dietary) Kitchen
      b. ASAM 3.1 Kitchen Area – Male/Female Wing
   2. Receiving Food and Supplies
      a. Only accept food that has been inspected and approved for consumption when required by law and that any potential hazardous foods have been stored and shipped in compliance with the State of New Mexico/FDA Food Code.
      b. The Cook, or designee will receive and inspect goods, reconciling against invoice and original order. The individual receiving and checking the order delivered will sign the delivery slip or invoice.

c. Any damaged, rotten, spoiled, defrosted, or incorrect items will be refused and returned at the time of delivery.

3. Inventory
   a. Physical Inventory
      i. An actual counting of all warehouse goods should be made bi-weekly to maintain physical control, perform meaningful reconciliations and to assist in setting reorder points.
      ii. The cycle menu, number of residential clients, and special requests guides the purchase for ordering inventory.
      iii. Inventories will be recorded on the inventory tally sheets prior to delivery, and submitted to be reviewed by the Nutritionist, or Designee after the delivery of goods.
      iv. In-out stock movement will not be permitted when a physical inventory is being taken.
      v. ASAM 3.1 Kitchen Area (Male/Female) – Inventory will be based on food requested and client menu.
      vi. The ordering of nonfood supplies such as paper products and chemical supplies is done by the Nutritionist, or Designee through designated vendors. There will be a one (1) week supply of paper products maintained at all times.
   b. Perpetual Inventory
      i. It is the Nutritionist, or Designee's responsibility to submit and monitor par level requirements. It is essential that he or she has reliable documentation to determine any shortages and to maintain the integrity of the cycle menu.
      ii. The Nutritionist, or Designee will ensure that a first-in/first-out system is employed by sites so that all stock is rotated.
   c. Traffic and Key Control – Commercial Kitchen
      i. Access to food storage, preparation and service areas will be limited to assigned personnel and clients only.
      ii. No unauthorized individuals will be supplied with keys to any sensitive food storage area.
4. Record of Refrigeration & Freezer Temperature
   a. Temperatures will be taken and recorded a minimum of twice a day and recorded in the temperature log.
   b. The Nutritionist, or Designee will review the temperature log on a daily basis.
5. Food Storage
   a. The operation of the kitchen is the responsibility of the Nutritionist, or Designee but this does not relieve the Cook(s) of the responsibility of knowing what is on hand and assuring that the product is safely stored.
   b. Commodities will be appropriately stored (ambient, refrigerated, frozen) immediately after counts and weights are ascertained. Counting and weighing must be accomplished as quickly as possible.
   c. No product will be permitted to remain in the staging area for any time longer

than is absolutely necessary for pre-storage processing.

d. The temperature charts will be maintained for ambient, refrigerated, and frozen storage. Temperatures will be taken and recorded a minimum of twice a day. When temperatures are found to be outside proper storage range, actions are to be taken to identify the problem and restore the temperature to the proper range.
e. Inspection and temperatures will be taken of the product when the cooler and freezer temperatures are out of the proper storage range. Proper storage temperatures for food:
    i. Refrigerated goods: 45° F or below.
    ii. Frozen goods: 0° F or below
    iii. Ambient goods: 45 to 80° F
f. All stock will be dated upon receipt and rotated when stored to assure that first-in/first-out procedures are maintained.

6. Refrigerated Leftover Storage
    a. Prepared food items that have not been placed on the serving line may be retained for no more than 24 hours. Leftovers offered for service a second time will not be retained for later use but will be discarded immediately after offering. All leftovers will be labeled to identify the product, preparation date, and time.
    b. ASAM 3.1 Kitchen Area (Male/Female) – Clients are able to maintain food storage for up to 3 days. All leftovers will be labeled to identify the product, preparation date, and time.
7. Thawing Hazardous Foods
    a. Potentially hazardous food will be thawed by any of the following methods:
        i. Under refrigeration that maintains the food at 41° F or less.
        ii. Under cold, running, potable water with a temperature of 70°F or below. There must be sufficient water velocity to agitate and float off loose particles in an overflow. Food products shall not be left out of refrigeration for any period of time that allows thawed foods to rise above 41° F.
        iii. As part of the normal cooking process, provided there is continuous (uninterrupted) cooking throughout the process.
8. Dry Storage
    a. Stored in pantry at least 6 inches above the floor and at least 14 inches from the ceiling.
    b. All stock will be dated upon receipt and rotated when stored to assure first-in/first-out procedures are maintained.
9. Toxic Substance Storage
    a. Janitorial and chemical supplies are stored separately.

D. Menu Planning and Nourishment
    1. The Dietary Department significantly affects morale and attitudes of clients/residents and staff, and creates a climate for good relations between the residential treatment facility and the clients/residents.

2. The Dietary Program will base menu selections on a nutritional program that meets minimum government guidelines on a four-week cycle.
3. The Dietary Program will consider the ethnic diversity of the residential treatment center population when developing menus.
4. The Dietitian, Cooks, or designee will develop and implement the menu cycle. Menus are developed by taking into consideration certain budgetary allowances, available personnel, and equipment. Seasonal availability of food is also considered.
5. The Dietitian supplies menus to the residential centers at the beginning of each week.
6. Menus must be dated and posted on the Community Board in a place easily visible to residents. Posted menus include Week at a Glance, Today's Menus and Alternates.
7. When substitution is made, the replacement item must be:
    a. Compatible with the rest of the meal.
    b. Comparable in nutritive value.
    c. Reviewed by the Nutritionist for appropriateness, noting the item changed and writing in the item substituted.
8. Menu Planning Criteria
    a. Make the daily menus in accordance with the recommended USDA dietary allowances to include the following food groups and quantities or to meet nutritional requirements for people up to 18 years of age and adult.
    b. Nutrient analysis must be available for each cycle menu and determines nutritional adequacy for calories, fats, sugar, and sodium.
    c. Modify the menu accordingly and determine the number of choices that will be offered for each food item or components.
    d. Plan entrees first, spread "challenging" entrees over the menu, and not all in one week.
    e. Select side dishes to complement the color, texture, and balance of entrees.
    f. Modify serving sizes as needed to meet food component requirements and nutrition goals.
9. Residential Food Refusal
    a. Residential staff are to notify the Nutritionist, or designee when a client refuses food.
    b. Nutritionists, or designee may offer food of equal nutritional value to the client.
    c. If meal refusal or poor consumption continues to be a problem, weekly weigh-ins and consultation with Counselor and Nutritionist will be initiated.
    d. If a significant weight loss or health issues are observed and documented, the client will be referred to a medical healthcare facility. All medical and therapeutic recommendations are to be implemented with follow-up care.
10. Snacks
    a. The Dietary Department will ensure availability of snacks, fruits, juice, and milk particularly for adolescents. The snacks will be available via self-service once brought up to the residential treatment facility.
    b. A minimum of two (2) of the following food components is offered for the

afternoon and evening snack times:
   i. 100% Fruit and/or vegetables or juice
   ii. Whole grain enriched cereal or breads.
   iii. Low fat and fat-free Milk or other dairy products
   iv. Cheese, peanut butter, or other protein product(s)
c. Acceptance or refusals of these snacks are documented in the EHR by Residential or Dietary staff.
d. A physician may order snacks or supplemental feedings for such reasons as:
   i. Insulin-dependent diabetes
   ii. A need to increase protein or calories for pregnancy, cancer, AIDS, etc.
   iii. Prescribed medication that must be taken with food

E. Therapeutic Diets
1. A cycle menu is used to accommodate general therapeutic diets. Some therapeutic diets that may be prepared include:
   a. Regular
   b. Carbohydrate Consistent
   c. High Fiber
   d. Renal Diet
   e. Low Sodium
   f. Mechanical Soft Diet
   g. Food Allergy Modification
   h. Food Intolerance Modification

F. Food Preparation
1. Standard Recipes
   a. Standard recipes will be used for all products prepared with each menu cycle and will have adjustments for yields required.
   b. Standardized recipes will be adjusted for therapeutic and consistency modifications.
   c. The Nutritionist and Cooks will ensure food is prepared in a manner that preserves quality, maximizes nutrient retention, and obtain maximum yield of product.
   d. The Nutritionist, or Designee will routinely monitor the Cooks use of recipes.
   e. If recipes are added to the recipe file, they must be written, standardized, and approved by the Nutritionist.
   f. All diet modifications will be noted on the recipe.
   g. Hazard Analysis Critical Control Point (HACCP) controls are also noted in the recipe.
2. Standard Portions
   a. Uniform food portions will be established for each diet and served to all clients.
   b. Proper equipment will be used to portion out the correct quantity of food.
   c. The Nutritionist and Lead Cook will instruct all foodservice staff in the procedures of standardized portions.

d. Recipes and menus will have appropriate portions noted.
e. The Nutritionist, or Designee will monitor the Cooks and their use of portion control utensils on tray line.

3. Food Production Sheets
   a. An adequate amount of food will be prepared based on the current diet census.
   b. The Nutritionist, or designee is responsible for keeping a daily diet production count, food preferences, and special orders record current.
4. Food Temperature
   a. Food will be served at the proper temperature to ensure food safety.
   b. A thermometer should be used throughout the cooking process to record the temperature of food while it is cooking, reheating, or cooling.
   c. Animal products must be cooked to a minimum internal temperature before they are safe to eat.
   d. Cool food from 135°F to 70°F in two hours or less, and from 70°F to the refrigeration temperature, 41°F, in four hours or less (for a total of six hours or less).
   e. When reheating food, food may be reheated to any temperature if it is served immediately. If it will be held, food must be reheated to 165°F first. If food is not reheated within two hours, it must be thrown away.
   f. Take the temperature of food in its thickest part, but not right next to a meat bone. If the food is even in thickness, check the temperature in several places. If the food is liquid, stir it and then measure the temperature in the center.
   g. The freezing point method, also known as the ice point method, is the most common way to calibrate thermometers. If the thermometer does not show the temperature of ice water as 32°F (0°C), then it should be adjusted (if possible).
5. Using and Calibrating Thermometers
   a. Follow the food thermometer manufacturer's instructions for use. Use a food thermometer that measures temperatures from 0 °F to 220 °F and is appropriate for the temperature being taken. For example:
      i. Temperatures of thin products, such as hamburgers, chicken breasts, pizza, filets, nuggets, hot dogs, and sausage patties, must be taken using a thermistor or thermocouple with a thin probe.
      ii. Bimetallic, dial-faced stem thermometers are accurate only when measuring temperatures of thick foods. They may not be used to measure temperatures of thin foods. A dimple mark located on the stem of the thermometer indicates the maximum food thickness that can be accurately measured.
      iii. Use only oven-safe, bimetallic thermometers when measuring temperatures of food while cooking in an oven.
   b. Have food thermometers easily accessible to food service employees during all hours of operation.

c. Clean and sanitize food with thermometers before each use.
d. Store food thermometers in an area that is clean and not subject to contamination.
e. Food service employees will use either the ice-point method or boiling-point method to verify the accuracy of food thermometers. This is known as calibration of the thermometer.
    i. Ice Point Method
        a. Insert the thermometer probe into a cup of crushed ice.
        b. Add enough water to remove any air pockets that might remain.
        c. Allow the temperature reading to stabilize before reading temperature.
        d. Temperature measurements should be 32 ºF (± 2 ºF). If not, adjust according to the manufacturer's instructions.
    ii. Boiling Point Method
        a. Immerse at least the first two inches of the probe into boiling water.
        b. Allow the temperature reading to stabilize before reading temperature.
        c. Reading should be 212 (± 2 ºF). This reading may vary at higher altitudes. If adjustment is required, follow the manufacturer's instructions.
    iii. For an inaccurate, bimetallic, dial-faced thermometer, adjust the temperature by turning the dial while securing the calibration nut (located just under or below the dial) with pliers or a wrench.
    iv. For an inaccurate thermometer cannot be adjusted on-site, discontinue using it, and follow manufacturer's instructions for having the thermometer calibrated.
    v. Retrain employees who are using or calibrating food thermometers improperly.
b. Food service employees will check the accuracy of the food thermometers:
    i. At regular intervals (at least once per week).
    ii. If dropped.
    iii. If used to measure extreme temperatures, such as an oven.
    iv. Whenever accuracy is in question.
c. Food service employees will record the calibration temperature and any corrective action taken, if applicable, on the Thermometer Calibration Log each time the thermometer is calibrated.
d. The Nutritionist will verify that food service employees are using and calibrating thermometers properly. The Nutritionist will review and initial the Calibration Log weekly. The Calibration Log will be kept on file for a minimum of 1 year.
e. The Nutritionist will complete the Food Safety Checklist weekly. The Food Safety Checklist is to be kept on file for a minimum of 1 year.
f. All food will be cooked to the minimum internal temperatures as measured

with a food thermometer before removing food from the heat source.

Product	Minimum Internal Temperature & Rest Time
Beef, Pork, Veal & Lamb Steaks, chops, roasts	145 °F (62.8 °C) and allow to rest for at least 3 minutes
Ground Meats	160 °F (71.1 °C)
Ground Poultry	165 °F
Ham, fresh or smoked (uncooked)	145 °F (62.8 °C) and allow to rest for a least 3 minutes
Fully Cooked Ham (to reheat)	Reheat cooked hams packaged in USDA – inspected plants to 140 °F (60 °C) and all others to 165 °F (73.9 °C).
All Poultry (breasts, whole bird, legs, thighs, wings, ground poultry, giblets, and stuffing)	165 °F (73.9 °C)
Eggs	160 °F (71.1 °C)
Fish & Shellfish	145 °F (62.8 °C)
Leftovers	165 °F (73.9 °C)
Casseroles	165 °F (73.9 °C)

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6. Four Guidelines to keep food safe:
    a. Clean – Wash hands and surfaces often
    b. Separate – Separate raw meat from other foods
    c. Cook – Cook to the right temperature.
    d. Chill – Refrigerate food promptly.
7. Handwashing
    a. All food service staff will follow proper handwashing practices to ensure the safety of food served to clients and staff.
        i. Wash hands (including under the fingernails) and forearms vigorously and thoroughly with soap and warm water (a water temperature of at least 100 °F) for a total time period of 20 seconds.
        ii. Wash hands using soap from a soap dispenser. Lather at least 10 seconds.
        iii. Use a sanitary nailbrush to remove dirt from under fingernails, if necessary.
        iv. Lather soap between fingers and hands thoroughly for 10-15 seconds.
        v. Use only hand sinks designated for that purpose. All sinks have a designated purpose, no other sinks may be used for hand washing.
        vi. Dry hands with single use towels. Turn off faucets using a paper towel in order to prevent contamination of clean hands if foot pedals are not available.
        vii. Hand washing stations shall be stocked at all times. Should the employee use the last of the liquid soap or paper towels, they must restock or notify the manager or supervisor on shift.
    b. The Nutritionist or Lead Cook will:

i. Monitor all employees to ensure that they are following proper procedures.
ii. Ensure adequate supplies are available for proper handwashing.
iii. Follow-up as needed.

8. Employee Personal Hygiene
   a. To prevent contamination of food, all food service employees are responsible for:
      i. Train food service employees on using the procedures in this policy.
      ii. Follow local and state health department requirements.
      iii. Follow Navajo Nation Employee Health Policy.
      iv. Report to work in good health, clean, and dressed in clean attire. Report any illnesses to Nutritionist or Lead Cook.
      v. Change apron when it becomes soiled.
      vi. Wash hands properly, frequently, and at the appropriate times.
      vii. Keep fingernails trimmed, filed, and maintained.
      viii. Do not wear artificial fingernails and fingernail polish.
      ix. Do not wear any jewelry except for a plain ring such as a wedding band.
      x. Treat and bandage wounds and sores immediately. When hands are bandaged, single-use gloves must be worn.
      xi. Cover a lesion containing pus with a bandage. If the lesion is on a hand or wrist, cover with an impermeable cover such as a finger cot or stall and a single-use glove. Show a supervisor any lesion before working.
      xii. Eat, drink, or chew gum only in designated break areas where food or food contact surfaces may not become contaminated.
      xiii. Taste food the correct way – see "Food Tasting Method."
      xiv. Wear suitable and effective hair restraints (hats) while in the kitchen.
   b. The Nutritionist or Lead Cook is responsible for:
      i. Inspect employees when they report to work to be sure that each employee is following the policy.
      ii. Ensuring all food service employees are adhering to the personal hygiene policy during all hours of operation.
      iii. Retrain any food service employee found not following the procedures in the policy.
      iv. Discard affected food.
9. Food Tasting Method
   a. All Dietary Staff will use the correct sanitary tasting method to prevent contamination and ensure food safety.
      i. Use a disposable spoon for tasting.
      ii. Remove a sample of a product from the container with a disposable spoon.
      iii. Sample product by tasting, away from the original food container or preparation area.

iv. Dispose of spoon.
v. Never reuse spoons. Use clean and sanitary spoons for each tasting.

b. The Nutritionist or Lead Cook will observe the food tasting practices or staff, and follow-up, as necessary.

D. Milk, Egg, and Cheese Cookery

1. Milk Procedure
   a. All milk for drinking is Grade-A pasteurized and served directly from the original container. This includes serving milk from a milk carton or pouring directly into a glass for tray line assembly.
   b. Milk will not be permitted to remain at room temperature for any length of time. Milk will not be placed on tables before time of service or take out of cooling units before tray line assembly.
   c. Nourishments containing milk will not remain at room temperature for any length of time.
   d. All unopened cartons of milk returned with food trays will be discarded and will not be returned to stock for reuse. If milk is routinely unopened on trays, the Dietitian, Cook, or Designee should review for problems and attempt to provide appropriate substitutions.
   e. Dry and evaporated milk will be used for cooking purposes only. It will not be reconstituted for general milk supply.
   f. Dry milk may be used for high protein milk. Local and state regulations, including maintenance of waiver, will be met for use of milk as a food supplement.
2. Cheese Procedure
   a. Cheese to be cooked in foods will be done at low temperatures. Temperatures above 350°F, will cause cheese to separate and become tough and stringy.
   b. Cheese will be held in a sanitary manner under the same guidelines as all other protein items.
3. Egg Procedure
   a. Storage
      i. Store eggs promptly in refrigerator at a temperature of 40°F or below.
      ii. Store eggs in their original carton and use them within 3 weeks for the best quality.
      iii. Use frozen eggs within 1 year. Eggs should not be frozen in their shells. To freeze whole eggs, beat yolks and whites together. Egg whites can also be frozen by themselves.
      iv. Leftover cooked eggs will be discarded.
   b. Preparation
      i. Do not use eggs with cracked shells.
      ii. Do not use raw eggs as an ingredient in the preparation of uncooked food or beverages.
      iii. Pasteurized eggs should be substituted for shell eggs for items such as scrambled eggs, omelets, French toast, mousse, and meringue.

iv. Individually prepared eggs will be cooked to heat all parts to 145°F for 15 seconds; eggs to be hot held should be cooked to 155 °F for 15 seconds.
v. Cook eggs until both the yolk and white are firm. Scrambled eggs should not be runny.
vi. Casseroles and other dishes containing eggs should be cooked to 160 °F. Use a food thermometer to be sure.

c. Serving
i. Serve cooked eggs (such as hard-boiled eggs and fried eggs) and egg-containing foods (such as quiches and souffles) immediately after cooking. Cooked eggs and egg dishes may be refrigerated for serving later but should be thoroughly reheated to 165 °F before serving.
ii. Never leave cooked eggs or egg dishes out of the refrigerator for more than 2 hours or for more than 1 hour when temperatures are above 90 °F. Bacteria that can cause illness grow quickly at warm temperatures (between 40 °F and 140 °).

E. Fruits and Vegetable Procedures
1. Wash, rinse, sanitize, and air-dry all food-contact surfaces, equipment, and utensils that will be in contact with produce, such as cutting boards, knives, and sinks.
2. Follow manufacturer's instructions for proper use of chemicals.
3. Wash all raw fruits and vegetables thoroughly before combining with other ingredients, including:
a. Unpeeled fresh fruit and vegetables that are served whole or cut into pieces.
b. Fruits and vegetables that are peeled and cut to use in cooking or served ready-to-eat.
4. Wash fresh produce vigorously under cold running water or by using chemicals that comply with the New Mexico Health Dept Food Code. Packaged fruits and vegetables labeled as being previously washed and ready-to-eat are not required to be washed.
5. Scrub the surface of firm fruits and vegetables such as apples or potatoes using a clean and sanitized brush designated for this purpose.
6. Remove any damaged or bruised areas.
7. Label, date, and refrigerate fresh-cut fruits and vegetables.
8. Serve cut melons within 7 days if held at 41 °F or below.
9. Fresh, frozen, or canned fruits and vegetable that are going to be served hot must be cooked on a steam table or in a hot box to 140°F for 15 seconds.
10. Do not serve raw seed sprouts to highly susceptible populations such as people with weakened immune systems, including children, older adults, and pregnant women.
11. The Nutritionist will visually monitor that fruits and vegetables are being properly washed, labeled, and dated during all hours of operation.
12. Food service employees will check daily the quality of fruits and vegetables in cold storage.
13. Discard cut melons after 7 days.

14. The Nutritionist will complete the Food Safety Checklist weekly to indicate that monitoring is being conducted. The Food Safety Checklist is to be kept on file for a minimum of 1 year.

F. Dessert Preparation
   1. All desserts will be prepared on the day of service, if possible. The exception to this will be gelatin desserts.
   2. All desserts will be served in an attractive manner in the appropriate dish, with the garnish as specified on the production sheet.
   3. All cooked dessert items will be refrigerated after baking (as specified) during the cooling process.
   4. All desserts will be refrigerated after dishing and be covered in a refrigerator that has a high velocity fan.

G. Cooling Potentially Hazardous Foods
   1. Modify menus, production schedules, and staff work hours to allow for implementation of proper cooling procedures.
   2. Prepare and cool food in small batches.
   3. Chill food rapidly using an appropriate cooling method:
      a. Place food in shallow containers no more than 4 inches deep and uncovered on the stop shelf in the back of the walk-in or reach-in cooler.
      b. Use a quick-chill unit such as a blaster chiller.
      c. Stir the food in a container placed in an ice water bath.
      d. Add ice as an ingredient.
      e. Separate food into smaller or thinner portions.
      f. Pre-chill ingredients and containers used for making bulk items such as salads.
   4. Using the New Mexico Health Dept Food Code, chill cooked, hot food from:
      a. 140 °F to 70 °F within 2 hours. Take corrective action immediately if food is not chilled within 2 hours.
      b. 70 °F to 41 °F or below in remaining time. Take corrective action immediately if food is not chilled within the 6-hour cooling process.
   5. Chill prepared, ready-to-eat foods such as tuna salad and cut melons from 70 °F to 41 °F or below within 4 hours. Take corrective action immediately if ready-to-eat food is not chilled within 4 hours.
   6. Foodservice staff will record temperatures and corrective actions taken on the Cooling Temperature Log. Foodservice staff will record if there are no foods cooled on any working day by indicating "No Foods Cooled" on the Cooling Temperature Log. The Nutritionist will verify that foodservice staff are cooling food properly by visually monitoring food service staff during the shift and reviewing, initialing, and dating the temperature log each working day. The Cooling Temperature Logs are to be kept on file for a minimum of 1 year.

H. Controlling Time and Temperature During Preparation
   1. Use clean and sanitized equipment and utensils while preparing food.
   2. Separate raw foods from ready-to eat foods by keeping them in separate containers until ready to use and by using separate dispensing utensils.

3. Pre-chill ingredients for cold foods, such as sandwiches, salads, and cut melons before combining with other ingredients.
4. Prepare food in small batches.
5. Limit the time for preparation of any batches of food so that ingredients are not at room temperature for more than 30 minutes before cooking, serving, or being returned to the refrigerator.
6. If potentially hazardous foods are not cooked or served immediately after preparation, quickly chill. Refer to the Cooling Potentially Hazardous Foods SOP.
7. Monitor the amount of time that food is in the temperature danger zone. It should not exceed 4 hours.
8. Begin the cooking process immediately after preparation is complete or any foods that will be served hot.
9. Rapidly cool ready-to-eat foods or foods that will be cooked at a later time.
10. Immediately return ingredients to the refrigerator if the anticipated preparation completion time is expected to exceed 30 minutes.
11. Discard food held in the temperature danger zone for more than 4 hours.
12. Food service employees will record the data, product name, start and end times of production, the two temperature measurements taken, any corrective actions taken, and the amount of food prepared on the Production Log. The Nutritionist will verify that food service employees during the shift by reviewing, initialing, and dating the Production Log daily. Maintain the Production Log as directed by State agency. The Nutritionist will complete the Food Safety Checklist weekly. The Food Safety Checklist is the to be kept on file for a minimum of 1 year.

I. Meal Service

1. Meals and snacks are served at regular scheduled hours and in accordance with prescribed diets, state, and federal regulations. There must not be over 14 hours between dinner and breakfast the following morning.
2. The Nutritionist or designee will coordinate with department heads to establish employee's meal hours that will not conflict with resident meal service.
3. The Nutritionist or designee is responsible for seeing that the established meal hour deadlines are met. This will assist Clinical Staff in meeting daily residents care needs. Clinical Staff MUST inform Dietary Staff if any client's will be late to any schedule meals. This will help our food service staff to keep the food warm.
4. DBMHS provides three meals per day to each client at the following times:

Resident's Meal Hours	**Adolescents**	**Adults**
Breakfast:	7:30 am – 8:00 am	7:00 am – 7:30 am
Lunch:	11:30 am – 12:00 pm	12:00 pm – 12:30 pm
Afternoon snack:	2:45 pm – 3:00 pm	
Dinner:	4:30 pm – 5:00 pm	5:00 pm – 5:30 pm
PM Snack:	8:00 am – 8:15 am	

5. Family Day Meals - Residents have the option of inviting one or more guests for a meal in order to encourage visiting and participation with residents, create a family home – like setting, and promote good public relations. Residents MUST first have

permission from the Clinical Coordinator and Director.

a. Meals for guests will be provided upon request during regular meal service hours.
b. Meals will be served in the dining room area.
c. Intensive Day Treatment Meal Hours:

Meals	Hours
Breakfast:	7:00 am – 8:00 am
Lunch:	11:30 am – 12:30 pm
Dinner:	4:30 pm – 5:30 pm

J. Equipment Operation, Infection Control, and Sanitation
1. The Dietary Department will not be allowed to use the equipment until competency is documented. The Dietary Department will follow DBMHS' safety policy.
   a. Equipment training will be provided to each new employee; when a new piece of equipment arrives, and when equipment problems occur.
   b. The Facility Manager, Lead Cook, Nutritionist, or designee are responsible for providing or arranging equipment training. Training will include:
      i. The equipment's basic capabilities and limitations.
      ii. Basic operating and safety procedures.
      iii. Emergency procedures.
      iv. Information about maintenance and cleaning responsibilities.
      v. The process for reporting equipment problems, failures, and user errors.
   c. The Facility Manager, Nutritionist or designee will make a list of tasks that require the safe and effective use of each piece of equipment.
   d. The Nutritionist or Lead Cook will evaluate and document staff equipment competency using a pre-determined skills checklist upon employment and annually thereafter.
   e. A binder containing copies of the manuals for all kitchen equipment will be kept with the Facility Manager.
2. Cleaning Schedule – The Dietary Staff will maintain the sanitation of the Dietary Department through compliance with written, comprehensive cleaning schedules developed for the facility by the Nutritionist or designee.
   a. The Nutritionist or designee will record all cleaning and sanitation tasks for the Dietary Department.
   b. A cleaning schedule will be posted with tasks and frequency designated to specific positions in the department.
   c. The procedures to be used are listed in this policy. General Daily and Weekly Cleaning schedules may be used or "Cleaning Schedules" by position may be used.
3. Cleaning and Sanitizing Food Contact Surfaces
   a. Follow manufacturer's instructions regarding the use and maintenance of equipment and use of chemicals for cleaning and sanitizing food contact

surfaces.

b. Wash, rinse, and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts, and equipment:
    i. Before each use.
    ii. Between uses when preparing different types of raw animal foods, such as eggs, fish, meat, and poultry.
    iii. Between uses when preparing ready-to-eat foods and raw animal foods, such as eggs, fish, meat, and poultry.
    iv. Any time contamination occurs or is suspected.
    v. During all hours of operation, visually and physically inspect food contact surfaces of equipment and utensils to ensure that the surfaces are clean.
c. Wash, rinse, and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts, using the following procedure:
    i. Wash surface with detergent solution.
    ii. Rinse the surface with clean water.
    iii. Sanitize surface using a sanitizing solution mixed at a concentration specified on the manufacturer's label.
    iv. Place wet items in a manner to allow air drying.
d. If a dish machine is used:
    i. Check with the dish machine manufacturers to verify that the information on the data plate is correct.
    ii. Refer to "dishwashing procedures."
    iii. Always follow manufacturer's instructions for use.
    iv. Ensure that food contact surfaces reach a surface temperature of 160 °F or above if using how water.
    v. Visually monitor that the water and the interior parts of the machine are clean and free of debris.
    vi. Continually monitor the temperature and pressure gauges, if applicable, to ensure that the machine is operating according to the data plate.
    vii. For the hot water sanitizing dish machine, ensure that food contact surfaces are reaching the appropriate temperature by placing a piece of heat sensitive tape on a small ware item or a maximum registering thermometer on a rack and running the item or rack through the dish machine.
    viii. For chemical sanitizing dish machine, check the sanitizer concentration on a recently washed food-contact surface using an appropriate test kit.
    ix. Drain and refill the machine periodically and as needed to keep the water clean.
    x. Contact the appropriate individual(s) to have the machine repaired if the machine is not reaching the proper wash temperature indicated on the data plate.

xi. For a hot water sanitizing dish machine, assess it by running the machine again. If the appropriate surface temperature is still not achieved on the second run, contact the appropriate individual(s) to have the machine repaired. Wash, rinse, and sanitize in the 3-compartment sink is not available.
xii. For a chemical sanitizing dish machine, check the level of the sanitizer remaining in the bulk container. Fill, if needed. "Prime" the machine according to the manufacturer's instructions to ensure that the sanitizer is being pumped through the machine. Retest. If the proper sanitizer concentration level is not achieved, stop using the machine and contact the appropriate individual(s) to have it repaired. Use a 3-compartment sink to wash, rinse, and sanitize until the machine is repaired.

e. In a 3-compartent sink, on a daily basis:
i. Visually monitor that the water in each compartment is clean.
ii. Take the water temperature in the first compartment of the sink by using the appropriate test kit for the chemical.
iii. If using how water to sanitize, use a calibrated thermometer to measure the water temperature.
iv. Drain and refill compartments periodically and as needed to keep the water clean.
v. Adjust the water temperature by adding hot water until the desired temperature is reached.
vi. Add more sanitizer or water, as appropriate, until the proper concentration is achieved.

4. Manual Ware washing
a. All equipment items are washed, rinsed, and sanitized after each use. The ware washing sinks will be checked prior to use to ensure chemical concentrations or sanitizing temperatures are adequate.
b. Employees who use the ware washing sinks will:
i. Rinse, scrape, or soak all items before washing.
ii. Record the date, meal, sanitizer water temperature or test strip results, and initial record on Manual Ware washing Monitoring Form.
iii. Wash items in the first sink in a detergent solution. Water temperature should at least 110° F. Use a brush, cloth, or scrubber to loosen reaming soil. Replace detergent solution when suds are gone, or water is dirty.
iv. Immerse or spray-rinse items in the second sink. Water temperature should be at least 110° F. Remove all traces of food and detergent. If using the immersion method, replace water when it becomes cloudy, dirty, or sudsy.
v. Immerse items in the third sink filled with a chemical-sanitizing solution.
vi. The sanitizer must be mixed at the proper concentration. (Check at

regular intervals with a test kit.) Water must be at the correct temperature for the sanitizer used.

vii. To avoid recontamination of clean and sanitary items air dry all items on a drainboard or dish rack, and wash hands prior to returning to storage.

Proper Ware washing Sink Setup

Wash	Rinse	Sanitize
110 ºF	110 ºF	75 ºF
Soapy Water	Clear Water	Chemical Sanitizer

Chemical Solution	Concentration Level	Minimum Temperature	Minimum Immersion Time
Chlorine Solution	25 mg/L minimum 50 mg/L minimum 100 mg/L minimum	120 ºF 100 ºF 55 ºF	10 seconds
Iodine Solution	12.5-25.0 mg/L	75 ºF	30 seconds
Quaternary Ammonia	200-400 ppm Maximum	75 ºF	30 seconds

i. Serve Safe recommend contact times for each of the following sanitizers:
   vi. Chlorine: 50-100 ppm and immerse for 7 seconds
   vii. Iodine: 12.5-25.0 ppm and immerse for 30 seconds.
   viii. Quaternary ammonia: 200-400 ppm and immerse for 30 seconds.

c. Recording of Dish Machine Temperatures
   i. Before each use, prepare dish machine for use according to instructions. Allow dish machine to run 10 minutes in order to bring water temperature up to proper level.
   ii. Read temperature gauges on bottom of machine while racks are in machine.
   iii. Record temperatures daily on "Dish Machine Temperature Log"
   iv. Any inaccurate temperatures must be brought to the attention of the Dietitian, or designee immediately.
   v. Periodically the Dietitian, or designee will check the accuracy of the gauges by sending a thermometer through the dish machine. The internal thermometer will experience a 15°F temperature loss and will read 160 to 165°F. The 180°F temperature is measured only at the manifold and read on the temperature gauge. Regular monitoring and maintenance are essential to maintain proper temperature. This is on high temperature dish machines. The concentration of the sanitary solution during the rinse cycle is 50 ppm with Chlorine sanitizer, 200 ppm with quaternary ammonium. This is used on low temperature dish machines.
   vi. A pH test kit is used daily and may be obtained from the chemical

supplier for the low temperature dish machines.

vii. Dish Machine Temperature Log
   a. To ensure that the wash and rinse temperatures are properly monitored and controlled, a log must be completed by those who are directly involved in the dishwashing process. Entries must be made for each day.
   b. Post the log in the immediate vicinity of the dishwashing area.
   c. Wash and Rinse temperature must be observed and logged during the dishwashing period.
   d. The dish machine operator must enter the temperatures in the log daily.
   e. Report temperatures that are below the required levels to the Dietitian or designee.
   f. Record ppm on low temperature machines.

K. Safety & Emergency Procedures
   1. Accident Prevention in Cooking and Baking
      a. Burns, cuts, and falls are accidents most prevalent in cooking and baking. All Dietary Department staff will practice safe techniques to prevent accidents in cooking and baking.
      b. Cooking utensil handles (pot, pans, and skillets) will be parallel to the front of the range and will not protrude into the aisle or over open flame or hot burners.
      c. Dry oven pad or mitts will be used when handling hot utensils; if wet they can cause steam burns.
      d. Hands should be dry and free from grease when handling pots, pans, and knives.
      e. Before lighting a gas oven, the oven door should be opened for a few minutes to allow any gas leakage to escape.
      f. Hoods, flues, and canopies over cooking areas should be kept free from grease. Floors will be kept free of grease and other moisture.
      g. All employees will learn and memorize the location of the fire extinguisher and its proper use.
      h. Caution should be used in lifting pot lids to prevent steam burns on hands or face. Lids or covers should be lifted toward the body so that the steam rises toward the hoods or flues.
      i. Employees should never attempt to move oversized or heavy containers of food alone; two people should always more these to prevent strain on one person.
      j. Hot water, coffee or tea will be drawn from an urn by opening the faucet slowly to prevent splashes. Employees should not leave the urn while liquids are being drawn.
      k. Any hot water should be evaluated before placing your hands in it.
      l. Long handled spoons and forks will be used when stirring food in kettles or testing food in ovens.

2. Accident Prevention in Food Preparation
    a. Cuts and falls are accidents that occur most often during food preparation. All Dietary Department personnel will follow knife safety precautions to prevent accidents in food preparation.
    b. Employees should pay special attention to their work when using knives.
    c. Knives will be kept sharp.
    d. Correct knives will be used for each job.
    e. All cutting will be done on a cutting board, and away from the body.
    f. Do not try to catch a falling knife.
    g. Knives must not be placed in a sink filled with soapy water.
    h. After knives are used, they should be immediately washed, rinsed, sanitized, and permitted to air dry and stored promptly.
    i. Knives will be kept in protective racks or cases when not in use.
    j. Knives or cleavers should never be used to open jars.
    k. The knife guard on the meat slicing machine will be checked for proper placement before each use.
    l. Hands will not be put into mechanical equipment when it is in motion.
    m. Floors will be kept as dry as possible by always wiping up spills immediately.
    n. Food containers, pots and pans will be kept where they will not be tripped over.
    o. The meat slicing machine will be used only by those persons who have been taught the proper operating procedure. Persons under the age of 18 will not be permitted to use the slicer.
    p. Broken china or glass will be picked up with a brush and dustpan, and not be picked up with bare hands.
    q. Chipped dishes or glassware of any kind will be discarded immediately as it is unsafe and unsanitary to use.
    r. China or glassware should never be put in the pot and pan sink to avoid being chipped or broken by metal pans.
3. Accident Prevention in Serving Food
    a. Unnecessary hurrying and/ or running will not be permitted.
    b. Employees handling hot liquids or foods will move carefully to prevent collisions and will give a verbal warning when passing behind someone.
    c. Employees should always wear shoes with rubber soles and low heels (no sandals, moccasins, etc.)
    d. Drawers or cupboard doors should never be left open.
    e. Trays, dishes, pots, and pans should always be set away from the edge of counter tops. Serving spoons and handles of cooking utensils should always be parallel to the edge of the counter tops.
    f. Long sleeved hand protectors as well as oven mitts or potholders will be worn when removing pans from steam tables to prevent steam burns. When removing pans from the steam tables, use a spoon or other utensil to pry the right side of the pan up, get a firm grip on the left side of the pan and lift pan straight up with both hands so the steam will rise away from you.

4. Can Opening Procedures
    a. Wipe clean lid of can.
    b. Completely remove lid with the use of a bench type can opener.
    c. Dish out product.
    d. Place lid in opened can and place in garbage receptacle. At no time should the lid and can be deposited separately in the garbage.
5. Cost Accounting
    a. Cost information will be maintained on all food requested by the Dietary Department.
    b. The Dietary Department will maintain strict measures to control operating costs.
    c. Calculating Food Costs
        i. The Nutritionist, or designee will cost out all items requested.
        ii. All cost information will be given to the Behavioral Health Director for review and approval, then forwarded to DBMHS Finance Section for appropriate expenses.
    d. Safeguarding the Dietary Department
        i. The Dietary Department will be locked after hours and will remain locked until the next scheduled shift.
        ii. The Nutritionist or designee will designate employees who will have keys to the department and will maintain a log of those who have keys.
        iii. The Nutritionist, or designee will make periodic inspections of the food storage areas, checking current stocked items against expected usage.
        iv. Food, departmental items, empty boxes, or containers cannot leave the kitchen area without prior authorization from the Nutritionist, or designee.
        v. Employees will not be allowed to purchase any food and/or other items from any Vendors that deliver stock to the facility.
        vi. Unauthorized personnel will not be permitted in the food storage or Dietary kitchen and/or dining room area without the permission of the Nutritionist, or designee.
        vii. Any staff wishing to use the Dining Room area for meetings and/or special sessions must have the permission of the Nutritionist, or designee. A Facility Use Form must be submitted within (7) seven working days, prior to the event.

L. Nutritional Care Planning Process
1. Nutrition Screening
    a. There is an initial screening of each client's nutritional status to determine the nutritional risk and the need for nutritional care and monitoring.
    b. A multidisciplinary approach is used to identify individuals who are at moderate to high level nutritional risk for early intervention.
    c. The Case Staffing completes a nutrition screening within 24-72 hours on the intake assessment template. If a client scores an initial moderate or high risk,

a referral to the Nutritionist is recommended.
   d. The Nutritionist, or designee will review the initial screening for each client to prioritize clients for nutritional intervention and food preference.
   e. A second nutritional screening will be completed again if there are any nutritional changes.
   f. For clients with an initial low or medium risk, a Mini Nutrition Assessment may be completed as time permits.
2. Initial Resident Orientation
   a. The Nutritionist, or designee will visit each resident within 72 hours following admission.
   b. Explain what diet has been prescribed, the types of foods served at each meal, mealtimes, and the time of day for nourishments.
   c. Let the resident know the location of the posted menu and explain the procedure for making substitutions.
   d. Obtain cultural and religious food preferences, allergies and note on EHR.
   e. The frequency of subsequent visitation by the Nutritionist, or designee, will depend on the nutrition status of the resident.
3. Nutrition Assessment and re-assessment
   a. The Nutritionist will complete a nutritional assessment for patients with an initial screening of medium, moderate to high level nutritional risk.
   b. Reassessment of patients will be provided for those in the moderate to high level nutritional risk through a follow-up appointment.
   c. Patients with knowledge deficit on modified diet or in need of therapeutic diet regimen may see the Nutritionist, or Designee as appropriate upon Counselor referral.
   d. Nutritionist referral should be completed in the EHR prior to scheduling an appointment.
   e. Clinical Staff will be responsible for coordinating client appointments.
   f. Nutritional information will be recorded in the EHR.
   g. The following events will trigger a request from the Clinical Staff:
      i. Moderate Nutritional Risk:
         a. Clients with knowledge deficit on therapeutic diet regimen
         b. Multiple food allergies/tolerance's
         c. Patient/Family request for nutrition education.
         d. Patient/family unsatisfied with food service.
      ii. High Nutritional Risk:
         a. Patients with NPO (nothing by mouth) or with poor appetites 3 or more days.
         b. Patient intolerance to diet provided.
         c. Non-adherence with diet order.
         d. Feeding regiment needed for post-hospital care.
         e. Newly diagnosed Diabetes Mellitus- Type 1 and 2; Gestational Diabetes; Pre-Diabetes and/or patients with uncontrolled diabetes with HgbA1c greater than 8.0%.

f. GI dysfunction exacerbating nutritional conditions and food intake.
g. Pediatric patients with compromised growth and development status.
h. Home enteral feedings and parenteral feedings.
i. Advanced stage HIV patients.
j. Medications that consistently interfere with good nutritional status.
k. Cachexia (weight less than 80-90% Ideal body weight)
l. Bio-chemical data with other nutritional risk factors may suggest poor nutritional outcome.
m. Renal patients with compromised nutritional status.
n. Chewing or swallowing dysfunction causing poor nutritional intake and weight loss greater than 10 lbs. in less than 1 to 2 months.
o. Unplanned weight loss or gain of greater than 10 lbs. in 3 months or less.
p. Obesity (greater than 150% of IBW or BMI greater than 30).

h. Each assessment may include, as appropriate, but not limited to:
   i. Data collection (obtained from the medical record, measurements made by the Nutritionist and with established standards:
      a. Anthropometric Measurements:
         i. Age.
         ii. Sex.
         iii. Height (ht.).
         iv. Weight (wt.)
         v. Usual body weight (UBW).
         vi. Ideal body weight (IBW).
         vii. Weight as percentage of ideal body weight.
         viii. Body mass index (BMI).
      b. The assessment and documentation will be completed in a timely matter, usually within one week of referral, unless referral states otherwise.
      c. Work will be prioritized in the following manner (not exclusive):
         i. Consultations ordered by clinical staff.
         ii. Patient diagnosis with malnutrition
         iii. TPN/Tube feeding
         iv. High risk diagnosis and eating
         v. Patient and family education requests
      d. Nutritional evaluations are performed following the Nutrition Care Process (Academy of Nutrition and Dietetics)
      e. The assessment and care plan will be documented in EHR.
      f. When a Nutritionist is not onsite, the Counselor will review the information available, interview the patient, and consult with the

Nurse. They will contact the Nutritionist if their assistance is needed. grievance

i. Follow-up will be done for those that are at moderate nutritional risk or at per Nutritionist discretion and it will depend on the diagnosis severity.
j. Follow-up will be done for those that are at high nutrition risk within 1 to 2 months per Nutritionist discretion.
    i. Developing a client's nutrition intervention and/or care plan may include but not be limited to:
        a. Determine nutrition treatment goal.
        b. Recommend type of feeding modality.
        c. Form of feed administration.
        d. Recommend nutrient supplements as needed.
        e. Document patient education.
        f. Document patient education needs.
        g. Provide recommendations for the Counselor, Nurse and/or RGT's in the care of the client.
        h. Collaboration/referral to other services.

4. Residential Community Meeting
    a. Each residential treatment center will utilize the residential community meeting to allow residents to express their concerns, ideas, and feelings regarding food, and any problems relating to the Dietary Department.
    b. The time and place of the meeting will be posted on the weekly treatment schedule.
    c. The meeting is conducted by the Primary Counselors, Residential Guidance Technician Supervisor, Nutritionist, or Designee, and is open to all residents.
    d. Minutes are taken at each meeting, which include a list of residents attending, problems solved, or problem areas needing attention/ improvements.
    e. Residents are given time to express and discuss any food service-related problems they may be having.
    f. Action taken on food service-related problems is noted in minutes on "Residential Community Meeting" form.
    g. The Nutritionist, or Designee, will review the menu and modify based on Residential Community Meeting outcomes.
5. Patient Education
    a. Listing of Patient Educational Materials Used by Nutrition and Clinical Staff
        i. The NCM Diet Manual is an internet-based diet manual and professional practice manual for Dietitians and other allied health professionals.
        ii. Standards of nutritional care specified in the NCM Diet Manual published by the Academy of Nutrition and Dietetics is followed to meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council of the Academy of Science.
        iii. The NCM Diet Manual is revised as necessary by the Academy of Nutrition and Dietetics and should be purchased every time a new

revision becomes available.

iv. The NCM Diet Manual is available (to be determined).

6. Drug/Nutrition Intervention
   a. In the Nutritional Assessment Process potential nutritional side effects related to drug administration should be identified, and recommended interventions proposed to the Nutritionist, or Designee.
   b. From the medical record, the nurse will identify the drugs the patient is taking and consult with a Nutritionist.
   c. Keeping medications in mind as you assess the resident, identify any adverse side effects that could influence nutritional status of the resident.
   d. Note in the EHR if there are any adverse reactions caused by the medications.
   e. If the Dietary Department finds that any medication is negatively impacting the Resident's nutritional status, the nurse should be notified immediately.
   f. Document these findings and recommendations in progress notes in EHR.
   g. When appropriate, Case Staffing will be held with Primary Counselor, Residential Team, and Medical Staff.
7. Medical Nutrition Therapy Practice Guidelines – Diabetes Mellitus, Type 1 and 2
   a. The overall goal is a collaborative treatment with the patient and clinical members of the healthcare team to assess the individual, to identify goals, to intervene to achieve those goals and to evaluate outcomes.
   b. Goals for Self-Management Training
      i. Assist the client with diabetes in making changes in nutrition and/or exercise habits leading to metabolic control.
      ii. Assist the client to be able to maintain as near-nominal blood glucose levels as possible by balancing food intake with insulin or oral glucose-lowering medications and activity.
      iii. Assist the client to achieve optimal serum lipid levels.
      iv. Assist the client to achieve a reasonable weight. Reasonable weight is defined as the weight an individual and health care provider acknowledge as achievable and maintainable, both short-term and long-term. This weight may not be the same as the traditionally defined desirable or ideal body weight.
      v. Assist the client in learning how to prevent and treat the acute complications of insulin-treated diabetes such as hypoglycemia, short-term illness, and exercise¬ related problems, and of the long-term complication of diabetes such as renal disease, autonomic neuropathy, hypertension, and cardiovascular.
      vi. DBMHS will follow guidelines from the American Diabetes Association.
      vii. Clients in outpatient will follow the same goals and outcomes.
   c. Outcomes Anticipated
      i. The client will be able to identify foods on specific food lists (exchanges).

ii. The client will be able to explain the importance of meal timing and the maximum time between meals.
iii. The client will be able to explain the importance of exercise to control blood glucose.
iv. The client will be able to explain how to compensate for exercise-induced hypoglycemia.
v. The client will be able to explain how to compensate for hypoglycemia.
vi. The client will be able to create a balanced low-carb meal using the MyPlate method.
vii. The client will be able to write at least (1) day's menu.
viii. The client will be able to explain how to manage glucose control.
ix. 'The client will be able to understand how to achieve and maintain a healthy weight based on realistic and doable goals.

d. General Medical Nutrition Therapy for Diabetes
i. A meal plan based on the individual's usual food intake should be determined and used as a basis for integrating insulin therapy into the usual eating and exercise patterns.
ii. It is recommended that individuals using insulin therapy eat at consistent times synchronized with the time action of the insulin preparation used.
iii. Individuals need to monitor blood glucose levels and adjust insulin doses for the amount of food usually eaten. Intensified insulin therapy, such as multiple daily injections or use of an insulin pump, allows considerable flexibility in when and what individuals eat. With the latter (intensified therapy), insulin regimens should be integrated with lifestyle and adjusted for deviations from usual eating and exercises habits.

e. Other Considerations
i. Sucrose - Scientific evidence has shown that the use of sucrose as part of the meal plan does not impair blood glucose control in individuals with type 1 or 2 diabetes.
ii. No-Nutritive Sweeteners - Those approved by the FDA are safe to consume by all persons with diabetes.
iii. Fiber - Intake recommendations for person with diabetes are the same as for the general population – women should aim for about 25 grams of fiber per day, while men should aim for about 38 grams, or 14 grams for every 1,000 calories (Academy of Nutrition and Dietetics, 2021). Fiber is found in plant foods. Fiber is found in the skin or peel of fruits and vegetables, beans and lentils, whole grains, nuts, and seeds.
iv. Sodium – The American Heart Association (ADA, 2021), recommends no more than 2,300 milligrams (mg) a day and moving toward an ideal limit of no more than 1,500 mg per day for most adults.
v. Alcohol - Intake recommendations for persons with diabetes are the same as for the general population. Abstention from alcohol should be

advised for persons with a history of alcohol abuse during pregnancy. Guidelines regarding the use of alcohol are available from the Nutritionist upon request.

vi. Vitamins and Minerals - When dietary intake is adequate, there is usually no need for additional vitamin and mineral supplementation for the majority of persons with diabetes. The nutritionist is available to determine if dietary intake is adequate.

M. Residents Rights and Quality of Life
1. The Dietary Department will make every effort to assist in the management of the clients' nutritional needs and environment.
2. Systems will be developed that will allow residents to voice their concerns and make suggestions.
3. The Nutritionist or Designee will be responsible for:
   a. Attending the residential community meetings when invited as the departmental representative.
   b. Maintaining an attitude of cooperation and concern.
   c. Taking immediate action on concerns and suggestions accordingly.
   d. Evaluating changes to ensure resident concerns have been addressed.
   e. Keeping minutes of the residential community meetings on file and implementing a written system of problem identification and corrective action taken.
4. Information About Rights
   a. Upon admission, all residents will be informed of their legal rights at the facility and be provided with a client handbook.
   b. Upon orientation, residents will be given a brief explanation of their rights in relation to the dietary and nutritional services. The Nutritionist or designee will be responsible for informing residents of their rights. This will include, but may not be limited to:
      i. Right to refuse dietary restrictions or diet orders.
      ii. Right to participate in planning their nutritional treatment.
   c. All Dietary staff will be informed of resident rights as part of their job orientation and in-service education.
5. Appropriate Residential Health Care
   a. Residents will have the appropriate medical, personal, and nutritional care based on individual needs. Appropriate health care for residents is designed to enable residents to achieve their highest level of physical and mental wellness.
   b. Residents will have the right to a prompt and reasonable response to their requests and questions.
   c. If a resident should request a change in diet, this should be communicated immediately to the Nutritionist, or Designee.
   d. Dietary changes, or requests should be screened for diet accuracy. If it is not within the Therapeutic diet order, the request should be communicated to the Clinical Director, Physician/Dietitian, and the Nutritionist, or Designee.

e. If a resident has any questions concerning diet, nutritional services or Meals, every effort will be made to promptly respond. This is the Responsibility of any staff member to whom the question is directed.

6. Participation in Planning Treatment
   a. A resident will have the right to participate in the planning of their treatment plan. This right Includes the opportunity to discuss treatment and alternatives with individual caregivers, and to include a family member or representative chosen by the resident.
   b. Every effort will be made to ensure that the resident agrees with the goals and approaches developed. Approaches should not be used unless they have been discussed with the resident.
   c. If the resident cannot discuss goals and approaches, a representative chosen by the resident or designated family member will be included in the development of the nutritional care plan.
7. Freedom from Abuse
   a. Residents will be free from verbal, mental, sexual, physical, emotional, and psychosocial abuse.
      i. At no time will food service be withheld from a resident or, will any type of alteration of food services be used to modify a resident's behavior. Food will not be used as a means for behavior change if it results in a conduct that produces mental or emotional distress.
      ii. Dietary staff may choose to serve dessert last during meal service to those residents who may habitually consume their dessert first, thereby preventing them from not eating the nutritional part of their meal. At no time should the dessert item be totally withheld from a resident if they do not eat the main meal.
8. Confidentiality of Records
   a. Residents will be assured of confidential treatment of their personal records and may approve or refuse their release to any individual outside the facility. Residents will be notified when personal records are requested by any individuals outside the facility and may select a representative to accompany them when they are the subjects of a personal interview.
   b. All dietary staff will respect a resident's right to confidentiality.
   c. Confidentiality, as it relates to dietary services, includes, but may not be limited to:
      i. Diet orders
      ii. Self-feeding abilities
      iii. Weight and weight history
      iv. Any information received from resident's medical records.
   d. Any unusual observations of a resident made by dietary staff will be reported to the resident's Counselor, Residential Guidance Technician, and Clinical Director.
9. Personal Privacy
   a. Residents will have the right to every consideration of their personal privacy,

individuality, and cultural identity, as related to their social, religious, and psychological well-being.

b. All dietary consultations with a resident will take place in a private area. Any time a diet, weight, or nutritional concern is discussed with a resident, it should be done in private. Dietary consultation should not take place in an area where other residents or employees are present, as it will infringe upon an individual's right to privacy.
c. The Dietary Department will honor the nutritional concern of a resident in relation to their religion and culture. The cultural identity of the majority of residents will be reflected in the menu upon request.

10. Grievances
    a. Notice of grievance procedures for the facility will be posted on the communication board and outlined in the Client Handbook.
    b. The residential staff will make every effort to address a grievance or concern of a resident.
    c. The Dietary Department will welcome comments and suggestions to improve or change the food and nutritional services provided.
    d. The Nutritionist will regularly attend resident community meetings to listen to comments, concerns, and suggestions. All efforts will be made to reach an agreeable solution.
    e. The Nutritionist will maintain written records of comments, concerns, and suggestions. Written reports of solutions and corrective action will also be documented.
11. Environment
    a. The facility will be maintained in a safe, clean, comfortable, and homelike setting to allow each resident to use their personal belongings as much as possible. Housekeeping and maintenance service in the Dietary Department will maintain a sanitary, orderly, and comfortable dining area.
    b. Adequate and comfortable lighting, temperature levels, and noise levels will be maintained at all times in the dining area.
    c. Cleanliness will be maintained in the dining area through regular cleaning procedures following each meal. This includes tables, chairs, and walls as they become soiled.
    d. Safety of the dining area will be maintained through:
        i. Maintenance of chairs and tables.
        ii. Day to day wiping up spills and picking up items that may present a safety hazard.
    e. A comfortable environment will be maintained by:
        i. Maintaining temperature levels between 68-75°F.
        ii. Maintaining good ventilation, but with no drafts.
        iii. Comfortable lighting levels.
        iv. Comfortable sound levels.
    f. A homelike environment will be maintained with attractive tables, decor, and a pleasant atmosphere in the dining area.

REFERENCE
A.A.C § 9-10-719

I. POLICY

DBMHS employees will inform and protect the rights of the client at the time of triage, admission and throughout the continuum of care.

II. PURPOSE

To ensure all clients are aware of and able to exercise their rights.

III. DEFINITIONS

A. **Client Rights**
To be treated with dignity, respect, and consideration. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.

IV. RULES

A. All clients have the following rights:
   1. To receive treatment that:
      a. Supports and respects the client's individuality, choices, strengths, and abilities.
      b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, or by the client's general consent.
      c. Is provided in the least restrictive environment that meets the client's treatment needs.
      d. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent authority has found that the client is unable to exercise a specific right or category of rights.
      e. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation.
      f. Allows grievances to be managed in a fair, timely, and impartial manner.
      g. Allows seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense.
      h. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.
      i. Allows a client who is seriously mentally ill (SMI), to receive assistance in understanding, protecting, or exercising the client's rights.
      j. Ensures that the client's information and records are kept confidential and released only as permitted in accordance with regulations.
   2. To have privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent:
      a. Photographing for identification and administrative purposes.
      b. Video recordings used for training and supervision purposes are maintained only on a temporary basis.

3. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist or designee.
4. To be informed of DBMHS fee and billing practices.
5. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment.
6. To be offered or referred for the treatment specified in the client's treatment plan.
7. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan.
8. To obtain access or referral to legal entities as needed for appropriate representation.
9. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.
10. To be free from:
    a. Abuse.
    b. Neglect.
    c. Exploitation.
    d. Coercion.
    e. Manipulation.
    f. Retaliation for submitting a complaint.
    g. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.
    h. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan.
11. To participate or refuse to participate in spiritual/pastoral or traditional activities.
12. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment.
13. To receive treatment services in a smoke-free environment.
14. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
15. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.

B. Residential Clients, furthermore, have the following rights:
1. To review the program's most recent inspection or plan of correction recognized by an accreditation agency or the State Department of Health Services, Office of Behavioral Health Licensing.
2. To refuse to perform labor for the program, or non-therapeutic activity, and activities to maintain health and personal hygiene.

3. To be compensated according to state and federal law for labor that primarily benefits the program and that is not part of your treatment plan.
4. To refuse to acknowledge gratitude to the program through written statements, other media, or speaking engagements at public gatherings.
5. To receive treatment in a residential or inpatient treatment program that ensures your health, safety, and welfare is met while a resident of the facility.
6. To share a bedroom with no more than two clients of the same gender. Staff will consider each client's developmental level, behavioral health issues, treatment needs, need for group support, independence, and privacy.
7. To have at least 50 square feet of living space for privacy and comfort.
8. To have a bedroom containing a door that opens to the hallway or communal area.
9. To have a bedroom constructed and furnished to provide unimpeded access to the door and it is not used as a passageway to another room.
10. To have an individual storage space, desk, a bed that has a mattress and frame which is in good repair, clean, and free of odors and stains, and at least 3 feet wide by 6 feet in length, with a pillow and linens that are clean and free of odors, and in good repair, including: a mattress pad, a top and bottom sheet, a pillow case, a water proof mattress cover, and a blanket to insure sufficient warmth;
11. To have a bedroom with sufficient lighting, windows, and doors to provide client privacy; a sprinkler system to meet fire safety requirements and an emergency evacuation plan posted at all exit doors.
12. To associate with individuals in the facility, receive visitors, and make and receive telephone calls during established hours. Specified times and days for visits and telephone calls will be posted in the facility. This right applies unless:
    a. Clinical director or designee determines or documents a specific treatment purpose that justifies restricting your right and informing you of the reason this right is being restricted; and
    b. The right to file a grievance and to be informed of the procedure for filing a grievance.
13. The right to privacy in correspondence, communication, visitation, financial affairs, and personal hygiene. This right applies unless:
    a. Clinical director or designee determines or documents a specific treatment purpose that justifies restricting your right and informing you of the reason this right is being restricted; and
    b. To send and receive uncensored and unopened mail, unless restricted by court order or clinical staff, and clinical director or designee determines or documents a specific treatment purpose that justifies restricting your right and informing you of the reason this right is being restricted; and
    c. To display and use personal belongings, including clothing, unless restricted by court order or deemed inappropriate by the program and Clinical Staff.
14. To be provided a lockable storage space according to client's level of care, provided by the facility, on the premises while a resident in the treatment program.
15. To be provided meals that meet nutritional needs with your consideration of preferences.

16. To be assisted in obtaining clean seasonable appropriate clothing that is in good repair and selected and owned by your preferences.
17. To be provided access to medical services, including family planning, to maintain your health, safety, or welfare.
18. To have opportunities for social contact and daily social, recreational, or rehabilitative activities.
19. To be informed of the requirements necessary for your discharge or transfer to a less restrictive physical environment or a higher level of care.
20. To receive, at the time of discharge or transfer, recommendations for treatment after you are discharged from residential program.

C. DBMHS ensures Client Rights are read and explained to the client in a language they fully understand, and the Client acknowledges with signature.

V. PROCEDURES

A. All staff are orientated on client rights and are responsible for ensuring client rights are respected.
B. During the admission process, all direct service and support staff providers will ensure client rights are explained in a language and manner understandable to them. A Navajo bilingual staff person provides this explanation if necessary.
C. The direct service staff and clients will document this by signing the Client Rights Form.
D. The original form is maintained in the client's electronic health record and a copy will be given to the client.
E. Accommodations or referrals are made as needed for hearing, vision, or other impairments. If client understanding appears limited despite all reasonable accommodations, clients will be referred for continued care. Both accommodation and referrals are documented in the client's record.
F. A copy of client rights and regulatory agency contact information is posted in the treatment facility in a location visible and accessible to clients.
G. Clients are informed of the following telephone numbers and addresses of Regulatory Agencies, and they are posted in a visible public location to assist in reporting suspected abuse, neglect, or denial of rights.

REFERENCES

A.R.S. § 36-550.08
AZ Department of Health Services/Division of Behavioral Health Services Policies and Procedures
NMAC 7.20.11.22
CARF 1.K

AZ Dept. of Health Services, Division of Behavioral Health Services 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 542-1025	AZ Dept. of Health Services Division of Residential Licensing 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 364-2639	AHCCCS Office of Human Rights 801 E Jefferson St Phoenix, AZ 85034 Phone: 602-417-4000
NM Behavioral Health Services Division P.O. Box 2348 Santa Fe, New Mexico 87504 Phone: (505) 476-9266	Navajo Division of Behavioral & Mental Health Services Health Services Administrator P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6240	Navajo Nation Regional Behavioral Health Authority P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6877 Phone: (928) 871-7619

Division of Behavioral & Mental Health Services

Client Rights

All clients have the right:

A. To be treated with dignity, respect, and consideration;
B. To not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
C. To receive treatment that:
    1. Supports and respects the client's individuality, choices, strengths, and abilities;
    2. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, or by the client's general consent;
    3. Is provided in the least restrictive environment that meets the client's treatment needs;
    4. Does not prevent or impede from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
    5. Allows submittal of grievances and complaints to authorized staff members without fear of constraint or retaliation;
    6. Allows grievances to be handled in a fair, timely, and impartial manner;
    7. Allows seeking, speaking with, and assistance by legal counsel of the client's choice, at the client's expense;
    8. Allows assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
    9. Allows a client who is seriously mentally ill (SMI), to receive assistance in understanding, protecting, or exercising the client's rights;
    10. Ensures that the client's information and records are kept confidential and released only as permitted in accordance to regulations;
D. To have privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
    1. Photographing for identification and administrative purposes.
    2. Video recordings used for training and supervision purposes that are maintained only on a temporary basis.
E. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Specialist or Clinical Director.
F. To be informed that DBMHS does not require a fee for services.
G. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
H. To be offered or referred for the treatment specified in the client's treatment plan;
I. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
J. To obtain access or referral to legal entities as needed for appropriate representation.

K. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court.
L. To be free from:
    1. Abuse;
    2. Neglect;
    3. Exploitation;
    4. Coercion;
    5. Manipulation;
    6. Retaliation for submitting a complaint.
    7. Discharge, transfer, or threat of discharge for reasons not related to the client's treatment needs.
    8. To participate or, if applicable, to have the client's parent, guardian, custodian participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;
M. To participate or refuse to participate in spiritual/pastoral or traditional activities;
N. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment;
O. To receive treatment services in a smoke-free environment;
P. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
Q. To receive, at the time of discharge or transfer, a recommendation for treatment after the client is discharged.

Residential Clients furthermore, have the following rights:
A. To review the agency's most recent inspection or plan of correction recognized by an accreditation agency or the Arizona Department of Health Services, Office of Behavioral Health Licensing.
B. To refuse to perform labor for the program or non-therapeutic activities, except for housekeeping activities and activities to maintain health and personal hygiene.
C. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of your treatment plan.
D. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings.
E. To receive treatment in a residential agency or an inpatient treatment program that ensures your health, safety, and welfare is met while a resident of the facility:
F. To share a bedroom with no more than two clients of the same gender. Staff will consider each client's developmental level, behavioral health issues, treatment needs, need for group support, independence, and privacy;
G. To have at least 50 square feet of living space for privacy and comfort;
H. To have a bedroom containing a door that opens to the hallway or commons area;
I. To have a bedroom constructed and furnished to provide unimpeded access to the door and it is not used as a passage way to another room;
J. To have an individual storage space, desk, a bed that has a mattress and frame which is in good repair, clean, and free of odors and stains, and at least 3 feet wide by 6 feet in length, with a pillow and linens that are clean and free of odors and stains, and in good repair, including: a mattress pad, a top and bottom sheet, a pillow case, a water proof mattress cover, and a blanket to insure sufficient warmth;

K. To have a bedroom with sufficient lighting, windows and doors to provide client privacy; a sprinkler system to meet fire safety requirements and an emergency evacuation plan posted at all exit doors.
L. The right to associate with individuals of your choice in the facility, receive visitors, and make and receive telephone calls during established hours. Specified times and days for visitations and telephone calls will be posted in the facility. This right applies unless:
    1. Clinical director or designee determines or documents a specific treatment purpose that justifies restricting your right and informing you of the reason why this right is being restricted; and
M. The right to file a grievance and to be informed of the procedure for filing a grievance.
N. The right to privacy in correspondence, communication, visitation, financial affairs, and personal hygiene. This right applies unless:
    1. Clinical director or designee determines or documents a specific treatment purpose that justifies restricting your right and informing you of the reason why this right is being restricted; and
O. To send and receive uncensored and unopened mail, unless restricted by court order or clinical staff, and clinical director or designee determines or documents a specific treatment purpose that justifies restricting your right and informing you of the reason why this right is being restricted; and
P. To display and use personal belongings, including clothing, unless restricted by court order or deemed inappropriate by the program and Clinical Staff.
Q. To be provided a lockable storage space, provided by the facility, on the premises while a resident in the treatment program.
R. To be provided meals that meet nutritional needs with your consideration of preferences.
S. To be assisted in obtaining clean seasonable appropriate clothing that is in good repair and selected and owned by your preferences.
T. To be provided access to medical services, including family planning, to maintain your health, safety, or welfare.
U. To have opportunities for social contact and daily social, recreational, or rehabilitative activities.
V. To be informed of the requirements necessary for your discharge or transfer to a less restrictive physical environment or a higher level of care.
W. To receive, at the time of discharge or transfer, recommendations for treatment after you are discharged from residential program.

DBMHS ensures Client Rights are read and explained to the client in a language they understand, and the client acknowledges with signature.

This certifies that my legal and human rights have been read and explained to me in the language of my understanding, and that I fully understand the content and purpose of this information.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature (if applicable) Date

_____ _____
Staff Signature Date

Section: 2 Client-Focused Functions
Subsection: 2.1 Rights and Protections of Persons Served
Title: 2.1.02 Restriction of Client Rights

I. POLICY

Restriction of client rights under specified circumstances.

II. PURPOSE

Restriction of client rights may be necessary and therapeutic for client self-growth.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Client rights may be restricted under emergency circumstances, e.g., confidentiality may be breached when a risk of harm to self or others exists, or when there is suspicion of child abuse or neglect.
B. Client rights may be restricted when a proper court order is presented.
C. Client rights may be restricted when the client is unable to comprehend the purpose for an intervention or treatment service.
D. Client rights may be restricted when a client is excluded from services due to meeting exclusionary criteria.

V. PROCEDURES

A. The Clinical Specialist or Clinical Director will approve the restriction of any client's rights.
B. The client will be informed of any decision regarding restriction of their rights, and their right to file a grievance regarding such restriction.
C. The decision will be documented in the client's electronic health record.

REFERENCES

A.R.S. § 36-517.02.
AZ Department of Health Services/Division of Behavioral Health Services Policies and Procedures
NMAC 7.20.11.22
CARF 1.K

I. POLICY

To treat all clients with fairness and professionalism and to strive for excellence in providing services to clients.

II. PURPOSE

To provide a means for clients, their families, and other agencies serving DBMHS to bring a grievance or complaint to the attention of DBMHS and to reach a resolution.

III. DEFINITIONS

A. **Grievance**
Any expression of dissatisfaction related to the delivery of one's healthcare is not defined as an appeal. A grievance is also called a complaint. An accusation, charge, or allegation, either written or oral.

B. **Appeal**
A formal procedure to review the grievance again and confirm if the final decision was correct.

IV. RULES

A. The Grievance and Appeal Acknowledgement document will be visibly posted in the front lobby area of the treatment center.
B. All written or verbal grievance(s) shall be submitted in writing for proper documentation.
C. The name of the complainant or any name in the complaint is maintained as confidential and is not to be disclosed without written authorization of the client, individual, parent, or legal guardian.
D. DBMHS does not discriminate in any way against any client by whom, or on whose behalf, a complaint has been submitted or who has participated in the complaint investigation process.
E. DBMHS does not discriminate in any way against any employee who advocates on behalf of the client.
F. DBMHS Grievance & Appeals Acknowledgement Form is reviewed with client, client's parent, guardian, custodian, designated representative, and signed, during the admissions process.

V. PROCEDURES

A. All complaints received will be handled in the following manner:
    1. The client (or other complainant) will make the complaint to the individual person(s) violating their right with the aim of resolution.
B. Grievances or a request for investigation must be submitted to DBMHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This period may be extended for good cause as determined by the DBMHS Behavioral Health Director/Clinical Director before whom the grievance or request for investigation is pending.

C. All written or verbal grievance(s) shall be submitted in writing for proper documentation and will be reviewed and acknowledged within 7 days of the date received. If appropriate, an investigator will be assigned to research the matter.

D. The investigator, e.g., Behavioral Health Director or designee will attempt to resolve all appeals within seven (7) days through an informal process. If the grievance/complaint cannot be resolved, the matter will be forwarded for further investigation.
   1. If unresolved the complaint will be mediated with the primary counselor. If the complaint is with the primary counselor the Clinical Specialist will mediate the complaint.
   2. If the complaint cannot be resolved at the lower level the complaint will be submitted to the Clinical Specialist who will review the complaint within five business days and provide a written response.
   3. If the complaint warrants investigation, it will be investigated within ten business days and a written report will be provided thereafter. The report will include:
      a. A summary of findings.
      b. Steps taken to respond initially to the complaint/grievance findings.
      c. Suggested resolutions and any preliminary actions taken to resolve the issue.

E. In the event that the complaint is not resolved, the Health Services Administrator will investigate within ten (10) business days and a written response will be completed for the final decision.

F. Clients can request assistance in writing the complaint from the Clinical Specialist, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.

G. If the complaint is against a program other than DBMHS, the Clinical Director or Clinical Specialist will forward the complaint to the appropriate program.

H. Client satisfaction surveys will be conducted as part of regular discharge procedures or at other regular intervals.

I. A suggestion box will be maintained for the purpose of obtaining consumer feedback and suggestions to be considered for program improvement purposes.

J. Clients have the right to remain anonymous when providing feedback.

K. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.

L. Clients shall not be terminated from services, or their treatment plans altered without their consent as a result of any complaint or suggestion they have submitted.

M. If a client is not satisfied with the outcome through the above outlined process, they have the option to pursue further remedies at their own discretion.

N. Clients who receive services funded through the Arizona Health Care Cost Containment System (AHCCCS) may at their discretion register their complaint with any of the following offices:

AZ Dept. of Health Services, Division of Behavioral Health Services 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 542-1025	AZ Dept. of Health Services Division of Residential Licensing 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 364-2639	AHCCCS Office of Human Rights 801 E. Jefferson St Phoenix, AZ 85034 Phone: 602-417-4000
NM Behavioral Health Services Division P.O. Box 2348 Santa Fe, New Mexico 87504 Phone: (505) 476-9266	Navajo Division of Behavioral & Mental Health Services Attn: Health Services Administrator P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6240	Navajo Nation Regional Behavioral Health Authority P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6877 Phone: (928) 871-7619

REFERENCES

NMAC 7.20.11.22
A.R.S. § 36-550.08
CARF 1.K

Division of Behavioral & Mental Health Services

Grievance & Appeals Acknowledgment Form

As a registered client of DBMHS, you have the right to receive services offered by the Division. However, if you were placed on an unreasonable or indefinite waiting list, denied services without explanation, or feel that your rights have been violated, you have the right to submit a verbal or written complaint or grievance.

SMI Grievance/Request for Investigation

Clients who receive services funded through the Arizona Health Care Cost Containment System (AHCCCS) have the right to follow the SMI grievance and appeal process. The request may be verbal or written and must be initiated no later than one year after the date of the alleged rights violation or condition requiring investigation. Forms for filing are available at AHCCCS, the Arizona State Hospital, the T/RBHAs, case management sites and at all DBMHS sites.
Allegations of rights violations by the Division of Behavioral and Mental Health Services (DBMHS) or SMI grievances/requests for investigation related to physical or sexual abuse or death will be addressed by AHCCCS. All other SMI grievances/requests for investigation must be filed with and addressed by DBMHS. Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter. When a decision is reached, you will receive a written response.

SMI Appeal

Any person, age 18 or older, his or her guardian, or designated representative, may file an appeal related to services applied for, or services the person is receiving. Matters of appeal are generally related to: a denial of services; disagreement with the findings of an evaluation or assessment; any part of the Individual Service Plan; the Individual Treatment and Discharge Plan; recommended services or actual services provided; barriers or unreasonable delay in accessing services under Title XIX; and fee assessments. Appeals must be filed with DBMHS (or AHCCCS for the TRBHAs) and must be initiated no later than 60 days after the decision or action being appealed. Appeal forms are available at AHCCCCS, and at all DBMHS sites.
DBMHS (or AHCCCS for TRBHA appeals) will attempt to resolve all appeals within seven (7) days through an informal process. If the problem cannot be resolved, the matter will be forwarded for further appeal. If DBMHS will not accept your appeal or dismisses your appeal without consideration of the merits, you may request an Administrative Review by AHCCCS of that decision.
For SMI grievances/requests for investigation and appeals, to the greatest extent possible, please include:

1. Name of person filing the SMI grievance/request for investigation or appeal
2. Name of the person receiving services, if different.
3. Mailing address and phone number.
4. Date of issue being appealed or incident requiring investigation.
5. Brief description of issue or incident.
6. Resolution or solution desired.

For either process above, you may represent yourself, designate a representative, or use legal counsel. You may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800- 927-2260 in Phoenix. You may also contact the Office of Human Rights at (602) 364-4585, or 1-800-421-2124 for assistance. If your complaint relates to a licensed behavioral health agency, you may contact the Office of Behavioral Health Licensure, 150 N. 18th Avenue, Phoenix, Arizona 85007, (602) 364-2595.

DBMHS Grievance/Request for Investigation

Clients who receive services through DBMHS may submit a verbal or written complaint/grievance, initiated no later than one year after the date of the alleged rights violation or condition requiring investigation.

We will take the following steps to help resolve your complaint(s) or grievance(s):

- Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter.
- The investigator e.g. Clinical Director and/or Behavioral Health Director will attempt to resolve all appeals within seven (7) days through an informal process. If the grievance/complaint cannot be resolved, the matter will be forwarded for further investigation.
- In the event that the complaint is not resolved, it will be investigated by the Health Services Administrator within ten (10) business days and a written response will be completed for the final decision.

At each level of review, the report will include investigation findings, steps taken to address the complaint/grievance, suggestion solution, and any preliminary actions taken to resolve this issue.

If you are not comfortable presenting your grievance or complaint to your counselor, you may directly mail your grievance or complaints to the address below:

Health Services Administrator
Division of Behavioral & Mental Health Services
P.O. Box 709
Window Rock, AZ 86515
Telephone: (928) 871-6235

Your grievance issue/action cannot be used to terminate services provided to you by DBMHS.

This certifies that the Grievance & Appeals Acknowledgement form has been read and explained to me in the language that I understand.

_____ _____
Client Signature Date

_____ _____
Parent / Guardian Signature (if applicable) Date

_____ _____
Staff Signature Date

I. POLICY

All information obtained during the course of treatment will be confidential and disclosed in accordance with DBMHS policy and applicable Navajo Nation, federal and state laws.

II. PURPOSE

To provide behavioral health and treatment services that are confidential.

III. DEFINITIONS

A. **Substance Use Disorder Treatment Program**
An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides alcohol or drug abuse diagnosis, treatment or referral or treatment. An identified unit within a general medical facility which holds itself out as providing, and provides alcohol or drug abuse diagnosis, treatment, or referral to treatment. Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment, or referral for treatment, and who are identified as such providers.

B. **Collaborative Teams**
A team of individuals whose primary function is to develop a comprehensive and unified service or treatment plan for an enrolled person. The team may include an enrolled person, members of the enrolled person's family, health, mental health, or social service providers including professionals representing disciplines related to the person's needs, or other persons that are not health, mental health or social service providers identified by the person or family. Collaborative teams include Child and Family Teams and adult treatment teams.

C. **Confidential Information**
"Records containing data on individuals describing medical history, diagnosis, condition, treatment evaluation, or similar medical data, including psychiatric or psychological data" (2 N.N.C § 85) and "patient-identifying information" that may identify a person as receiving, having received, or having applied to receive substance use treatment (42 CFR Part 2).

D. **Family Members**
A spouse, parent, adult child, adult sibling, or other person of significance, of a person undergoing treatment, evaluation, or receiving community services.

E. **Health Care Decision-Maker**
An individual who is authorized to make health care treatment decisions for a person, including the parent of a minor, or an individual who is authorized pursuant to A.R.S., Title 14, Chapter 5, Article 2 or 3, of A.R.S. §§ 36-3221, 36-3231.

F. **Health Insurance Portability and Accountability Act (HIPAA) of 1996**
The HIPAA Privacy Rule requires providers and others who maintain health information to implement security measures to guard the integrity and confidentiality of patient/client information. The HIPAA Rule contains a number of words and phrases that have specific meaning as applied to the HIPAA Rule. Examples of such words and phrases include, but are not limited to, "treatment," "payment," "health care operations," "designated record set" and "protected health information."

G. **Individual**
"Individual" means any person currently or previously receiving services from DBMHS.

H. **Medical Records**
All communications that are recorded in any form or medium and that are maintained for purposes of evaluation, treatment or the provision of community services to a person, including reports, notes, orders, test results, diagnosis, treatments, photographs, videotapes, X-rays, billing records and the results of independent medical, psychiatric or psychological examinations that describe patient care. Medical records also include all psychological, psychiatric, or medical records held by a health care provider, including records that are prepared by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review, or quality assurance activities.

I. **Qualified Service Organization**
A person or organization that provides services to a program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and childcare and individual and group therapy. The person or organization has entered into a written agreement with a program providing drug or alcohol referral, diagnosis or treatment under which the person or organization acknowledges that in receiving, storing, processing or otherwise dealing with any records concerning enrolled persons, it is fully bound by these regulations and, if necessary, will resist in judicial proceedings any efforts to obtain access to records of enrolled persons except as permitted under federal regulations set forth in 42 CFR Part 2.

IV. RULES

A. Due to the difficulty in segregating information between protected records and records that may be disclosed, the more restrictive standards apply to treatment services, as set out in 2 N.N.C § 87 and 42 CFR Part 2, are applicable for the purposes of this policy.

B. Confidential information may be used within the treatment program for the purposes of providing treatment services but is protected from disclosure except under specific conditions as defined in 2 N.N.C § 86.

C. Health information is also protected under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) which requires patient authorization before a provider may use "protected health information" for treatment and other purposes as defined in the law.

D. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has provided guidance for treatment organizations to integrate and apply both sets of regulations in the provision of behavioral health services (available at www.samhsa.gov) and DBMHS policies apply this federal guidance.

E. Records generated as a part of the DBMHS grievance and appeal processes are legal records, not behavioral health treatment records, although they may contain copies of portions of a person's behavioral health treatment record. To the extent these legal records contain patient identifying information or protected health information, DBMHS will redact or re-identify the information to the extent allowed or required by law.

F. DBMHS ensures that a client's behavioral health services and ancillary services are coordinated and facilitates communication with other agencies, as needed, to support the treatment process. All communication and coordination with outside entities shall comply with the procedures contained in this policy. Procedures to release client information will be communicated to:
   a. The client.
   b. If applicable, the client's family members, guardian, custodian, designated representative, or agent.
   c. Other individuals, agencies, and entities involved in the provision of behavioral health services, medical services, or ancillary services to the client, such as a medical practitioner responsible for providing medical services to a client; and
   d. Other entities or agencies, including governmental entities or agencies such as the Department of Economic Security or a probation or parole entity that provides services to the client.

V. PROCEDURES

A. DBMHS notifies each person seeking and receiving behavioral health services of the existence of the Navajo Nation Privacy and Access to Information Act, federal confidentiality regulations and the HIPAA Privacy Rule, and provides each person served with a written summary of the confidentiality provisions and DBMHS privacy practices. The notice and summary are provided at the time of admission by the intake staff conducting the admission process, and a signed acknowledgement of receipt is obtained from the person served and their parent/legal guardian, if applicable.
B. DBMHS does not acknowledge that a currently or previously enrolled person is receiving or has received substance use services without the enrolled person's notarized consent.
C. DBMHS responds to any request for a disclosure of the records of a currently or previously enrolled person that is not permissible under this policy or federal regulations in a way that will not reveal that an identified individual has been or is being diagnosed or treated for substance use.
D. Release of information concerning diagnosis, treatment, or referral from a DBMHS program may be made only as follows:
   1. The currently or previously enrolled person or their guardian authorizes the release of information.
   2. DBMHS advises the person or guardian of the special protection given to such information by Navajo Nation and federal law.
   3. Authorization is documented on an authorization form which has not expired or been revoked by the client. The proper authorization form must contain each of the following specified items:
      a. The name of general designation of the program making the disclosure.
      b. The name of the individual or organization that will receive the disclosure.
      c. The name of the person who is the subject of the disclosure.
      d. What kind of information will be disclosed?
      e. A statement that the person may revoke the authorization at any time, except to the extent that the program has already acted in reliance on it.

f. The date, event, or condition upon which the authorization expires, if not revised before.
g. The notarized signature of the person or guardian; and
h. The date on which the authorization is signed.

E. Upon request, protected records will be available for disclosure according to the Navajo Nation Privacy and Access to Information Act 2 N.N.C § 86.
F. Any disclosure, whether written or orally made with the person's authorization as provided above requires written acknowledgement of disclosure in the Release of the Information Form. The Navajo Nation law and federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 2 N.N.C § 85 and 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
G. DBMHS maintains and utilizes a standardized Release of Information form containing all of the required elements in accordance with this policy.
H. If the person served is a minor, both the minor and his or her parent or legal guardian shall give authorization.
I. If the person is deceased, authorization may be given by:
    1. A court appointed executor, or administrator,
    2. If no such appointments have been made, by the person's spouse,
    3. Or if there is no spouse, by any responsible member of the person's family.
J. Authorization is not required under the following circumstances:
    1. Medical Emergencies – information may be disclosed to medical personnel who need the information to treat a condition which poses an immediate threat to the health of any individual, not necessarily the currently or previously enrolled person, and which requires immediate medical intervention. The disclosure must be documented in the record of the person served and must include the name of the medical person to whom disclosure is made and his or her affiliation with any health care facility, name of the person making the disclosure, date and time of the disclosure and the nature of the emergency. After emergency treatment is provided, written confirmation of the emergency must be secured from the requesting entity.
    2. Research Activities – information may be disclosed for the purpose of conducting scientific research according to the provisions of applicable law.
    3. Audit and Evaluation Activities – information may be disclosed for the purpose of audit and evaluation activities according to the provisions of applicable law.
    4. Qualified Service Organizations – information may be provided to a qualified service organization when needed by the qualified service organization to provide services to a currently or previously enrolled person.
    5. Internal Agency Communications – the staff of an agency providing behavioral health treatment may disclose information regarding a person served to other staff within the agency, or to the part of the organization having direct administrative control over the agency, when needed to perform duties related to the diagnosis,

treatment or referral for treatment of that person. For example, an organization that provides several types of services might have an administrative office that has direct administrative control over each unit or agency that provides direct services.

K. Information concerning an enrolled person that does not include any information about the enrolled person's receipt of alcohol or drug abuse diagnosis, treatment or referral for treatment is not specifically restricted under this policy. For example, information concerning an enrolled person's receipt of medication for a psychiatric condition, unrelated to the person's substance use, may be used or disclosed as allowed in the HIPAA Privacy Rule. However, the burden of responsibility is on the staff person making the use or disclosure, to demonstrate that no information related to substance abuse treatment is involved.

L. A tribal, state, or federal court may issue an order that compels DBMHS to make a disclosure of identifying information that would otherwise be prohibited. A subpoena, search warrant or arrest warrant is not sufficient standing alone, to require or permit DBMHS to make a disclosure. The burden of responsibility is on the court to ensure adherence to all requirements for an authorized court order as specified in tribal law 2 N.N.C § 86 and 42 CFR § 2.61 et seq. In all cases where an authorized court order is required, DBMHS will consult legal counsel before making such a disclosure.

M. DBMHS ensures that a list is kept of every person or organization that inspects a currently or previously enrolled person's records other than the person's clinical team, the uses to be made of that information, and the staff person authorizing access. The access list shall be placed in the record of the person served and shall be made available to the person served, their guardian or other designated representative.

N. Individual records may be released to third parties with the written permission, by means of a notarized release, of the individual who is the subject of those records, or his or her parent or legal guardian if a minor (2 N.N.C § 86)

O. Disclosure of information to members of an interagency collaborative team may or may not require an authorization depending upon the type of information to be disclosed. Information required to further an individual's medical treatment, or to address public health needs can be disclosed to members of a collaborative team with patient authorization as described in this policy.

P. Information not related to drug and alcohol treatment may be disclosed without patient authorization to members of a collaborative team who are providers of health, mental health or social services provided the information is for treatment, payment, or health care operations or other permitted disclosures as defined in the applicable sections of the HIPAA Privacy Rule. Disclosure to members of a collaborative team who are not providers of health, mental health, or social services requires the authorization of the person or the person's guardian or parent as described in this policy.

Q. Disclosure of information to persons involved in court proceedings including attorneys, probation/parole officers, guardian ad litem, and court appointed special advocates may or may not require an authorization depending upon the type of information to be disclosed and whether the court has issued an authorized order requiring the disclosure.

REFERENCES

2 N.N.C. § § 81 et seq.

NMAC 7.20.11.22
42 CFR 2.1 et seq.
A.R.S. § 36-509 (A) (13), §12-7 (6), § 36-6 (4), § 8-201 (21), § 41-3803, § 41-380, § 46-451 (A) (7)
R9-21-101 (B) (1)
ADHS/DBMHS Policy CO 1.4, Confidentiality
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation and the HIPAA Privacy Rule.

Division of Behavioral & Mental Health Services

Notice of Privacy and Confidentiality

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health information which we receive and/or create about you, personally, in this program, relating to your past, present, or future health, treatment, or payment for health care services, is "protected health information" under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164. The confidentiality of alcohol and drug abuse client records maintained by this program is protected by another Federal law as well, commonly referred to as the Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2. Generally, the program may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser, or use or disclose any other protected health information except in limited circumstances as permitted by Federal law. Your health information is further protected by any pertinent tribal & state laws that are more protective or stringent than either of these two Federal laws.

This Notice describes how we protect personal health information (otherwise referred to as "protected health information") we have about you, and how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

Uses and disclosures that may be made of your health information:

Internal Communications: Your protected health information will be used within the Division of Behavioral & Mental Health Services, that is between and among program staff who have a need for the information in connection with our duty to diagnose, treat, or refer you for behavioral health/substance abuse treatment.

Qualified Service Organizations and/or Business Associates: Some or all of your protected health information may be subject to disclosure through contracts for services with qualified service organizations and/or business associates, outside of this program, that assist our program in providing health care. Examples of qualified service organizations and/or business associates include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and/or business associates to follow the same standards held by this program through terms detailed in a written agreement.

Medical Emergencies: Your health information may be disclosed to medical personnel in a medical emergency, when there is immediate threat to the health of an individual, and when immediate medical intervention is required.

To Researchers: Under certain circumstances, this office may use and disclose your protected health information for research purposes. All research projects, however, must be approved by Navajo Nation Institutional Review Board, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

To Auditors and Evaluators: This program may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs to ensure that the program is complying with regulatory mandates and is properly accounting for and disbursing funds received.

Authorizing Court Order: This program may disclose your protected health information pursuant to an authorizing court order. This is a **unique** kind of court order in which certain application procedures have been taken to protect your identity, and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.

Crime on Program Premises or Against Program Personnel: This program may disclose a limited amount of protected health information to law enforcement when a client commits or threatens to commit a crime on the program premises or against program personnel.

Reporting Suspected Child Abuse and Neglect: This program may report suspected child abuse or neglect as mandated by state law.

As Required by Law: This program will disclose protected health information as required by state & tribal laws in a manner otherwise permitted by federal privacy and confidentiality regulations.

Appointment Reminders: This program reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.

Other Uses and Disclosure of Protected Health Information: Other uses and disclosures of protected health information not covered by this notice, **will be made only with your written authorization or that of your legal representative**. If you or your legal representative authorize us to use or disclose protected health information about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already acted relying on the authorization.

Your rights regarding protected health information we maintain about you:

Right to Inspect and Copy: In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. You must provide your request and your reason for the request in writing, and submit it to this office.

Right to Amend Your Protected Health Information: If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

- Is accurate and complete;

- Was not created by us, unless the person or entity that created the protected health information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for us; or
- Is not part of the protected health information which you would be permitted to inspect and copy.

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosures of the protected health information at issue.

Right to an Accounting of Disclosures: You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations within our program and/or between our programs pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on protected health information we are permitted to use or disclose about you for treatment, payment or health care operations within our program. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health.

Right to Request Confidential Communications: You have the right to request that we communicate with you about protected health information in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to this office, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with this office, Navajo Nation Division of Behavioral & Mental Health Services, or with the Navajo Nation Department of Health. To file a complaint with this office, please contact the Case Management Specialist, at the DMBHS office where you receive services. You will not be penalized or otherwise retaliated against for filing a complaint.

Our Program is Responsible for:

- Maintaining the privacy of your protected health information;
- Providing you with this notice of our legal duties and privacy practices with respect to your protected health information; and,

- Abiding by the terms of this Notice while it is in effect.

DBMHS reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all protected health information that we maintain. In the event that changes are made, this office will notify you of a revised Notice by mail at the current address provided on your medical file, or at the site where you receive services, or by posting changes on our Web site.

To receive additional information:
For further explanation of this Notice you may contact DBMHS Case Management Specialist or intake screening staff at the office where you received this notice.

Availability of Notice of Privacy Practices:
This notice will be posted where registration occurs. You have a right to receive a copy of this notice, and all individuals receiving care will be given a hard copy.

Acknowledgement:
I hereby acknowledge that I received a copy of the Notice of Privacy Practices regarding protected health information governed by the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164 and Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2.

Client Signature Date	Parent/Guardian Signature Date (If Applicable)

I. POLICY

DBMHS ensures that all persons served participate in a process of informed consent.

II. PURPOSE

To ensure all DBMHS clients are made aware of the behavioral health risks and benefits and agree to receive specified services.

III. DEFINITIONS

A. **Informed Consent**
The process of providing a current or prospective client with information describing services offered and the potential risks or benefits of those services. Consent must be conducted in a manner and language understandable to the person served. Informed consent may also include a description of actions which, if undertaken by the person served, have potential to affect the risks or benefits of services provided. For example, informed consent may include a recommendation that the client attend all scheduled treatment sessions to maximize treatment benefits and avoid the harm that could be caused by early discharge due to non-attendance.

IV. RULES

A. Any person, aged 18 years and older, seeking behavioral health services is required to give voluntary informed consent to treatment, demonstrated by the person's or legal guardian's signature, before receiving behavioral health services except in an emergency situation or pursuant to a court order.
B. For persons under the age of 18, the parent, legal guardian, or a court ordered custodial agency is required to give informed consent to treatment, demonstrated by the parent, legal guardian, or a court ordered custodial agency representative's signature prior to the delivery of behavioral health services, except in an emergency situation or pursuant to a court order.
C. Unless pursuant to a court order or in an emergency situation, any person aged 18 years and older or the person's legal guardian, or in the case of persons under the age of 18, the parent, legal guardian or a court ordered custodial agency, after being fully informed of the consequences, benefits and risks of treatment, has the right not to consent to receive behavioral health services.
D. If someone other than the child's parent intends to provide informed consent to treatment, DBMHS must obtain proof of legal guardianship, custody, or power of attorney and file this documentation in the electronic health record (EHR).
E. Any minor who has contracted a lawful marriage, whether or not that marriage has been dissolved subsequently; or is legally emancipated; or any homeless minor may provide general and informed consent to treatment without parental consent. DBMHS must obtain proof of marriage, emancipation, or certificate of death and file this document in the EHR.
F. For any child who has been removed from the home by Navajo Division of Social Services and Navajo Nation Family Court, the legal guardian may give consent for the following:

1. Evaluation and treatment for emergency conditions that are not life-threatening, including behavioral health conditions; and
2. Routine medical and dental treatment and procedures, including early periodic screening, diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions.

G. In emergency situations involving a child in need of immediate hospitalization or medical attention, informed consent to treatment is not required.

H. Any child, 12 years of age or older, who is determined upon diagnosis of a licensed physician, to be under the influence of a dangerous drug or narcotic, not including alcohol, may be considered an emergency situation and can receive behavioral health care as needed for the treatment of the condition without informed consent to treatment.

I. Navajo tribal members diagnosed with a serious mental illness may need special assistance to participate in activities associated with receiving behavioral health services. For example, special assistance could be used to help a person during the process of establishing informed consent. Either DBMHS staff or human rights advocates within the tribal or state Office of Human Rights may provide or arrange for special assistance.

V. PROCEDURES

A. Informed consent is obtained at the time of intake or admission to services, and at any time thereafter when an additional service is added to the treatment plan, which was not covered under informed consent already granted by the client.

B. Informed consent is obtained before the provision of a specific treatment that has risks and benefits associated with it. Informed consent is required prior to the provision of the following services and procedures:
   1. Application for a voluntary evaluation.
   2. General behavioral health treatments, therapies, and interventions.
   3. Sweat Lodge and other traditional ceremonies.
   4. Spiritual-based services.
   5. Acupuncture or other therapies using acupressure points.
   6. Participation in research.
   7. Procedures or services with known substantial risks or side effects.

C. Informed consent is documented at the beginning of services using the Consent to Treatment Form, and is also addressed through additional documentation (e.g., Notice of Privacy Practices & Confidentiality, Consent for Sweat Lodge, etc.) which is placed in the EHR.

D. Informed consent must include:
   1. Information about the condition(s) being treated and the proposed treatment, including the intended outcome, nature and all available procedures involved in the proposed treatment.
   2. The risks, including any side effects, of the proposed treatment, as well as the risks of not proceeding.
   3. The alternatives to the proposed treatment, particularly alternatives offering less risk or other adverse effects.

E. Any applicable financial arrangements are explained during the informed consent process, including whether DBMHS intends to seek third-party reimbursement for services rendered to the client.
F. When obtaining informed consent, the DBMHS staff person reviews the above information, the consent to treatment forms and other approved DBMHS forms with the person seeking treatment or the persons representing this individual.
G. Information presented in the documents is explained to the person seeking treatment in a language and manner understandable to him or her. A Navajo bilingual staff person provides this explanation if necessary.
H. The staff person answers any questions asked by the person seeking services.
I. The person seeking services, or their legally authorized representative, signs the documents acknowledging their receipt and understanding of the information and consent to receive behavioral health services as specified.
J. Accommodations are made as needed for hearing, vision, or other impairments. If client understanding appears limited despite all reasonable accommodations, both accommodations and limitations are documented in the EHR.
K. Any consent given may be withheld or withdrawn in writing or verbally at any time, and the following must be documented by the DBMHS staff person in the EHR:
    1. The potential consequences of revoking the informed consent to treatment.
    2. A description of any clinical indications that might require suspension or termination of the proposed treatment.
    3. Prompt discontinuation of treatment, except in cases that abrupt discontinuation of treatment may pose an imminent risk to the person. In such cases, treatment may be phased out to avoid any harmful effects, and this process is documented accordingly.
L. Minor children served in the State of New Mexico require a separate informed consent for treatment with psychotropic medication that identifies the specific medication prescribed and includes acknowledgement by the physician and parent/guardian that the risks and benefits have been explained.

REFERENCES

NMAC 7.20.11.22

Division of Behavioral and Mental Health Services

Consent to Treatment

I, _____, hereby consent to participate in the therapeutic program of the Division of Behavioral & Mental Health Services (DBMHS). This program is designed to treat substance use/dependence and co-occurring mental health problems. The treatment program consists of individual counseling, group therapy, family therapy (mandatory for all parents/guardians), education, recreation therapy, Adventure Based Counseling, Sweat therapy, traditional/spiritual counseling, outpatient programs, support groups, and follow-up contacts. All of these activities are without substantial risk and have been demonstrated to be beneficial and therapeutic to client's recovery process.

I understand that the treatment program may include participation in off-campus activities. These include educational/recreational field trips, which may include overnight stays or camping; cultural activities, which may include a traditional sweat lodge, and support groups such as Alcoholics Anonymous meetings or others.

I understand that grounds for immediate discharge include: alcohol and/or drug use, sexual activities, violent behavior, legal stipulations, and non-compliance to treatment.

I hereby give consent to allow DBMHS to routinely test for drugs and alcohol through a breathalyzer, urine, or swab drug test.

I hereby give consent to allow DBMHS to take a specimen of my urine, saliva, or breathalyzer for a random or reasonable suspicion drug test. I understand that positive test results, refusal to be tested or any attempt to affect the outcome may result in discharge from services. All drug screens are used to provide therapeutic feedback to clients.

I understand that DBMHS will search my belongings for the purpose of controlling/preventing trafficking in contraband and to ensure that only appropriate personal items/clothing are brought into the center. I understand that the Navajo Nation Police may be contacted in the event of suspected illegal activities.

I further understand that I may be held liable for any of my actions that may result in property damage of and/or personal injury to others and that I may not hold DBMHS liable for injuries I may sustain as a result of my own misconduct and misuse of property and facilities.

I have also been informed that surveillance security cameras will be used for security purposes and to monitor client/staff behavior in the open areas of the Center, not to be utilized in private residence quarters. This requires all clients to consent to this type of security.

I have been made aware of, and fully understand, my rights and responsibilities as a client of the DBMHS Residential Treatment Center. I have received a copy of the DBMHS Family and Client Residential Handbook. I understand and agree to my responsibility to abide by these standards while in treatment at DBMHS.

My signature indicates my consent to participate and to release DBMHS and the Navajo Nation from liability not directly related to actions of DBMHS Residential Treatment Center program and the Navajo Nation.

Client Signature Date

Parent/Guardian Signature (if applicable) Date

DBMHS Staff Signature Date

I. POLICY

To identify, document, review, and report all incidents involving danger, harm or injury to clients, employees, visitors, or property.

II. PURPOSE

To care for clients in an environment that meets high standards of safety and where special precautions are taken to prevent harm or injury to clients.

III. DEFINITIONS

A. **Client Incident**
Any event that occurs during clients' course of service, at a DBMHS facility or program-sponsored activity, involving potential or actual danger, harm, or injury to client(s), including mental or emotional harm. Examples of Client Incidents include the following:

1. Death: a client's death, not the result of suicide or homicide.
2. Suicide: a client's death as a result of his/her intentional actions.
3. Suicide attempt: a client's attempt to kill himself/herself, requiring emergency room treatment, hospitalization, or medical intervention.
4. Homicide: a client's death as a result of another person's actions.
5. Assault: violent physical attack or attempt to inflict physical harm on another person.
6. Residential Client elopement: residential client who is absent without leave or when there is no knowledge of the client's whereabouts.
7. Self-Abuse: a client inflicting harm or injury to self that does not appear to be a suicide attempt, including any self-inflicted action that causes a break in the skin or leaves a mark or bruise.
8. Physical Abuse/Allegation: infliction or report of physical pain or injury or disfigurement to a client as caused by another person (perpetrator may be client, staff or other).
9. Sexual Abuse/Allegation: infliction or report of sexual misconduct, assault, molestation, or harassment involving a client (perpetrator may be staff, client, or other).
10. Inappropriate staff/client relationship: staff exceeding professional boundaries in the staff/client relationship, including borrowing/lending, giving gifts, exchanging favors, horseplay, fraternizing, becoming emotionally or physically intimate, leering, stalking, verbal, or physical grooming for future additional boundary violations.
11. Client/family complaint.
12. Human Civil Rights Violation: client's rights are violated in one or more of the following areas:
    a. Neglect: lack of care to client, including, physical, medical, psychological, and psychiatric care.
    b. Exploitation/Commercial Exploitation: client's services or property being used for another person's gain.
    c. Mistreatment: reckless or negligent actions that expose a client to a serious risk of physical or emotional harm

d. Corporal Punishment
e. Unreasonable Use of Force/Threat of Force: use and/or degree or threat of force toward a client that is not governed by reason or is beyond reasonable limits in order to change a client's behavior or state of mind.
f. Mental/Verbal Abuse: serious emotional maltreatment of client by name-calling, shouting, ridicule, etc.
g. Threat of Transfer/Transfer for Punishment: penalizing client by changing services, providers, or clinical team.
h. Retaliatory Acts Against a client: negative consequences levied against client for reporting violations of rights or services.
i. Medication as Punishment: the giving or withholding of medications in order to penalize a client.
j. Use of Seclusion or Restraint as Punishment: physical, mechanical, or pharmacological restraint or seclusion of client as a form of punishment.
k. Use of Seclusion or Restraint for Convenience of Staff: physical, mechanical, or pharmacological restraint of client for the convenience of staff.
l. Mistreatment of client Incited or Encouraged: provocation or encouragement to mistreat a client.

13. Staff Misconduct: staff behavior or actions toward a client that is contrary to Navajo Nation Policy, prevailing clinical standards or applicable laws.
14. Client Misconduct: a client's behavior that causes a disruption to their treatment or the treatment environment, including possession/use of alcohol, drugs, weapons, or other contraband as defined in the Family and Client Residential Handbook. May also include misconduct by a family member or other person visiting the client on program premises.
15. Alleged criminal activity by a client.
16. Violence: a client's act of violence toward another person, may fall into two categories:
    a. Police/ER intervention required.
    b. No police/ER intervention required.
17. Client Medical Emergency (911 call).
18. Other: any other incident that involves emergency personnel (police, EMT) or appears to be significant in terms of risk for client harm or program liability.
19. "Highly Unusual Incident" is a designation for incidents involving clients who have an unusual clinical, social, economic, or legal circumstance, which may warrant or attract public media attention.

B. **Facility Incidents**

Non-client incidents that involve DBMHS property, employees, or other parties visiting DBMHS property or employees who are not directly involved with clients (e.g., vendors). Examples of Facility Incidents are as follows:

1. Life Safety/Physical Facility Incidents.
2. Contagious diseases requiring quarantine.
3. Fire.
4. Natural Disaster, or other Emergency Condition.

5. Utility/Electrical/Gas/Water Outage.
6. Security Incident: problems with alarm system, keys, locks, intruders, and other security incidents.
7. Employee Accident/Injury.
8. Visitor Accident/Injury.
9. Motor Vehicle Accident.
10. DBMHS property loss or damage.
11. Theft of Property.
12. Harassment or stalking of an employee.
13. Other non-client incident that involves emergency personnel (police, EMT) or appears to be significant in terms of program liability.

C. **Property**
Includes all items inventoried by Navajo Nation Property Management; any DBMHS program facility or office, including grounds and parking areas; program vehicles; and other property including rented or interdepartmental storage space.

D. **Critical Incident**
May be either a client incident or a facility incident, and includes any incident falling specifically within any of the following categories:

1. Environmental Hazard – Unsafe conditions which create an immediate threat to life or safety, or create structural damage to the facility, or pose health hazards. Including, but not limited to, fire or contagious diseases requiring quarantine.
2. Elopement – The unauthorized leave or absence of client without permission, including not returning from pass for longer than 4 hours past the designated return time.
3. Abuse – Any act or failure to act, performed intentionally, knowingly, or negligently that causes or is likely to cause harm to a client, including:
    a. physical contact that harms or is likely to harm a client.
    b. inappropriate use of physical restraint, isolation, or medication that harms or is likely to harm a client.
    c. inappropriate use of restraint, medication, or isolation as punishment or in conflict with a physician's order.
    d. inappropriate conduct that causes or is likely to cause physical harm to a client.
    e. inappropriate conduct that causes or is likely to cause great psychological harm to a client.
    f. an unlawful act, a threat, or menacing conduct directed toward a client that results and might be expected to result in fear, emotional or mental distress to a client.
    g. abuse as defined in applicable tribal, state, or federal laws.
4. Neglect – Subject to the client's right to refuse treatment and subject to the caregiver's right to exercise sound discretion. The following apply:
    a. failure to provide any treatment, service, care, medication, or item that is necessary to maintain the health or safety of a client.

b. failure to take any reasonable precaution that is necessary to prevent damage to the health or safety of a client.
c. failure to perform a duty to supervise properly or control the provision of any treatment care, good service, or medication necessary to maintain the health or safety of a client.
d. any neglect or abuse as defined in applicable tribal, state, or federal laws.

5. Financial Exploitation – The act or process, performed intentionally, knowingly, or recklessly, of using a client's property for another person's profit, advantage, or benefit without legal entitlement to do so.
6. Natural/Expected Death – Death caused by condition known to client, family, and/or treatment provider.
7. Unexpected Death – Death occurring in any setting (e.g., suicide, homicide, medical cause).
8. Sexual Behavior – With other client, staff, or third party, whether consensual or not, while in a treatment program (i.e., sexual contact of any type, sexual abuse, sexual assault, rape, attempted rape, touching, or indecent exposure).
9. Assaultive Behavior – physical harm to self or others (e.g., attempted murder, actual assault or any attack requiring *urgent* or *emergency* treatment).
10. Emergency Services – Unanticipated admission to a hospital or other psychiatric facility; or the provision of emergency services that results in medical care which is unanticipated for this individual and which would not routinely be provided by a primary care provider.
11. Law Enforcement Involvement – The arrest or detention of a client by law enforcement, placement of a client in a detention or correctional facility, protective custody, or involvement of law enforcement in a client specific occurrence.

IV. RULES

A. The function of Incident Reports is to:
   1. Establish a system of identifying and reviewing incidents related to client care with the intent of improving the safety and quality of care delivered within the context of the Quality Improvement program.
   2. Provide procedures that reduce the risk of liability to the program by reporting and reviewing incidents related to client care and employee well-being.
   3. Help to ensure DBMHS compliance with the incident reporting requirements of regulatory and credentialing agencies and funding sources.
   4. Establish a system for identifying and reviewing incidents related to employee wellbeing and the safety and security of the program.
   5. Provide internal communication to identify risks to clients, visitors, employees and/or property.
   6. Provide external communication to authorized regulatory oversight entities.

B. All Incident Reports resulting in an investigation are forwarded with a confidential report and supporting documents to the DBMHS Health Services Administrator and/or designated Quality Assurance staff upon completion of the investigation.

C. All incident reports are confidential documents that are the property of DBMHS.

D. Incident reports are to be included in the EHR.
E. Incident reports are not to be photocopied except when submitted attached to a confidential investigation report or personnel action.
F. Incident reports are not to be reviewed with parents, their families, or their attorney or any other individual or party except with the permission of a DBMHS attorney.
G. All incident reports are tabulated according to category and statistically calculated to identify real and/or potential risk to clients, visitors, employees, or property. (See Quality Improvement Plan)
H. Client incident reports are maintained at the DBMHS program site for 7 years after the date of the incident.
I. All incident reports are destroyed after 7 years from the time of the incident unless they are the subject of an ongoing investigation, grievance, or litigation.
J. The act of reporting incidents, in and of itself, will not be cause for any retaliatory or disciplinary action against a DBMHS employee. However, if an employee fails to complete an incident report in accordance with this policy, disciplinary action may be taken in accordance with the Navajo Nation Personnel Policies.
K. DBMHS staff and supervisors respond to every incident in a timely manner as necessary to protect clients and employees from physical or psychological risks of which they are or should be aware, in order to reduce and prevent future risks.

V. PROCEDURES

A. Reporting Incidents
    1. Any staff member(s) who have personal or firsthand knowledge of an incident/allegation should make a report on the Incident Report Form.
        a. On the report form, indicate if incident is a client, facility, visitor, employee, or property incident in accordance with the definitions in this policy.
        b. The staff member(s) making the report must sign and date the report.
        c. The report should be done immediately after occurrence whenever possible, but always within 24-hours in which the incident occurred. The report is forwarded to the immediate supervisor for review, then to the Behavioral Health Director and Clinical Director (CD).
    2. Once written, the report is not altered, but may be amended. Any amendment is signed and dated by its author and filed with the original report.
    3. Documentation on the incident report should be objective and unbiased. An accurate description of the events that occurred shall be recorded. Subjective feelings and thoughts of the writer or other unrelated events should not be included in a written account of the incident. The report clearly distinguishes between events witnessed by the reporter and statements made to the reporter.
B. Follow-up to Incident Reports
    1. For all incidents, the CD or designee will initiate a response, as soon as possible but no later than three (3) business days, obtaining input from staff and witnesses as required. Follow-up actions or recommendations should be attached to the Incident Report by the CD or designee.
    2. For any of the following incidents, the CS/CD will immediately notify the DBMHS

Director or designee to determine an action plan guiding investigation, reporting, and response.

a. Death
b. Suicide
c. Homicide
d. Report of suspected child abuse/neglect occurring within a DBMHS facility
e. Any "Highly Unusual Incident" as defined in this policy.
f. Any "human civil rights violation" as defined in this policy.
g. Any "Critical Incident" as defined in this policy.

C. Incident reports are regularly reviewed by designated quality management/quality improvement personnel for recommended changes in treatment processes and/or operations.
D. Client incident reports are considered confidential. Incident reports are stored in the EHR and are available for review by the CD and other authorized DBMHS management staff.
E. Any follow-up necessary to resolve client or family concerns regarding a client incident will be conducted by the CD or designee. Only the CD and authorized DBMHS personnel will share information with the client/family regarding investigation or follow-up actions.
F. Required Reports to Other Agencies
    1. DBMHS reports any suspected or alleged criminal activity on program property or against program staff to the law enforcement agency that has authority over the location where the incident occurred.
    2. A written description of any "Serious Incident" or "Human Civil Rights Violation" as defined in this policy is provided to the state regulatory agencies having oversight roles in conjunction with third-party (e.g., Title XIX) funding of DBMHS treatment services.
    3. Any employee who suspects abuse, neglect, exploitation, or a violation of rights will complete an Incident Report in accordance with this policy. The person who identified the suspected abuse, neglect, or exploitation is responsible, in conjunction with their immediate supervisor, for reporting suspected abuse, neglect, or exploitation in accordance with DBMHS policy and applicable, tribal, state, and federal laws (see **Abuse and Neglect Reporting Policy**).
    4. DBMHS will furnish reports of internal investigations, dispositions, and corrective actions in response to specific incidents as requested by the state regulatory agencies having oversight roles in conjunction with third-party (e.g., Title XIX) funding of DBMHS treatment services.
    5. Additional Reporting Requirements for Deaths: Deaths are reported to the appropriate state regulatory agency immediately by telephone. In addition, any death of a client served under Title XIX must be reported to the regional office of the federal Centers for Medicare and Medicaid Services by no later than the close of business the next business day after the client's death, and must document in the client's record that the death was reported to the Centers for Medicare and Medicaid Services.

REFERENCES

N.M.A.C. 7.20.11.17.
Arizona Department of Health Services, Division of Behavioral Health Services Policy, and Procedures Manual
A.R.S. § 41-1092 et Seq. ; A.R.S. Title 32, Chapter 33; 8
A.A.C. 21, Articles 3 and 4.
42 CFR Pt. 2

Division of Behavioral of Behavioral & Mental Health Services

INCIDENT REPORT FORM

Type of Incident (Check One): ☐Facility ☐Client ☐Visitor ☐Employee ☐Property

Date of Incident	Time of Incident	Name of Person(s) Involved in Incident:		
Telephone #:	Address:	City:	State:	Zip:
Description of the Incident, including exact location and events leading up to the incident (attach documents as needed):				
Description of person(s) or property involved in incident (including physical and behavioral health after the incident):				
Name of individual(s) who observed the incident:				
Description of action taken by DBMHS Staff:				
Name of supervisor or on-call notified:		Time of Contact:		
Type of emergency services requested (if any): Police Officer's Badge # (if any):				
Describe medical treatment obtained (if any):				
How could this type of incident be prevented in future?				

Reporting Staff	Date	Witness	Date
Witness	Date	Witness	Date
Investigator Comments or Follow-up action taken:			
Immediate Supervisor	Date	Safety Field Investigator/Safety Officer	Date

I. POLICY

To adhere to mandated reporting laws by reporting incidents of alleged abuse and neglect and addressing incidents in a therapeutic manner to the greatest extent possible.

II. PURPOSE

To protect the rights and welfare of clients of alleged abuse and neglect.

III. DEFINITIONS

A. **Physical Abuse**
Behaviors toward any person including, but not limited to willful or impulsive acts of aggression or punishment such as striking, kicking, hair pulling, and causing bodily harm.

B. **Emotional Abuse**
Behaviors toward any persons including, but not limited to, emotional deprivation, verbal assaults, belittling, demeaning, and vilifying.

C. **Sexual Abuse**
Behaviors toward any persons that are sexual in nature including, but not limited to, physical sexual activity (touching, kissing, fondling, intercourse), sexualized behaviors (voyeurism, exhibitionism), and violations of normal boundaries in a sexualized manner (sexualized conversations or verbalizations, sexual exploitation) without consent.

D. **Neglect**
Behaviors toward any person that results in failure to provide for basic needs including, but not limited to, failure to provide a safe environment, adequate supervision, and adequate nutritional/medical care.

E. **Emergency Situation**
When a person faces an immediate risk of abuse or neglect that could result in death or serious harm.

IV. RULES

A. Any staff member who has a reasonable suspicion that abuse, or neglect has occurred, is required under tribal and applicable state law to report the abuse to the appropriate authorities.

B. DBMHS will cooperate fully with any police, social services, child, or adult protective services abuse investigation within guidelines established by Navajo Nation and applicable federal confidentiality laws and regulations.

V. PROCEDURES

A. When a staff member believes they have reasonable suspicion of abuse which occurred outside of the DBMHS program, the following steps must be taken:

1. Alleged abuse and/or neglect is staffed with the Behavioral Health Director (BHD), Clinical Specialist/Clinical Director (CS/CD) and Primary Counselor what information is known and determine that a reasonable suspicion exists. For

example, general information about the type of abuse, perpetrator, location, and approximate time period of the abuse is usually needed to make a report.

2. If any person may be in an emergency situation, contact law enforcement having authority over the location where the alleged abuse occurred and report the incident immediately.
3. If there is no indication of immediate danger, the Primary Counselor or other appropriate clinician should attempt to involve the client in making their own report if developmentally and clinically appropriate, with support and assistance from the counselor.
4. As mandated reporters, DBMHS staff will call and report to the appropriate hotline:
    a. Child Abuse Hotline at 1-888-767-2445 (1-888-SOS-CHILD),
    b. Adult Protective Services at 1-877-SOS-ADULT for Arizona, and 1-866-654-3219 for New Mexico.
    c. Law-enforcement officers having the authority where the alleged abuse or neglect occurred in an emergency situation.
5. If the client is unable for any reason to participate in reporting, then the staff member provides a report to the Navajo Division of Social Services. Follow-up will be made with the appropriate child or adult protective services.
6. All information reported is documented in the EHR.
7. If the client reports recent physical injury or sexual assault, the client is immediately referred to Indian Health Services (IHS) for a medical evaluation.

B. When a staff member believes they have reasonable suspicion of abuse which occurred <u>during</u> the course of a client's services from DBMHS (i.e., perpetrated by a staff, client, or visitor to the facility), the following steps must be taken:

1. Discuss with the BHD, CS/CD and Primary Counselor known information, and determine if reasonable suspicion exists. For example, general information about the type of abuse, perpetrator, location, and approximate date of the abuse is required to make a report.
2. A DBMHS Incident Report is completed by the staff member, including verbatim any statements made by the client about the abuse.
3. The staff member provides a copy of the DBMHS Incident Report to the appropriate child or adult protective services.
4. The client is taken to IHS for a medical evaluation. The interviewing physician will determine, on the basis of the interview and other information, if a full medical exam or rape kit is recommended.
5. Primary Counselor or other appropriate clinician addresses any therapeutic issues with the client.
6. CS/CD proceeds with incident reporting, internal investigation, and any necessary personnel actions in accordance with DBMHS policy and Navajo Nation Personnel Policies.
7. The alleged offender is removed from direct client contact until the matter is investigated and resolved. The CS/CD takes appropriate steps to ensure the safety of clients and staff.

8. The parents/legal guardian are notified and informed of the steps taken to address the allegation.
9. All actions taken with the client and family are documented in the EHR.
10. The appropriate state regulatory body is informed of any suspected abuse, neglect, or exploitation of a residential client. However, any investigation will be conducted by entities with legal authority on the Navajo Nation, and the state entity will be informed of the investigation outcome in accordance with DBMHS policy.

REFERENCES

7.20.11.17 NMAC

I. POLICY

DBMHS applies Navajo Nation Personnel Policies in conducting investigations prompted by applicable regulations for any condition requiring investigation as defined in this policy.

II. PURPOSE

To conduct investigations in a fair and consistent manner to allow an informed decision to be made.

III. DEFINITIONS

A. **Appeal**
A request for review of an action, or review of an adverse decision by DBMHS in response to a grievance.

B. **Condition Requiring Investigation**
An incident or condition occurring in the course of treatment and affecting a person served by DBMHS, which is dangerous, illegal, or inhumane, including allegations of physical abuse, sexual abuse, and violations of rights, or the death of a person served by DBMHS.

C. **Grievance or Request for Investigation**
A written complaint that is filed by a person served by DBMHS or other concerned person regarding any condition requiring investigation or any violation of rights of the person served during the course of service.

D. **Preponderance of Evidence**
A standard of proof that it is more likely than not that an alleged event has occurred.

E. **Special Assistance**
Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the individual service plan process, the residential treatment and discharge plan, the appeal process, or the grievance/request for investigation process.

IV. RULES

A. Persons requesting or receiving services shall be notified of their right to file grievances or request investigations according to the requirements of DBMHS and Navajo Nation Policy.

B. DBMHS shall respond to grievances and requests for investigations in accordance with the timelines contained in DBMHS **Client Grievance Policy**.

C. DBMHS Treatment Center will respond directly to client grievances whenever possible. However, at the discretion of either the client or the Clinical Specialist/Director, the grievance and request for investigation may be filed with either the DBMHS Behavioral Health Director/Clinical Director, or the state regulating agency.

D. DBMHS Sites located outside the district of the Navajo Nation are subject to grievance and investigation procedures of the relevant state licensing or certifying agency.

V. PROCEDURES

A. DBMHS shall establish a unique case number for each investigation. The case number shall be established as follows:

1. The letter "B" for those grievances investigated by DBMHS, or other state agency; and the letter "N" for grievances investigated by the Navajo Nation.
2. The date of receipt of the Grievance or Request for Investigation using the MMDDYY format.
3. The letter code "S" designating that the person is enrolled in services for the Seriously Mentally Ill; or "R" for DBMHS Residential; or "Q" for Off-Reservation, Non-DBMHS Residential; or "O" for DBMHS Outpatient.
4. A four-digit sequential number beginning "0001" with the first investigation of each calendar year.

B. Agency Responsible for Identifying Conditions Requiring Investigation:
1. The DBMHS Clinical Specialist/Director to whom a grievance or request for investigation is submitted, will immediately take any action reasonable to protect the health, safety and security of any client, complainant, or witness.
2. The Clinical Specialist/Director shall review each client incident report submitted as required in DBMHS **Incident Reporting Policy**, to determine if a grievance issue or condition requiring investigation exists. Incidents in which a person receiving services reports that their rights have been violated will be reviewed internally.
3. The Clinical Specialist/Director will report and forward any client incident reports to the DBMHS Health Services Administrator (HSA) for a review to determine further action (i.e., investigation).
4. Grievances or requests for investigation involving physical or sexual abuse or death that occurred at a DBMHS site or as a result of an action of a person employed by DBMHS shall be addressed to the Navajo Nation Police Department.

C. Grievance or Request for Investigation timelines, procedures for filing and responding:
1. Grievances or a request for investigation must be submitted to DBMHS in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This time may be extended for good cause as determined by the Behavioral Health Director (BHD) or Clinical Director (CD) before whom the grievance or request for investigation is pending.
2. Upon receiving an oral grievance from a client, DBMHS staff will direct the person to an available supervisor or managerial employee who can assist the person to file a written grievance or request for investigation.
3. All oral grievances and requests for investigation must be accurately reduced to writing by the DBMHS supervisory or managerial employee, and the written document must be signed by the client.
4. Summary Disposition – Within seven (7) business days of receiving a grievance or request for investigation, the DBMHS BHD or designee, may summarily dispose of a grievance or request for investigation when:
    i. The alleged violation occurred more than one year prior to the date of request.
    ii. The grievance request is primarily directed to the level or type of treatment provided and can be fairly and efficiently addressed through the treatment planning process.

5. Disposition without investigation - Within seven (7) business days of receiving a grievance or request for investigation, the DBMHS Behavioral Health Director or designee, may resolve the matter without an investigation when:
    i. There is no dispute of the facts alleged in the grievance or request for investigation.
    ii. The allegation is frivolous, meaning that it:
        1. Involves an issue that is not within the scope of applicable tribal, state, or federal laws or regulations, applicable ethical codes, or standards of practice.
        2. Could not have occurred as alleged.
        3. Is substantially similar to conduct alleged in two previous grievances or requests for investigation within the past year and which have been determined to be unsubstantiated.; or
        4. Within 7 days of receipt of the grievance or request for investigation, the person filing the grievance or requesting the investigation agrees that the matter can be resolved fairly and efficiently without formal investigation.
6. Preliminary Disposition Response – Within seven (7) business days of a grievance or request for investigation, the DBMHS Behavioral Health Director or designee, shall prepare a written dated decision which shall explain the essential facts as to why the matter may be appropriately resolved without investigation, and the resolution. The written decision shall contain a notice of appeal rights, and information to request assistance. Copies of the decision shall be sent to the person filing the grievance or request for investigation and to the appropriate Office of Human Rights/DBMHS for persons who need special assistance due to a disabling condition.

D. Process of conducting investigations:
1. If an extension of a period contained in DBMHS grievance or investigation procedures is required, it may be requested in writing from the DBMHS Behavioral Health Director or designee.
2. For grievance investigations into allegation of rights violations, the investigator shall:
    a. Interview the person who filed the grievance and the person receiving services who is identified as the subject of the violation or abuse (if different) prior to interviewing the person alleged to be the perpetrator of the rights violation.
3. For grievance investigations into allegations of physical or sexual abuse, the investigator shall inform the local law enforcement immediately.
4. If the person who is the subject of the investigation needs special assistance the investigator shall contact the person's advocate, or if no advocate is assigned, contact the appropriate state regulatory agency and request that an advocate be present to assist the person during the interview and any other part of the investigation process.
5. The investigator shall prepare a written report that contains at a minimum:

b. A summary for each individual interviewed of information provided by the individual during the interview conducted.
c. A summary of relevant information found in documents reviewed.
d. A summary of any other activities conducted as a part of the investigation.
e. A description of any issues identified during the course of the investigation that, while not related to the allegation or condition under investigation, constitutes a rights violation or condition requiring investigation.
f. A conclusion, based on the facts obtained in the investigation, that the alleged violation or abuse is either substantiated or not substantiated based on a preponderance of the evidence. The conclusion must describe those findings and/or factors that led to this determination; and
g. Recommended actions or a recommendation for required corrective action, if indicated.

6. Within five business days of receipt of the investigator's report, the DBMHS Behavioral Health Director shall review the investigation case record and the report, and issue a written, dated decision which shall either:
   a. Accept the report and state a summary of findings and conclusions and any action or corrective action required of the DBMHS BHD and subject to state and federal confidentiality requirements send copies of the decision to the investigator, the person who filed the grievance, the person receiving services identified as the subject of the violation or abuse (if different), and the appropriate state regulatory agency. The decision sent to the grievant and the person who is the subject of the grievance (if different) shall include a notice of the right to request an administrative appeal of the decision within 30 days from the date of receipt of the decision. The decision must be sent to the recipient by certified mail or be hand delivered.
   b. Reject the report for insufficiency of facts and return the matter for further investigation. The investigator must complete the further investigation and deliver a revised report to the Behavioral Health Director within 10 days.

E. Outcome of Investigations – The HSA and BHD may identify actions to be taken, which may include:
   1. Identifying training or supervision for an employee found to be responsible for a condition requiring investigation.
   2. Verbal or written warning against an employee depending on the outcome of the investigation.
   3. Formal disciplinary action against an employee based on investigation.
   4. Developing or modifying program's practices or protocols.
   5. The Clinical Supervisor or HSA will notify the regulatory entity that licensed or certified an individual of the findings from the investigation; or
   6. Imposing corrective action plan on the program, as applicable through State licensing or Accreditation Boards.

F. In the event an administrative appeal is filed, the HSA will coordinate with Navajo Nation Department of Justice (DOJ) to consult on the appeal, who will determine further course of action.

G. Investigation Records and Tracking System – DBMHS will maintain records in the following manner:
   1. All documentation received related to the investigation process will be dated on the day received.
   2. DBMHS will maintain a grievance investigation case record for each case. The record shall include:
      a. The number assigned according to this policy.
      b. The original grievance/investigation request letter.
      c. Copies of all information generated or obtained during the investigation.
      d. The investigator's report which will include a description of the grievance issue, documentation of the investigative process, names of all persons interviewed, written documentation of the interviews, summary of all documents reviewed, the investigator's findings, conclusions, and recommendations.
      e. A copy of the acknowledgment letter, final decision letter and any information/ documentation generated by an appeal of the grievance decision.
   3. DBMHS will maintain all grievance and investigation files in a secure designated area and retain them for at least seven (7) years.

H. All documentation will be provided with other information as necessary regarding grievances and investigations to the DBMHS quality improvement team for the purpose of:
   1. Identifying events, trends and patterns that may affect client health, safety, and/or treatment efficacy.
   2. Submitting findings and recommendations the HSA for further action, including:
      a. Changes in policies and/or procedures.
      b. Employee and assignment changes.
      c. Additional education or training for employees.
      d. Addition or deletion of services.

I. Pursuant to the applicable tribal, state, and federal statutes, DBMHS shall maintain confidentiality and privacy of investigation proceedings and records at all times.

J. Notice shall be given to a law enforcement agency or other entity as required by law, that an incident involving death, abuse, neglect, or threat to a person receiving services has occurred, or that a dangerous condition or event exists.

K. DBMHS shall notify the applicable state regulatory agency when:
   1. A person receiving services files a complaint with law enforcement alleging criminal conduct against an employee.
   2. An employee or contractor files a complaint with law enforcement alleging criminal conduct against a person receiving services.
   3. An employee, contracted employee, or person receiving services is charged or convicted of a crime related to a rights violation, physical or sexual abuse, or death of a person receiving services.

L. Any investigation of criminal activity reported under this section will be conducted by entities with legal district on the Navajo Nation. State regulatory agencies will be informed of the investigation outcome in accordance with this policy.

REFERENCES

NMAC 7.20.11.17; NMAC 7.20.11.20
Arizona Department of Health Services, Division of Behavioral Health Services Policy, and Procedures Manual (ADHS/DBMHS Policy) GA 3.3 Appeals Process for Persons Receiving Services; GA 3.5, Notice Requirements; GA 3.7, Reporting and Investigations of Deaths of Persons with Serious Mental Illness; CO 1.4, Confidentiality; QM 2.5, Reports of Incidents, Accidents and Deaths.
A.R.S. § 41-1092 et seq.; A.R.S. Title 32, Chapter 33.
9 A.A.C. 21, Articles 3 and 4; A.A.C. R9-1-107.

I. POLICY

DBMHS shall maintain a current, accurate and comprehensive behavioral health clinical record for each client to facilitate appropriate diagnosis, treatment, and support; billing and reimbursement of services; regulatory compliance; and legal protections afforded to both clients and providers.

II. PURPOSE

Comprehensive behavioral health clinical records will allow for appropriate diagnosis, billing, reimbursement, regulatory compliance, and legal protections.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Clinical record documentation is legible, accurate and reflects a person's behavioral health status, changes in status, substance abuse care needs, and health services provided.
B. All required forms are filled out completely before being signed and placed in the behavioral health record.
C. The behavioral health record is the property of DBMHS and is maintained on the premises of the facility at which the client is admitted until the client is discharged.
D. The record of each person served is maintained in a designated room and filed in the electronic health record and is available and accessible to staff members who provide behavioral health services to the client. Health records prior to implementation of the electronic health record are maintained in a fire-proof file cabinet at the residential treatment center.
E. Health records prior to implementation of the electronic health record are filed in alphabetical order and are assigned an identification number or code according to a consistent, established protocol.
F. State, federal or DBMHS quality assurance department, or designee, may inspect behavioral health clinical records of persons whose services are funded by the respective agency, at any time during regular business hours at the office of DBMHS upon prior request.
G. Records must be retained:
    1. For an adult, for at least seven years after the last date the adult person received services from DBMHS.
    2. For a child, either for at least three years after the child's 18th birthday or for at least seven years after the last date the child received services from DBMHS, whichever occurs last.
H. Records are destroyed in a manner that prevents any inadvertent disclosure of client-identifying information.
I. Upon written request by the client or the client's parent, guardian, custodian, or agent (if applicable), the client may review his or her case record during the agency's hours of operation in the presence of the Primary Counselor or Licensed Independent Practitioner,

on the agency's premises, unless to do so would not be clinically indicated. The reasons why review is not clinically indicated are documented in the client's record.

J. The client may insert a statement into the record about his or her needs or about services he or she is receiving or may wish to receive. Any agency statements or responses are documented with evidence that the client was informed of insertion of such responses.

V. PROCEDURES

A. Behavioral health clinical records are maintained as confidential and are only disclosed according to applicable DBMHS policy, which is in accordance with applicable tribal, state, and federal law.

B. When an authorized request for disclosure is received by DBMHS, such disclosure will be made as soon as possible but no later than ten business days from the date of the request.

C. The designated Case Management Specialist or Primary Counselor oversees the development and maintenance of a comprehensive clinical record for each enrolled person. The comprehensive clinical record can contain information contributed by several other service providers involved with the care and treatment of a person.

D. The behavioral health clinical record must contain the following elements:
   1. Client identification information on each and every page of the record (i.e., name OR identification number).
   2. Documentation of verified eligibility for any third-party reimbursement of services.
   3. Information regarding any co-payments assessed, when applicable.
   4. Documentation of Certification of Need and Re-Certification of Need, when applicable.
   5. Affiliation with other state, tribal, or private agencies that may have responsibility for client's care.
   6. The date of admission.
   7. Copy of Certificate of Indian Blood.
   8. Copy of Social Security Card.
   9. Copy of birth certificate OR picture identification card such as driver license.
   10. Copy of immunization records for child or adolescent clients only.
   11. Copy of tuberculosis skin test.
   12. Consent for medical treatment for DBMHS residential clients only.
   13. Complete contact and residence information for the person served and the parent/legal guardian if the person served is a minor.
   14. Any additional required demographic information.
   15. Information about the individual's legal guardian, personal representative, conservator, or representative payee, if any of these have been appointed, including the name, address, and telephone number.
   16. Information about the person to contact in the event of an emergency, including the name, address, and telephone number.
   17. Information about any legal entity having an interest in client's services (e.g., probation or parole officer), including the name, address, and telephone number.
   18. The name of the person currently coordinating the services of the person served (i.e., case manager or primary counselor).

19. For residential clients, the following information is recorded for each referral made or received by the agency:
    a. The date of the referral.
    b. The reason for the referral.
    c. The name of the entity, agency, or individual that the client was referred to or from.
20. Documentation of informed consent to treatment.
21. Acknowledgement of receipt for:
    a. Client Rights and Responsibilities.
    b. DBMHS Client Grievance Procedures.
    c. DBMHS Notice of Privacy and Confidentiality.
22. If applicable, documentation of:
    a. Assistance provided to a client who does not speak English.
    b. Assistance provided to a client who has a physical or other disability.
23. Any authorizations to disclose confidential information that are required for the coordination of care.
24. Documentation of any and all actual disclosures of confidential behavioral health record information.
25. Documentation of any review of behavioral health record information by any person or entity (other than members of the collaborative team) that includes the name and credentials of the person reviewing the record, the date of the review and the purpose of the review.
26. Contact information about the individual's primary care physician, including the name, address, and telephone number, when available.
27. Documentation of the provision of diagnostic, treatment and disposition information to the Primary Care Physician and other providers to promote continuity of care and quality management of the person's health care.
28. The location of any other DBMHS records pertaining to the client (e.g., a previous volume of the chart, or a record at another DBMHS service site).
29. Documentation of all information collected in the biopsychosocial or general assessment, including any applicable addenda.
30. Discharge summaries from previous behavioral health treatment.
31. Medication record, when applicable, including any drug allergies.
32. Health history.
33. Current medications.
34. Preadmission screening intake, when conducted.
35. Documentation of triage, intake, or orientation.
36. Any additional assessments conducted.
37. Summary and interpretation of any testing results.
38. The person's individualized treatment/service plan with any updates and revisions to the treatment plan.
39. Progress notes completed in accordance with DBMHS policy.
40. A transition plan or discharge summary that:
    a. Includes the person's diagnosis or disability/disorder.

b. Identifies the presenting condition.
c. Describes the extent to which established goals and objectives were achieved.
d. Describes the services provided.
e. Describes the reasons for transition/discharge.
f. Identifies the status of the person served at transition/discharge.
g. Lists recommendations for services or support.
h. Includes the date of admission.
i. Includes the date of transition/discharge from the program.

41. If duplicate information or reports from the main record of a person served exists, or if working files are maintained, such materials:
    a. Are not substituted for the main record.
    b. Are considered secondary documents, with the main record of the person served receiving first priority.
    c. Are maintained in such a manner as to protect confidentiality.
42. Other information or documentation required by applicable state or federal law or chapter.

REFERENCES

N.M.A.C. 7.20.11.22
42 CFR 2.1 et seq.
A.R.S. § 36-509 (A) (13)
A.R.S. Title 12, Chapter 7, Article 6 A.R.S. Title 36, Chapter 6, Article 4 A.R.S. § 8-201 (21)
A.R.S. § 41-3803A.R.S. § 41-3804
A.R.S. § 46-451 (A) (7)
R9-20-203
R9-21-101 (B) (1)
R9-20-211E
ADHS/DBHS Policy CO 1.4, Confidentiality

I. POLICY

To ensure accountability and consistency of services, progress notes provide chronological documentation of all treatment and care rendered.

II. PURPOSE

Progress notes are completed for every significant client encounter or service in an accurate and timely manner.

III. DEFINITIONS

A. **DAP Format Progress Note**
D = Description of the service provided, including behavior, statements, and events that occurred during the service.
A = Assessment by the service provider of client progress or response to services provided, and/or of the client's current status or functioning with respect to previous assessments, diagnosis, prognosis, or treatment plan.
P = Plan for additional services and/or client actions in accordance with treatment plan.

B. **Service Type and Code**
Service types are defined by DBMHS management and listings of codes and definitions are provided to all staff. Each service type has a numerical code attached. Every progress note is given a service type and code by the provider who completes the note.

C. **E-signature**
DBMHS recognizes e-signature completed by a staff person through a secure and exclusive electronic connection with the DBMHS clinical information system which enables documentation in the electronic behavioral health record.

IV. RULES

A. Any service provided must be in accordance with the client's treatment plan and with the program's description of services.
B. Every service provided must have a progress note completed using the DAP Format, which clearly reflects the client's response to the service provided.
C. Progress notes must be completed within 24 hours of the service rendered.
D. Any progress note completed more than 24 hours after the service rendered must have the heading, "LATE ENTRY COMPLETED ON [today's date]." The note itself is dated with the date of service.
E. A progress note may be completed by any staff person present at the time of service, but only one note may be completed for any given service.
F. A progress note may be completed for a service provided without the client present only if the service type allows the service to be provided without the client present (e.g., case review, case management, collateral services, etc.)
G. Residential clients must have at least one progress note completed during every 24-hour period, documenting implementation of the treatment plan; the response or outcome of treatment given; the changes in the client's condition, future activities, or plans related to the problem discussed; or contacts with and participation by significant others and other agencies.

H. For every 8-hour work shift, a residential care note will be completed describing each client's successes and challenges and staff assistance provided during the shift, using a format approved by the Clinical Director/Specialist. The progress note will be entered in the EHR by the end of the shift. The residential care note is not a substitute for group progress notes documenting participation in scheduled treatment groups.
I. Progress notes should describe progress toward discharge criteria identified by the ASAM 6 Dimensions.
J. Each progress note will include the SNAP (Strengths, Needs, Abilities, & Preferences).
K. Progress notes may only contain material referring to the individual client. Observations or comments concerning a different client should not be made in the note. When necessary, to document an interaction between two clients, the second client must not be identified in the progress note by name or number.
L. All progress notes must pertain to a specific problem(s) on the treatment plan.
M. Group notes created using the computerized documentation system may not be identical for each client participating in the group session. Each client's progress note must include individualized information about the client's response to the service provided.

V. PROCEDURES

A. All progress notes for clients served at DBMHS are written and stored in a secure, electronic health record designed for that purpose.
B. Every progress note includes the following required components:
    1. Date of service (and date of note completion if late entry).
    2. Client name (identity verified correctly).
    3. Time service began and ended.
    4. Event definition and code (i.e., 105–Individual Counseling, etc.).
    5. DAP-format entry.
    6. Provider name, credential, and signature
    7. Clinical Supervisor signature (if completed by a non-licensed/non-independent direct care staff)
C. The Provider and Clinical Supervisor will use electronic signature.
D. When necessary, to correct an error in a note the correction is completed by the person who signed the note.
E. When the service provided is an assessment that has a separate assessment upload in the EHR, a progress note entry is made with all the required components and a DAP entry providing a brief description of the session.
F. Progress notes are printed from the EHR when requested, with a proper release of information.

REFERENCES

NMAC 7.20.11.22
AAC R9-20-406

Section: 2 Client-Focused Functions
Subsection: 2.2 Records of Persons Served
Title: 2.2.03 Documentation Timelines

I. POLICY

DBMHS employees and contracted service providers complete and maintain clinical documentation in accordance with applicable tribal, state, and federal laws and regulations.

II. PURPOSE

To establish consistent timelines for completion and documentation of treatment services.

III. DEFINITIONS

A. **"Days"**
Refers to calendar days.

IV. RULES

A. Residential treatment center client services documentation will be completed as follows:

Document	Deadline following Admission	Person Responsible
Biopsychosocial Assessment	10 Days	Primary Counselor (PC)
Medical Exam*	At Admission	Medical Provider Primary Counselor Case Management Specialist
Nursing Assessment	24 Hours	Nurse
Integrated Treatment Plan	72 Hours, reviewed every 30 days	Primary Counselor + Team
Physical Fitness Assessment	4 Days	Recreation Specialist
Family Assessment	10 Days	Family Therapist & PC
Faith-Based Assessment	7 Days	Pastoral Counselor
Mental Health Assessment	Within 7 days of identified clinical need.	Mental Health Team Member
Educational Assessment	7 Days	Teacher
Permanency Plan	14 Days	Primary Counselor + Team
Psychiatric Evaluation	Within 14 days of identified clinical need.	Psychiatrist (Nurse or PC Coordinates)
Face-to-Face Treatment Review	30 Days, reviewed every 30 days	Primary Counselor + Team
Discharge Planning Meeting	30 Days, reviewed every 30 days	Primary Counselor + Team
Discharge Summary	7 Days from Discharge	Primary Counselor
Spiritual Screening Form	7 Days	Traditional Practitioner
Nutrition Assessment	Within 7 days of admission	Nutritionist, or Designee

*Within 14 days if not obtained during preadmission.

V. PROCEDURES

A. Unless otherwise indicated, it is the assigned Primary Counselor's (PC) responsibility to ensure documents are in the EHR by the specified number of days following admission.

B. Residential client Treatment Plans require a multidisciplinary team approach, including the Family Therapist, Traditional Practitioner, Pastoral Counselor, Nutritionist, Recreation Specialist, and Education Teacher to identify their goals and objectives. These individuals must ensure the goals and objectives are discussed with the client and provided to the PC to be included in the treatment plan.
C. If an outpatient client treatment plan requires input from multiple team members, these individuals must ensure the goals and objectives are discussed with the client and provided to the PC to be included in the treatment plan.
D. All documentation will be routed to the Clinical Supervisor for review and signature.

I. POLICY

DBMHS staff are trained and prepared to prevent and reduce the occurrence of crisis situations involving current clients.

II. PURPOSE

To manage crisis situations with evidence-based crisis management and de-escalation techniques.

III. DEFINITIONS

A. **Crisis**
A short-term and overwhelming event that involves a disruption of an individual's normal and stable state where the usual methods of coping and problem solving do not work.

B. **De-Escalation**
A technique that can be used when confronted with violent or aggressive behavior, which means "transferring your sense of calm and genuine interest in what the patient wants to tell you by using respectful, clear, limit setting [boundaries]." (1) For example, the Crisis Prevention Institute (crisisprevention.com).

IV. RULES

A. In any situation where staff determine they are unable to ensure the safety of clients and staff, the area is cleared and emergency personnel (e.g., police, emergency medical services) are contacted.
B. When one or more clients is unable to control their behavior resulting in immediate threat of physical or psychological harm to self or others, staff immediately clear other clients from the area.
C. DBMHS Does not use seclusion or restraints on clients.
D. When more than one client is involved in a crisis, staff attempt to separate the clients if this is possible without endangering staff and client safety.
E. At least one staff person remains near enough to observe the client and do what is possible to ensure the client's safety without endangering their own and client's safety while waiting for emergency personnel.
F. DBMHS protects the safety, dignity, and privacy of clients to the maximum extent possible at all times during crisis prevention, de-escalation, and emergency intervention procedures.
G. DBMHS maintains an aggregate record of all situations requiring emergency intervention, the interventions used and their outcomes in the electronic health record (EHR) Incident Report Form.
H. Through the EHR Incident Information Report, performance improvement processes identify opportunities to improve crisis prevention and de-escalation procedures.
I. Through a monthly review of Incident Reports and other client documentation process, the Clinical Director determines and documents:
    1. Whether staff members are implementing crisis prevention and de-escalation in accordance with established procedures and clinical best practices.

2. Any needed actions to reduce the need for emergency intervention personnel (e.g., police, emergency medical services), including staff training or changes to clinic policies and procedures.
3. Whether the client has been appropriately placed at the appropriate level of care.
4. Whether the client's treatment plan should be reviewed or revised to ensure treatment is meeting the client's needs.

J. DBMHS provides for client health and safety by requiring all staff involved in crisis prevention and conflict de-escalation procedures to receive initial and ongoing competency-based training in the following areas:
1. First aid and CPR.
2. Contributing factors and causes of aggressive behavior.
3. Medical and psychological conditions that may contribute to aggressive behavior or self-harming behavior.
4. Identifying staff and client behaviors, events, and environmental factors that may trigger life- or safety-threatening situations.
5. The use of preventive intervention skills, such as mediation, de-escalation, self-protection, time-out, active listening, conflict resolution, and other verbal and observational methods.
6. Prevention of aggressive behavior.
7. Practice of team intervention.
8. How to monitor and continually assess for the earliest release.
9. Opportunities to practice and successfully demonstrate techniques learned for implementing emergency interventions.

K. DBMHS documents training and demonstration of competency in staff personnel records.
L. Training materials are kept on file at the program site.
M. Physical escort is allowed as a safe means of moving a client to a safe location.
N. An independent-level licensed behavioral health professional, or a Licensed Professional Mental Health Counselor (LPC), Licensed Master Social Worker (LMSW), or Registered Nurse is available to staff for consultation, at least by telephone, during response to a crisis situation.
O. DBMHS will utilize the Indian Health Service (IHS) emergency department for any necessary transportation of a client and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care.

V. PROCEDURES

A. All staff will be well trained in crisis prevention methods, including:
1. Effective use of communication and crisis intervention techniques with combative, confused, intoxicated, suicidal homicidal or psychotic client.
2. Appropriate use of close observation for clients with poor impulse control, psychotic processes, or any other situation which makes it obvious that the client presents a danger to self or others.
3. Skill in recognizing the need for transfer to a higher level of care.

B. DBMHS ensures safe and effective use of emergency intervention procedures through:

1. Staff orientation and education create a culture emphasizing crisis prevention and de-escalation of conflict.
2. Assessment processes identify and prevent potential behavioral risk factors.
3. The development and promotion of preventive strategies and use of less restrictive alternatives.

C. To prevent conflict situations and ensure client safety, the following client characteristics will be considered at all times when determining the appropriate level of services and supervision.
   1. Risk of victimizing others.
   2. Risk of inappropriate consensual activity.
   3. Risk of being victimized by others.

D. Any client displaying sudden or intense out of control behavior will be managed by staff to prevent harm to the client or other individuals, using the following basic steps:
   1. Staff will isolate the client from the rest of the group, without using physical force.
   2. One staff member will monitor and manage the client in crisis.
   3. A second staff will manage the remaining clients and contact the clinical supervisor on duty or the on-call clinical staff.
   4. Clinical staff will then determine how to further manage the situation; and
   5. The Clinical Director will be notified as soon as possible.

E. In accordance with DBMHS policy, local police or 911 will be called for situations of imminent danger to clients or others if the situation cannot be managed at the residential level of care. Staff proceed with crisis intervention and necessary steps to ensure the safety and security of all other persons on site, until the police arrive.

F. Emergency services personnel are contacted as follows:
   1. If the client is assaultive, violent, or otherwise poses a danger to others, police are contacted first.
   2. If the client is suicidal, psychotic, or otherwise poses a danger to self, emergency medical services (EMS) must be contacted.
   3. Both police and EMS, or 911, may be contacted in either case.

G. If the client is not transferred to another level of care, post-intervention debriefing with the client will take place after every emergency intervention and the staff will document the debriefing session in a progress note. The debriefing provides client, staff, and other individuals as appropriate (e.g., parent, probation officer) opportunity to discuss:
   1. Circumstances leading up to an emergency or crisis.
   2. Successes and challenges encountered during the crisis response.
   3. Strategies that may be used by clients, staff, and others to prevent future crises.
   4. Any action steps needed to restore the client's treatment process.

REFERENCES

AAC R-20-409d
NMAC 7.20.11.30
Pope K. Crisis intervention in dealing with violent patients: De-escalation techniques. Available atpaetc.org/wp-content/uploads/2014/10/De-escalation-PACE.pdf. Accessed January 27, 2022.)
https://www.crisisprevention.com/Blog/De-escalation-Techniques

I. POLICY

DBMHS does not use seclusion or any form of restraint under any circumstances.

II. PURPOSE

To manage crisis situations without the use of seclusion or restraint, following evidence-based crisis management and de-escalation techniques.

III. DEFINITIONS

A. **Personal Restraint**
The application of physical force without the use of any device, to temporarily subdue an individual or limit a person's freedom of movement.

B. **Mechanical Restraint**
The use of device(s) to physically restrict a person's freedom of movement, performance of physical activity, or normal access to his/her body.

C. **Seclusion**
Locked in isolation, i.e., restriction of a person to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not seclusion.

D. **Reflection Room (Voluntary Therapeutic Time-Out)**
Specific enclosed area placed in the residential healing center to be easily accessible by clients for their use as a quiet place, away from peers and staff, where they can process thoughts, feelings, and reactions alone or with a staff member.

IV. RULES

A. The first priority of DBMHS staff in any crisis situation is the safety of clients and safety of staff.
B. In any situation where staff determine they are unable to ensure the safety of clients and staff, the area is cleared and emergency personnel (e.g., police, emergency medical services) are contacted if necessary.
C. Staff do not use any form of restraint or seclusion in a crisis situation.
D. A physical escort may be used as a safe means of moving a client to a safe location.
E. The client may voluntarily isolate her/himself using the reflection room as a means of coping with the crisis situation.

V. PROCEDURES

A. Although staff may encourage a client to use the Reflection Room, the choice to do so is self-selected by the client and is not mandated by staff.
B. Clients are monitored at regular intervals to ensure their safety while using the Reflection Room and are free to leave the room when prepared to resume scheduled activities.

REFERENCES

7.20.11.22 NMAC; 7.20.11.24 NMAC.
R9-20-101 A.A.C.; R9-20-601 A.A.C.; R9-20-602 A.A.C.
CARF 2.F.1-3; CARF 2.F.11

I. POLICY

DBMHS will be well prepared in the event of a client medical or behavioral emergency requiring internal resources or health care resources in the community.

II. PURPOSE

To respond to a need for immediate or unscheduled Client medical and behavioral emergencies.

III. DEFINITIONS

A. **Grand Mal Seizure Disorder**
A disorder of the brain caused by a sudden abnormal discharge of electricity in the brain, loss of consciousness, stiffening of the body (Tonic), muscle jerking and uncontrolled or aimless body movements (Clonic), and mental confusion.

B. **Medical Emergency**
A medical or behavioral condition, which manifests itself by sudden symptoms of sufficient severity, including severe pain: (1) placing the health of the afflicted person in serious jeopardy; (2) serious impairment to the person's bodily functions; (3) serious dysfunction of any bodily organ; or (4) serious disfigurement. Examples: Severe chest pain, injuries, shortness of breath; loss of consciousness, sudden change in mental status (e.g., disorientation), severe bleeding, conditions requiring immediate attention (e.g., appendicitis, poisoning, convulsions).

IV. RULES

A. DBMHS posts written documentation of contact information for emergency services available in the community where the DBMHS treatment center is located. Documentation encompasses all emergency coverage including emergency medical, poison control, public safety, and fire response.
B. DBMHS has a written agreement with the Indian Health Service (IHS) providing reasonable assurance a client will be transferred from the DBMHS facility to the hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care.
C. It is the responsibility of staff on duty to manage any emergency situation until emergency services arrive.
D. All staff maintain current certification in CPR / First Aid. (R-20-309. A.10).
E. An approved first aid kit and defibrillator will be available at each Residential Treatment Center and will be kept in areas known and accessible to all staff.
F. Admission forms should encourage clients to volunteer any important health information and/or to identify any need for reasonable accommodation.
G. Any person in a DBMHS facility or activity experiencing a seizure is provided seizure first aid care, and emergency medical services (EMS) are contacted, in accordance with the procedures outlined in this policy.
H. All medical emergencies constitute an incident in accordance with DBMHS Incident Reporting Policy and in all cases an Incident Report will be completed in the EHR.

I. If the occurrence of a medical emergency requires follow-up actions from a traditional Navajo or faith-based perspective, such actions are taken in accordance with DBMHS traditional or faith-based policies and procedures.

V. PROCEDURES

A. For severe or life-threatening emergency personnel will be called immediately to summon emergency medical services (EMS). Until EMS arrives, standard CPR, defibrillator, and/or first aid procedures will be administered as appropriate, in accordance with staff training and certification.
B. DBMHS infection control policy should be consulted in the case of clients presenting with such symptoms as inflammation, rash, fever, diarrhea, vomiting, or who present with parasitic infestations or are suspected to be infectious or contagious. Staff on duty will assess each situation on a case-by-case basis and contact EMS if needed.
C. The client's family or support system, personal physician, and case manager will be notified of any emergency situation and advised about any arrangements made for transfer or referral of the client.
D. Clients who may have been exposed to contagious disease or infestations will be notified immediately upon discovery of exposure.
E. In every medical emergency, one staff member is identified as the lead person for providing direct first aid or CPR to the victim; another is designated to contact emergency personnel and lead emergency workers to the scene.
F. Another staff member is designated as the recorder, to document time and details of the incident, staff actions, and client responses, keeping chronological sequence as the intervention progresses.
G. When emergency personnel arrive, the person recording the events will provide a brief, concise verbal report, and a copy of the written record, also keeping a copy for agency records.
H. In case of dental emergencies, the client will be referred immediately to the dentist of their choice. If the client does not have a dentist or dental insurance, the Case Management Specialist or nurse will arrange dental services through Indian Health Services.
I. Sexual abuse or rape are handled as a medical emergency and also as a situation requiring criminal investigation. Supportive counseling will be offered until police arrive for transport to the nearest hospital emergency room. To preserve evidence, clients should not be allowed to shower or change clothes. If the alleged perpetrator is also a client, the two will be separated by staff and the alleged perpetrator will be kept in the eyesight of a staff person, if possible, until police arrive.
J. In case of a death in the facility, the body will be protected in a discreet manner. Emergency personnel will be contacted (if not already present) to transport the body to the appropriate facility. The police will be notified, and a police report will be filed. DBMHS Incident Reporting Procedures are followed, and traditional or faith-based procedures are implemented as appropriate.
K. Staff will utilize the following guidelines to care for a person experiencing a seizure:
    1. Know the signs that a person is having a seizure:
        a. Sudden fall or cry followed by stiffness and jerking of the body.

b. Face and eyes fixed to one side.
c. Unawareness
d. Unresponsive/loss of consciousness
e. Loss of bladder and/or bowel control
f. Excessive drooling
g. Willow, irregular breathing

2. Remember the following precautions:
   a. Stay calm.
   b. Do not hold the person's tongue.
   c. Do not put anything in his/her mouth.
   d. Do not give the person fluids.
   e. Do not hold the person down.
   f. Do not start CPR unless breathing has stopped.
   g. Do not move the person unless the area is clearly dangerous such as a busy street.
3. Safety is the most important rule in caring for a person experiencing a seizure.
4. The first person to discover the client having a seizure will remain with the client and ensure his/her safety.
5. Speak calmly in a regular voice, reassuring the person that you will remain with him/her.
6. As soon as possible, begin timing the seizure by noting the time seizure started (body movement starts), or when it was first noted, until the time the seizure ends (body movement stops).
7. If the person is standing when the seizure starts, ease the person down to the floor.
8. Lay him/her down on the floor.
9. Remove any harmful items on the floor away from the person and place something soft and flat under the head.
10. Remove glasses.
11. Loosen any clothing that may restrict breathing.
12. Note: If there is danger of dropping a person when he/she is moved, leave the person in the chair, and administer care.
13. Turn a person's head to one side to keep airway open and allow saliva to flow out of his/her mouth (You may need to tilt face in downward direction to allow secretions to drain out).
14. Observe the person's behavior during the seizure, for example:
    a. Tongue biting
    b. General stiffening of entire body
    c. Jerking movements of entire body
    d. Jerking of one extremity (right side, left side)
    e. Unresponsive
    f. Bluish skin color
15. Call Emergency Medical Services for anyone experiencing the following danger signs of seizures:
    a. Turning to blue color, especially around the mouth

b. Respiration stops.
c. If the seizure last more than 15 minutes
d. If there are multiple occurrences of seizures when multiple occurrences are not usual for this person (if known)
e. Any medical history of seizures should be filed under Client records in the EHR and provided to EMS in cases of emergency.

16. After a seizure, the person is often exhausted, may have a headache, be sleepy, confused, irritable and may be unaware he/she just experienced a seizure. Allow the client to rest.
17. Be supportive of the person when he/she awakes by:
    a. Advising person that he/she just had a seizure.
    b. Reassure the person he/she is safe.
    c. If needed, provide a place for him/her to rest (usually the person is exhausted).
18. Complete an Incident Report, including the following information:
    a. The length of the seizure
    b. Tongue biting
    c. General stiffening of entire body
    d. Jerking movements of entire body or one extremity
    e. Progressive Jerking
    f. Unconsciousness
    g. Indicate the emergency action implemented.
    h. Person's response after seizure
    i. If applicable, facility person transferred to
    j. Method of transfer
    k. Name of person's escort, if applicable
    l. Family notified, and time.
    m. Medical forms/information sent with person (if applicable)

REFERENCES

https://medical-dictionary.thefreedictionary.com/medical+emergency
AAC R-20-309a; R-20-409d; R-20-701c
NMAC 7.20.11.22; NMAC 7.20.11.30
NDBMHS Outpatient Manual; NDBMHS Traditional and Faith-Based Policies

I. POLICY

To provide a standard in response to a residential client absent without leave (AWOL) from the program.

II. PURPOSE

To ensure maximum client safety and welfare, and addressing consequences for clients absent without leave.

III. DEFINITIONS

A. **Absent Without Leave (AWOL) or Elopement**
A residential client is considered to be AWOL when absent from the Residential Facility or an Offsite Activity for a period of any duration without prior authorization from the Clinical Team.

B. **Residential Facility**
The Residential Facility includes all buildings, parking areas, and grounds, including the Traditional Healing Grounds and any area "inside the fence."

C. **Offsite Activity**
An offsite activity is any client group activity that occurs off DBMHS program premises.

D. **Minor Client**
Any DBMHS client who has not yet reached the age of eighteen (18) years.

E. **Adult Client**
Any DBMHS client who is eighteen years (18+) of age or older.

IV. RULES

A. If a client returns from AWOL within four (4) hours, the client is allowed to return to treatment after receiving a urine drug screen, an alcohol test, and a body search. The client is separated from other clients until cleared by the Clinical Specialist/Clinical Director (CS/CD) or Clinical On-Call to return to the residential milieu.

B. The client is monitored closely per unit procedures until it has been established that he or she is functioning safely and appropriately in the residential environment.

C. A client who does not return within four (4) hours is considered de facto discharged from DBMHS residential services. A formal discharge is completed within twenty-four (24) hours.

D. A client who is discharged because of AWOL will be given a discharge/aftercare plan and will receive referral as needed.

E. In the case of an adult client AWOL, police will be contacted ONLY IF any of the following circumstances apply:
   1. The client presents an imminent risk of serious harm to self or others.
   2. The client is experiencing a psychiatric or medical emergency; or
   3. The client has committed or threatened to commit a crime against program staff or property.

F. In the case of an adult client AWOL, family members and/or referral source are contacted only in accordance with documented releases of information.

V. PROCEDURES

A. When staff determine that a client is AWOL, local police are notified and provided with a copy of the Face Sheet from the client's chart, the client's photo, and any known information about the client's possible whereabouts or direction of travel, and emotional/mental state, including possibility of danger to self or others.
B. If the client remains in the neighborhood of the residential facility, the clinical on-call or designated staff may approach the client to help the client process his/her choices about leaving or staying in treatment.
C. The client's parent/guardian, probation officer, or referral source, as appropriate, are notified of the AWOL incident.
D. The time of the client's departure is noted in the Communication Log. An Incident Report and Progress Note are completed in accordance with DBMHS policy.
E. The client may voluntarily return to the facility within four (4) hours in accordance with this policy. Parents, police, and probation officers are informed if this occurs.
F. The client may not return to the residential facility if police have charged the client with any offense requiring detention or legal action.
G. Other clients' reactions to the incident are processed by staff as needed.
H. Within twenty-four (24) hours, the Clinical On-Call or Primary Counselor (PC) completes a discharge Progress Note in the EHR.
I. Client's belongings are inventoried, packed, and placed in a secure area, and parents or designated individuals are contacted to pick up the client's belongings.
J. The referral source, Juvenile/Adult Probation Officer, parents, and continuing care providers are contacted by the PC to develop the discharge plan and continuing care recommendations. The discharge summary is completed immediately upon development of the discharge plan.
K. The client may request readmission in accordance with DBMHS policy.

Section: 2 Client-Focused Functions
Subsection: 2.3 Crisis Prevention & Management
Title: 2.3.05 Telephone Crisis Contacts

I. POLICY

DBMHS will make reasonable efforts to ensure the safety and welfare of individuals who are experiencing crisis and contact the program by telephone.

II. PURPOSE

DBMHS recognizes that clients, former clients, family members, and others are likely to contact the program by telephone when experiencing a crisis or other difficulty.

III. DEFINITIONS

A. **Former Client**
Any individual who was previously admitted and discharged from the residential program. This may include an immediate family member of the client who is requesting assistance for the former client.

B. **Behavioral Health Crisis**
A disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment.

IV. RULES

A. Former clients are not considered a client and DBMHS does not assume formal legal responsibility for the individual's safety. However, DBMHS recognizes an ongoing relationship with former clients, and is committed to making reasonable efforts to support their wellbeing.

V. PROCEDURES

A. If a former client contacts the program during regular business hours, they are referred to their former Primary Counselor (PC), or if the PC is not available, they are referred to the PC's supervisor.

B. If a former client contacts the program after regular business hours, the staff member taking the call should listen to what the former client has to say and attempt to determine if the individual is a danger to self or others, or is in danger from any external threat.

C. If the staff member believes that the former client may not be safe, the staff member should state that he/she is concerned about the individual, and encourage them to seek help if anyone is available nearby, call local authorities, community/national resources, or other emergency number, or go to the hospital emergency room.

D. If the former client is unable or unwilling to make a commitment that they will seek specific assistance, the staff member should try to determine the individual's location and contact local authorities.

E. If possible, keep the individual talking on the line and use another phone line for contacting emergency personnel.

F. If the former client is not currently in danger, thank them for calling, assure them that their former PC is the best person to assist them, and offer to give a message to the PC, to ensure the individual provides their phone number for a returned call.

Section: 2 Client-Focused Functions
Subsection: 2.3 Crisis Prevention & Management
Title: 2.3.06 Client Danger to Self or Others

I. POLICY

Any time a DBMHS staff has concerns that a client may harm himself or herself or another person, staff will immediately assess foreseeable danger, level of risk, and take reasonable precautions to provide protection against harm.

II. PURPOSE

To identify, assess, and refer safe handling of clients with potential for self-harm.

III. DEFINITIONS

A. **Duty to Protect**
A licensed behavioral health professional is responsible for taking reasonable precautions to provide protection when there is a threat against a clearly identified or reasonably identifiable victim and serious intent with foreseeable peril is present as assessed by: (1) the specificity of the plan, i.e., clarity, severity, and imminence; (2) capability of the client; (3) opportunity and availability of the means; and (4) the client's history of known harmful behavior toward self and others.

IV. RULES

A. It is the responsibility of DBMHS staff to take the necessary precautions to protect the health, safety, and welfare of client(s), staff, and community.
B. Staff will determine if there is an imminent threat or danger of harm by conducting a careful assessment and consultation with the Clinical Director, Clinical Specialist, Clinical On-call, or the immediate supervisor.
C. When a clinical staff person determines the client is a danger to self or others, staff have the obligation to take reasonable precautions, in a timely manner, to protect the client and/or others who are at risk.
D. Restriction of client rights, including the right of confidentiality, may be necessary as specified in applicable laws and regulations, to ensure the safety of the client or others when danger to self or others has been identified.
E. An incident report will be completed if emergency personnel are contacted, if other persons are contacted as part of taking reasonable precautions, or if the client makes an actual attempt to harm self or others.

V. PROCEDURES

A. Staff will assess the level of risk based on:
    1. Specific plan to do harm, assessing clarity, severity, and imminence of the client's intentions.
    2. Identification of a specific victim.
    3. Capability of the client to conduct the expressed plan.
    4. Opportunity and availability of the means to conduct the expressed plan; and
    5. The client's history of known harmful behavior toward self or others.
B. Reasonable precautions may include, but are not limited to the following:
    1. Placing the client on safe restrictions.
    2. Placing the client on one-to-one monitoring.

3. Implementing a safety plan/crisis management plan with the client.
4. Psychiatric assessment and changes in the client's treatment plan, such as a change in medications.
5. Contacting emergency medical personnel or transporting the client to the hospital emergency room.
6. Contacting police in the area where the client and/or a potential victim are located.
7. Directly contacting the intended victim or victim's family.

C. In any situation where there is suspected or confirmed duty to protect against harm to self or others, staff will thoroughly document the following in the client's record:
   1. Date, time, and content of the assessment.
   2. Complete description of the threat to do harm.
   3. Names and credentials of persons consulted and contacted (supervisor and other clinical providers or emergency personnel as appropriate).
   4. Any decisions, actions, interventions, or precautions considered or made.

D. If assessment indicates minimal risk for harm to self or others, this is documented in the electronic health record including all the elements above.

REFERENCES

AAC R9-20-211N
42 CFR Part 2
NMAC 16.27.18; NMAC 16.22.2
ARS 36-517.02

I. POLICY

DBMHS residential clients will receive medical care from the local medical center or preferred healthcare provider.

II. PURPOSE

To ensure residential clients continue to receive routine and emergent medical care, as needed.

III. DEFINITIONS

A. **Ancillary Medical Services**
Includes routine medical, psychiatric, dental, prenatal, and vision services; and emergency medical services as needed.

IV. RULES

A. Because all DBMHS residential clients are members of a federally recognized tribe, a service agreement is not required for DBMHS clients to obtain services from Indian Health Services.
B. If a client has private health insurance and prefers to use their own health care providers, DBMHS staff will coordinate these services with the client/family while the client is in residential treatment.
C. Residential clients receive a history and screening assessment that meets standard guidelines for New Mexico or Arizona, whichever is the most restrictive.

V. PROCEDURES

A. To ensure effective coordination and seamless client care between medical provider and DBMHS, a collaborative agreement is established to define the most effective working relationship between the two organizations.
B. DBMHS nursing and case management staff have the lead role in coordinating health care services for DBMHS clients, with assistance from the primary counselor as needed.
C. DBMHS staff will transport residential clients to all medical services. Clients in a lower level of care may be transported in a personal or family vehicle while admitted to residential services with an approved therapeutic pass.
D. Adolescent clients are required to have a guardian or residential staff (if approved by guardian) present while receiving medical services.

REFERENCES

NMAC 7.20.11.23
NMAC 7.20.11.30

I. POLICY

DBMHS provides priority services to all pregnant women who request substance abuse treatment.

II. PURPOSE

To reduce and prevent the incidence of substance use during pregnancy i.e., Fetal Alcohol Spectrum Disorders.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Pregnant women who present for services at any level of care will be given first priority for intake, screening, assessment, and admission.
B. If DBMHS is unable to provide the clinically indicated services (e.g., inpatient/acute) then a priority referral is made immediately, and the client is placed accordingly.

V. PROCEDURES

A. Women admitted to residential treatment may continue to receive residential treatment through the birth of their child, at which time they may be discharged or transferred with a plan for continuing care at the clinically appropriate level of care.
B. Pregnant adolescent or adult women may remain in the DBMHS Women and Children's residential unit throughout their pregnancy.
C. In accordance with American Society of Addiction Medicine (ASAM) Patient Placement criteria, if at any time medical complications of pregnancy arise that cannot be safely managed in the residential treatment setting, then the client is transferred to a setting that meets her biomedical needs.

REFERENCE

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). *The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, adn Co-Occuring Conditions* (3rd ed.). Chevy Chase: The Change Companies.

I. POLICY

DBMHS conducts alcohol breathalyzer/swab tests and urine drug screens with clients at various stages of the treatment process.

II. PURPOSE

To provide therapeutic feedback to clients, ensure integrity of the program, and verify compliance with program rules.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Staff responsible for administering alcohol/drug testing will be trained in universal precautions regarding handling and disposing of bodily fluids and trained in the accurate use of drug testing materials.

V. PROCEDURES

A. Times when testing may occur:
   1. Testing may occur randomly at any time in accordance with established treatment protocols.
   2. Testing may be conducted at any time that the Clinical Director, Clinical Team, or Primary Counselor suspect that a client has been using substances and determine that testing feedback may be beneficial to client progress.
   3. All residential clients will be tested at the time of admission, when returning from a therapeutic pass to leave the facility without staff supervision.

B. Clients who may be subjected to drug testing as part of the treatment process will consent to this service as part of their admission papers consenting to this program expectation.

C. When positive results are obtained for either alcohol breath test or urine drug screen, a second test will be given to validate the results.

D. If the client is suspected or likely to tamper with the sample, then staff must be present with the client when the urine collection is obtained from the client.
   1. Staff conducting direct visual observation must be of the same sex as the client.

E. Because the tests are time and heat sensitive, results will be read and recorded as soon as the tests are conducted in accordance with the manufacturer instructions.

F. The Primary Counselor and Clinical Team Leader will be notified immediately of a positive finding.

G. The Primary Counselor will discuss the positive finding with the client as soon as possible.

H. Specific consequences of a positive finding will be established in accordance with treatment protocols and DBMHS policies. If treatment discharge is determined as clinically appropriate, then discharge procedures will be followed as per established DBMHS policy.

I. Urine drug screen results are not communicated directly to a referral source (e.g., probation officer). However, if a client is persistently noncompliant or not progressing in treatment, the referral source may be contacted to develop an alternative care plan or placement as needed.

I. POLICY

DBMHS Clinical Staff will be trained to safely administer medication to residential clients.

II. PURPOSE

The safe administration of medications to our clients.

III. DEFINITIONS

A. **Adverse Reaction**
A drug reaction that is harmful and unintended which occurs at doses normally used in humans for prevention, diagnosis, or therapy of a disease. The adverse reaction may range from mild itching to anaphylactic shock. Reaction from the drug which is unwanted: for example, rash, respiratory problems. Adverse reactions are sometimes referred to as a side effect.

B. **Drug**
Used interchangeably with medication. A substance of mixture (other than food) that is used to do one or more of the following:

1. Prevent disease.
2. Aid in the diagnosing of a disease
3. Treat a disease.
4. Restore normal functioning of body cells.
5. Maintain normal functioning of body cells.
6. Indication (Use) and Dosage: The U.S Food and Drug Administration (FDA) approves drugs for specifications (therapeutic indications) each drug is specific for age-group (adult, adolescents, or children and dosage (which includes amount per dose, time, and duration "amount of time drug is effective").
7. Interactions: Drug and food combinations that can increase or decrease the effectiveness or cause problematic or life-threatening effectiveness of the drug. Written on the medication label as a precaution.
8. Mechanism of Action: How the drug works to achieve its therapeutic effects in the body at the cellular, tissue, and organ levels.
9. Route, Onset, Peak, and Duration: Drugs are administered to specific routes. For example, oral, nasal, optic, otic, topical, and rectal, etc. (see Routes). The onset of action is the time a drug takes to be absorbed, reach a therapeutic blood level, and an initiate therapeutic response. The peak therapeutic effect occurs when a drug reaches the site of action to produce the maximum therapeutic response. The duration of action is the amount of time that a drug remains at a blood concentration that produces a therapeutic response.

C. **Administration Routes**
Drugs may be administered by a variety of routes and dosage forms. A particular route may be chosen for convenience or to maximize drug concentration at the site of action to prolong drug absorption, or to avoid fast metabolism. Different dosage forms of the same drug may have different drug absorption rates, times of onset, and duration of action. Drug administration routes include the enteral, parenteral, and transcutaneous routes.

D. **Routes-Internal**

1. Oral
    a. Tablets: Tablets, the most commonly used dosage form; come in a variety of colors, sizes, and shapes. Some tablets are specifically coated for various purposes. Enteric coatings permit safe passage of a tablet through the stomach. Some coatings protect the drug from the destructive influences of moisture, light, or air during storage; some coatings actually contain the drug; still others conceal a bad taste. Coatings are also used to ensure appropriate drug release and absorption.
    b. Capsules: Capsules are solid dosage forms in which the drug and other ingredients are enclosed in a hard or soft shell of varying sizes and shapes. Drugs are released faster from capsules than from tablets.
    c. Solutions: Drugs administered in a solution (liquid form) are absorbed more rapidly than those administered in solid form; however, they do not always produce predictable drug levels in the blood. Some drugs in solution should be administered with meals or snacks to minimize their irritating effect on the gastric mucosa.
    d. Suspensions: Suspensions (liquid form) are preparations consisting of finely divided drugs in a suitable vehicle, usually water. Suspension should be shaken before administration to ensure the uniformity of the preparation and administration of the proper dosage.
2. **Rectal:** Some drugs are administered rectally such as suppositories, solutions, or ointments. When inserted into the rectum, suppositories soften, melt, and dissolve, releasing the drug contained inside them. The rectal route may be preferred for drugs that are destroyed or inactivated by the gastric or intestinal environment or that irritates the stomach. It may also be indicated when the oral route is contraindicated because of vomiting or difficulty swallowing.
3. **Transcutaneous:** In transcutaneous administration, a drug crosses the skin layers, from either the outside (dermal) or the inside (mucocutaneous). This route includes sublingual (S.L.), inhalation, ophthalmic, otic, nasal, topical, and vaginal administration.
    a. **Sublingual:** In S.L. Administration, tablets are placed under the tongue and allowed to dissolve. The S.L. route also avoids first-pass metabolism.
    b. **Inhalation:** Some drugs may be inhaled orally or nasally to produce a local effect on the respiratory tract or a systemic effect.
    c. **Ophthalmic:** Ophthalmic solutions and ointments are applied directly to the cornea or conjunctiva (eye) for enhanced local penetration and decreased systemic absorption.
    d. **Otic:** Solutions are instilled directly into the external auditory canal (ear) for local penetration and decreased systemic absorption. These drugs, which include anesthetics, antibiotics, and anti-inflammatory drugs, usually require occlusion of the ear canal with cotton after instillation.
    e. **Nasal:** Topical drugs-including creams, ointments, lotions, and pastes-are applied directly to the skin. Transdermal delivery systems, usually in the form

of an adhesive patch or a disk, are among the latest developments in topical drug administration.

f. **Vaginal:** Vaginal, suppositories, and creams are inserted into the vagina for slow, localized absorption.

E. Medication Administration Categories

1. DBMHS Residential Centers recognize for medications administration categories:
   a. ***Routine Medication:** Medications that are routinely administered at specific time of the day. Chronic medications may include medications for seizure, birth control, blood pressure, etc.
   b. ***Temporary Medications:** Temporary medications are medications that are administered for only a brief time period for a transient health problem. Temporary medications may include medications for colds, and infections, etc.
   c. ***Treatments:** Herbal treatments, foot soaks, etc. may be prescribed by a medical provider or traditional healer.
   d. ***PRN Medication:** PRN medications are "Standing Order Medication(s)" which are ordered in advance of a minor health problem. PRN medications are "over the counter" medications. The standing orders may include medications for temperature, constipation, headache, etc. The PRN medications are administered only as needed. The PRN medications orders are found on the PRN medication order form.

IV. RULES

A. All medication administered at DBMHS Residential Centers requires a medical order from a Medical Doctor, Dentist, Nurse Practitioner, or Physician Assistant.

V. PROCEDURES

A. 'Five Rights' of Drug Administration - Always keep in mind the important "Five Rights" of drug administration:
   1. Right Drug: Many drugs have similar spellings, different concentrations, and several generic forms. Before administering any drug, compare the exact spelling and concentration of the label of the prescribed drug with the information contained on the Medication Administration Record.
   2. Right Time: Several factors can affect the time the drug is administered, especially timing of the meal and other drugs. Always check the time the drug is to be administered with the medical binder before administering the drug.
   3. Right Dose: Always compare the dose on the label of the drug container to the dose on the Medication Administration Record.
   4. Right Client: Always make sure you are giving the medication to the right client.
   5. Right Route: Each prescribed drug should specify the administration route. If the administration route is missing, consult the prescribing Medical Provider. Never substitute one route for another unless you obtain a prescription for the change. Always check the route to the Medication Administration Record.

B. Tips for Checking your Medication

Whenever you suspect that anything is not right, check with your pharmacist.

1. Liquids:
    a. Has the appearance changed?
    b. Is it the usual color and thickness?
    c. Are there particles on the bottom of the bottle for floating in the solution?
    d. Does it have a different or strange odor?
2. Tablets:
    a. Has the appearance changed?
    b. Is the color different?
    c. Do they have any unusual spots?
    d. If they are usually shiny and smooth, are some dull and rough?
    e. Do they have a different odor?
    f. Are the tablets moist rather than dry?
    g. Are all the tablets the same size and thickness?
    h. If imprinted, do all the tablets have the same imprint?
3. Capsules:
    a. Has the appearance changed?
    b. Are they cracked or dented?
    c. Are they all the same size and color?
    d. Do they have an unusual odor?
4. Ointments and Creams:
    a. Are the bottom and the top of the tube firmly sealed?
    b. Are the ointments and creams smooth and non-gritty?
    c. Are there any holes or cracks in the tube?
5. Special consideration before shaking the bottle of liquid medications.
    A. Ensure the cap on the bottle is tightly sealed.
    B. Shake the bottle to thoroughly mix the contents of the container.
    C. Remove the cap of the container.
    D. Place the cap of the container on the counter with the bottle on the cap setting upwards.
    E. When pouring liquid medications, hold the bottle so the liquid does not run over the side of the bottle with the label.
    F. Pour the medication at eye level to ensure pouring the right amount. Once medication is poured, check the amount of the medication again by sitting the medication on a flat surface and observing the amount.

C. Other tips

1. Always remember to check the medication label and contents when picking it up from the pharmacy. Notify the pharmacist if medication is not the same shape or color.
2. Each client has a medication basket marked with his/her name. The medication basket holds his/her medication.
3. Never give medication from an unlabeled container (you need to be 100% certain of the content and strength of the medication).
4. Do Not borrow another client or staff's medication.

5. The medication should never be left unattended.
6. The medication storage cabinet should never be left unlocked.
7. NEVER use medication that has been dropped or spilled on the floor.
8. Should a medication be dropped or spilled dispose of it according to policy and procedure, and a medication incident report should be completed, entered into the electronic health record, and alerted to the Clinical Director.
9. Never use medication that has an expired expiration date, dispose of it according to policy and procedure.
10. Staff are required to utilize universal precautions when administering medications.

I. POLICY

The administration of medications including prescription and "over the counter medications," any changes and/or alterations of the original medication order requires a written medication order from a licensed Medical Provider.

II. PURPOSE

To ensure client receives the "right medication" that is ordered by their Medical Provider.

III. DEFINITIONS

A. **"Over the Counter"**
Medications that can be purchased without a prescription "over the counter" at a pharmacy, grocery store, etc.

B. **Medical Provider (MP)**
A licensed medical provider, who can assess the client and prescribes medications as medically indicated, i.e., doctor, Dentist, Nurse Practitioner, and Physician's Assistant.

C. **Standing Order**
Medication orders for "across the counter" medications to be administered PRN (as needed) for minor physical ailments that are prescribed by a Medical Provider.

D. **Scheduled Medication:**
Medications that are routinely administered at specific times of the day. These medications are prescribed for a chronic health problem or condition.

E. **Temporary Medication**
Medications that are administered for only a brief time period.

F. **Treatments**
Herbal treatments, foot soaks, etc. may be prescribed by a Medical Provider or Medicine Man.

G. **PRN Medication**
PRN medications are "Standing Medication(s) Orders" which are ordered in advance for a minor physical ailment. The standing orders include increased temperature, constipation, headache, etc. The PRN medications are administered only as needed.

IV. RULES

A. RESERVED

V. PROCEDURES

A. A Medical Provider is available 7 days a week, 24 hours a day for consultation at the local IHS Hospital.

B. The Medical Provider is required to provide standing orders, PRN medications, scheduled or temporary medications, or alternative treatments.

C. A Medication order requires the following components:
   1. Identification of the person for which the medication is prescribed.
   2. Medication Name
   3. Dosage
   4. Route

5. Time(s) administered and/or frequency.

D. A current Medication Order for all medications prescribed is maintained in the client's EHR at all times.
E. Any need for medication refills will be reported to the Case Management Specialist or Primary Counselor when there is a minimum of seven (7) days' supply remaining.
F. The medication documentation is taken to all client's clinical and emergency room visit for information purposes. Any medication additions, changes, or discontinuation are documented in the electronic health record (EHR).
G. Documentation
    1. Documentation of medical order in EHR.
    2. Transcription of medical order.

REFERENCES

NMAC 7.20.11.22

Section: 3 Residential Services
Subsection: 3.1 Residential Environment
Title: 3.1.01 Residential Therapeutic Environment **Page 1 of 4**

I. POLICY

All staff are responsible for establishing and maintaining a safe therapeutic environment for clients and their families/guardians based on their ASAM Levels of Care.

II. PURPOSE

To maintain a therapeutic safe environment for clients and their families/guardians within the Residential Treatment Center.

III. DEFINITIONS

A. **Therapeutic Milieu**
A safe, positive, and caring environment that provides the basis for clients' emotional and behavioral changes. Therapeutic milieu creates situations where clients can learn about themselves and others, try new behaviors, overcome challenges, and grow through the treatment process.

B. **ASAM Level 3.1: Clinically Managed Low-Intensity Residential Services**
Services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. Programs are often considered appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment (Mee-Lee, Shulman, Fishman, Gastfriend, Miller, & Provence, 2013).

C. **ASAM Level 3.5: Clinically Managed High-Intensity Residential Services (Adult Criteria)**
ASAM Level 3.5: Clinically Managed Medium-Intensity Residential Services (Adolescent Criteria)
Program designed to serve individuals who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care (Mee-Lee, Shulman, Fishman, Gastfriend, Miller, & Provence, 2013).

IV. RULES

A. The Residential Supervisor and Residential Guidance Technician (RGT) have front-line responsibility for ensuring maintenance of a therapeutic milieu. However, every staff member is responsible for ensuring the rules and procedures accompanying this policy are implemented.

B. All staff members play a key role in establishing a therapeutic milieu by having a genuine caring attitude toward clients and their families, being good role models, being clear, consistent, fair, and firm, and maintaining healthy professional boundaries with clients.

C. Healthy professional boundaries must be maintained by every staff member, by interacting with clients as a professional helper. This includes being kind, caring, supportive and respectful toward the client. It does not include interacting with the client as if they were a friend or family member, although kinship based on *K'e* (clanship) is honored and

respected. It also does not include sharing personal information with the client beyond the minimum necessary to maintain a therapeutic relationship.

D. The minimum ratio for residential treatment:
    1. Adolescent residential:
        a. Six clients to one staff member (6:1) when clients are awake.
        b. Twelve clients to one awake staff (12:1) when clients are asleep.
    2. Adult residential:
        a. Seven clients to one staff member (7:1) when clients are awake.
        b. Seven clients to one awake staff (7:1) when clients are asleep.

E. Lower ratios are set as needed based on client needs and program conditions. For example, three clients to one staff (3:1) is the preferred ratio for offsite activities with adolescents. Additional staff are made available as needed to meet these conditions.

F. To ensure maintenance of required client to staff ratios and client safety, RGTs who are unable to work their shift are responsible for finding a coworker with the same level of training to cover their shift. In an emergency situation, the Residential Supervisor may waive this requirement and grant sick leave or annual leave. The employee is responsible for speaking directly with the supervisor to request leave. Failure to do so may result in being issued leave without pay or other adverse actions in accordance with the Navajo Nation Personnel Policies Manual.

V. PROCEDURES

A. Residential Guidance Technicians are considered members of the clinical treatment team, with responsibility for supervising clients and coordinating the daily structured program in a manner that meets clients' needs and maintains a therapeutic environment.

B. Continuing Care & Community Support Groups are provided as a community service to individuals who have successfully completed a process of care. This service is intended to enhance recovery and resiliency as a process and to provide support to individuals in following through with their discharge/continuing care plan and to identify new or recurring problem(s) that may require additional professional assistance.

C. Therapeutic milieu is a safe, positive, and caring environment that provides the basis for clients' emotional and behavioral changes. Therapeutic milieu creates situations where clients can learn about themselves and others, try new behaviors, overcome challenges, and grow through the treatment process.

D. Therapeutic milieu is structured based on a daily schedule. The approved schedule of activities for DBMHS Residential programs is developed by each respective unit's clinical team. The program schedule includes educational and therapeutic programming designed to promote healing and recovery, increase self-awareness, improve people skills, and learn independent living skills and better coping skills. Specific counselors will be assigned to facilitate the different activities offered contingent on their interest, availability and/or expertise.

E. The treatment schedule is posted on the client and community bulletin board in the client living areas.

F. The treatment schedule may change due to inclement weather, rescheduling of presenters, etc. at the discretion of the clinical director or designee to benefit the clients.

G. The Treatment Schedule shall be reviewed and revised by the Clinical Director, Behavioral Health Director, or designee for approval with signature, credentials/title, and date, prior to any changes in treatment services.
H. All clients are expected to attend all groups and activities, unless they are excused for therapeutic reasons by their primary counselor.
I. All therapeutic services and activities are appropriate to the age, behavioral, and emotional development level of the residential clients.
J. Staff members establish a consistent structure for the therapeutic milieu by following all program rules and policies at all times.
K. Within the limits of program rules and professionalism, every effort is made to create a comfortable, safe home-like environment for clients while they reside in the facility.
L. All staff are responsible for client safety and monitoring. Staff closely monitor clients as needed to prevent incidents, behavior problems, or harm to self or others.
    1. Based on Level of Care RGTs will not allow clients to move around the facility unmonitored or alone. Staff will closely monitor restroom and sleeping areas when occupied to prevent client incidents, behavior problems, or harm to self or others.
M. Bed checks are conducted every 15 to 30 minutes from the time that lights are turned off and begins throughout the night to ensure client safety. When more frequent bed checks are indicated due to client needs (e.g., suicidal ideation), this should be noted in the electronic health record by the clinician who identified the client need.
N. All staff are encouraged to move freely within their designated workstation, keeping in mind to announce themselves when entering an area occupied by the opposite gender: for example, when a female staff enters the male unit, staff must announce in a loud clear voice, "Female staff on the unit." Conversely when a male staff enters the female unit, the same procedure should be followed. All staff should exercise extra discretion when entering the unit of the opposite gender and should only do so when a need exists.
O. Every staff member is responsible for writing program-related information in the Communication Log as needed. Time, date, and staff initials should be recorded with every entry.
P. Client Reflection Rooms may be utilized by clients on a as needed basis for up to 15-30 minutes at a time. The door should be left open a few inches at all times when the room is occupied. Staff shall remain in close proximity at all times. Clients must be briefly monitored every 10-15 minutes; at this time, the monitoring staff should offer to listen if the client wants to talk. Discussions should focus on helping the client to cope with current feelings/behaviors so they can return to the scheduled activity. If a longer intervention is needed, the counselor should help the client to transition to an individual counseling session in another area of the facility.
Q. Every staff member will wear their DBMHS uniform and dress professionally. Staff must also follow residential Healing Center dress code rules.
R. Items not permitted to clients should not be used or displayed around clients. This includes personal electronic devices such as cell phones, laptops, handheld tablets, portable DVD players, personal items (e.g., curling irons, makeup, etc.) as well as outside food and drink items. Prohibited items will be based on level of care.
S. Staff will utilize a work issued cell phone for DBMHS program purposes only.

T. RGTs working on overnight shifts are not allowed to sleep. To ensure the safety of all clients, staff are not allowed to sleep or leave their designated workstations. To ensure the safety of Navajo Nation employees and property, all staff must remain awake while on duty.
U. Community Meeting and Daily Orientation
    1. All clients will be expected to attend all scheduled community meetings. Clients may be excused from the meeting only if they have a conflicting appointment that meets an objective on their treatment plan or are confined to bed from medical illness.
    2. The community meeting provides a method to comply with the clients' rights statements, including the right to an orientation of both staff and client responsibilities. Community meetings also provide a forum to clarify misunderstandings concerning program operations and procedures and identify, discuss, and resolve problems.
    3. Each week the community meeting will address at a minimum the following topics:
        a. Program description and treatment goals.
        b. Program schedule.
        c. Staff responsible for various aspects of care and treatment.
        d. House rules and housekeeping schedule
        e. Client rights including client complaints and grievances.

REFERENCES

NMAC 7.20.11.30
Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). The ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (3rd ed.). Chevy Chase: The Change Companies.

I. POLICY

A Residential Supervisor is arranged to be available during each shift to provide guidance, supervision, and assistance for residential services.

II. PURPOSE

The Residential Supervisor is responsible for decisions affecting the residential environment during the shift.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. The Residential Supervisor for each shift is identified on the posted RGT work schedule.
B. The Residential Supervisor is responsible for ensuring that Residential Guidance Technicians (RGT) duties are carried out each shift.
C. If the Residential Supervisor is not available on the unit, an RGT will be delegated to perform the duties of the Residential Supervisor.

V. PROCEDURES

A. The Residential Supervisor is assigned the unit keys from the previous shift at the beginning of the incoming staff's shift. If the Residential Supervisor is not onsite, the RGT staff is responsible for the unit keys until the next assigned shift.
B. The RGT keeps the communication log updated every 30 minutes, or as needed.
C. The RGT monitors the voicemail on the RGT telephone for staff call-ins and other important calls.
D. The Residential Supervisor is responsible for ensuring staff coverage and is responsible for covering the shift when coverage is unavailable.
E. The Residential Supervisor supervises client telephone calls.
F. The Residential Supervisor is responsible for both male and female, youth/adult residential facilities.
G. The Residential Supervisor will ensure progress notes are equally assigned and completed.
H. The Residential Supervisor will ensure residential staff conduct urine drug screen and alcohol swab tests.
I. The Residential Supervisor is responsible for ensuring that all client incident reports are documented and completed in a timely manner.
J. The Residential Supervisor is responsible for setting the structure of the residential environment, adhering to the established treatment schedule, enforcing rules and policies, following client handbook, and adhering to clinical guidelines.
K. The Residential Supervisor is responsible for ensuring medication protocols are followed in accordance with procedures provided by authorized health care providers.
L. The Residential Supervisor assigns duties such as group facilitation as well as continuing regular RGT duties.

M. If a scheduled group facilitator is unavailable, the Residential Supervisor is responsible for alternative therapeutic activities for the clients.
N. The Residential Supervisor documents supplies such as linens, towels, and clothing, as needed when taken from storage.
O. The Residential Guidance Technician contacts the Residential Supervisor, the Clinical On-Call, the Clinical Director, and/or the Behavioral Health Director as appropriate for consultation or crisis response.

I. POLICY

Direct care staff are responsible for client safety and welfare through constant monitoring and shaping of client behavior within all aspects of the treatment environment.

II. PURPOSE

To provide direction and support for residential clients through daily observation, practice, and healthy decision-making.

III. DEFINITIONS

A. **Direct Care Staff**
Includes all members of the Residential, Clinical, and Food Service Teams.

B. **Shaping**
Redirecting the client to a proactive and positive interaction through guidance, which is designed to help clients recognize and learn to regulate their behavioral, emotional, and cognitive functioning. This will be done verbally and is also done by modeling the desired behavior, i.e., "setting a good example and positive role modeling."

IV. RULES

A. RESERVED

V. PROCEDURES

A. Residential Supervisor and Residential Guidance Technicians (RGT) have the lead responsibility in monitoring and shaping client behavior; however, all other direct care staff will assist and support when present during client activities.

B. Residential Guidance Technicians are responsible for ensuring that clients are not left unattended at any time. A regular head count will be taken throughout the shift. Every effort will be made by the Residential Supervisor, Clinical Director/Clinical Specialist and DBMHS management to have adequate staff on duty, to maintain an appropriate staff to client ratio in accordance with state regulations. Employee work schedules will be kept on file, amended as needed to show actual staff on duty in compliance with required ratios.

C. Staff will maintain line-of-sight supervision and will maintain control of the group and individual clients during all activities. Staff will also provide clear directions regarding behavioral expectations and consequences for violating those expectations.

D. Before staff of a different sex enters into a residential unit, they will announce their presence clearly and courteously (e.g., "Male/Female on the Unit!"), to prevent any infringement on client privacy.

E. Only one client at a time is allowed to be in a single bathroom or bathroom stall. Staff will clearly and courteously request the client reply or exit the bathroom promptly, should there be any concern about a client's behavior or safety. Clients are not allowed to shut themselves in closets or other enclosed spaces.

F. When the clients are in bed, staff will remain in the units. Consistent monitoring is ensured by making head counts at specified intervals, which are set according to current client safety needs and program configuration.

G. Clients will have assigned seats during mealtimes. Direct Care Staff are distributed evenly throughout the dining room to sit and eat with clients while continuing to monitor and shape behavior. Dietary Staff will assist with support by providing a friendly, warm welcoming environment, and reinforcing RGT interactions. This includes providing positive redirection and interactions to the clients as needed.

REFERENCE

NMAC 7.20.11.30

I. POLICY

DBMHS provides residential clients with clear rules and expectations to help ensure a safe and non-restrictive living environment.

II. PURPOSE

To provide clients with a setting of comfort, respect, and responsibility.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Alcohol, Drugs and Medication
   1. To ensure client safety and welfare, any use or possession of mood-altering drugs or alcohol is forbidden.
   2. Clients are required to participate in drug testing at the time of admission and randomly screened throughout the duration of treatment.
   3. If a client arrives intoxicated at the time of admission, they will be transferred to a local detox facility for a 24-hr stay for observation and detoxification; at which time the client will be reconsidered for admission if a bed is available.
   4. Any type of drug paraphernalia or illegal substance is prohibited on the premises, or on outings.
   5. Client personal hygiene items that contain any alcohol (for example, mouth wash or hair spray) are not permitted.
   6. Use of any type of peyote or medicinal herbal tobacco products is prohibited, except in traditional/cultural activities conducted by a Traditional Practitioner.
   7. Use of alcohol or drugs during treatment may result in discharge from the residential treatment center.
   8. All over the counter and prescription medication will be stored in the designated medical care room and secured in a locked medication cabinet or refrigerator.
   9. Staff will monitor, assist, and document the client self-administering of medication utilizing the electronic health record: Medication Record Form in reference to the Policy & Procedures of Medication Management, Client Self-Administration of Medication.

B. Personal Hygiene and Housekeeping Chores
   1. Daily personal hygiene is each client's responsibility, and all clients must appear well groomed on a daily basis.
   2. Necessary items for daily personal hygiene will be provided for clients who cannot provide their own.
   3. The treatment center provides a laundry facility for client use and a schedule is established and posted for use of the laundry facility.
   4. Clients are responsible for laundering their own personal clothing, with assistance from staff, if necessary.

5. Clients will keep all living areas neat, orderly, and organized, i.e., bedding, closets/lockers, desks, bathrooms, shower stalls, dining area, communal areas, and outdoor recreation areas.
6. Clients are assigned to housekeeping chores on a Weekly Duty Schedule.
7. Clients share responsibility for a clean-living environment on a daily basis with an attitude of teamwork.

C. Clothing and Dress Code
1. Clients will wear proper attire including undergarments, footwear, and appropriate sleepwear, and abide by the following clothing guidelines:
   a. Shirts are to be buttoned and worn at all times.
   b. Appropriate shoes and socks are to be worn outside of the client room at all times.
   c. Proper undergarments are to be worn at all times.
   d. No see-through or tight-fitting clothing will be worn at any time.
   e. Leggings may be worn with a loose, long top that covers the trunk area.
   f. The body trunk/midriff will not be exposed at any time.
   g. Short-shorts or mini-skirts will not be worn at any time.
   h. Clothing endorsing alcohol or drugs or sexual references will not be worn at any time.
   i. No tank tops, halter tops, spaghetti straps, or cut-offs will be worn at any time.

D. Personal Property and Money
1. Staff will inventory client personal belongings at time of admission, to ensure no contraband enters the facility, such as: weapons, paraphernalia, alcohol/drugs, tobacco products, electronic devices, or valuables.
2. Staff stores all confiscated items in a secured lockable storage and items are returned to the client at the time of discharge.
3. DBMHS is not liable for any loss or theft of any items kept by the client; this includes wallets, purses, credit cards, driver's license, jewelry, checkbooks, and clothing.
4. DBMHS is not responsible or liable for any money or valuables not given to the Residential Supervisor or Primary Counselor for safekeeping at time of admission.
5. DBMHS is only responsible for funds and valuables secured with the Clinical Team in the Residential Healing Center, up to $100 in value.
6. DBMHS provides a secured lockable cabinet at the Residential Healing Center for client use to store valuables; the cabinet is accessible during the working hours from 8:00 A.M. to 5:00 P.M. Monday through Friday.
7. Clients must make a written request through the primary counselor to deposit or withdraw valuables or monies.
8. Clients are limited to $20.00 per week on their person for personal use.
9. DBMHS encourages clients to practice healthy spending habits.

E. Room Decorations
1. DBMHS encourages clients to reclaim their "pride of place" by allowing clients to personalize their sleeping area and certain communal areas with reasonable decorations.

2. DBMHS provides a bulletin board designated in each sleeping area and day room for display.
3. Display of offensive materials or posters glorifying alcohol/drugs, illicit paraphernalia, or sexual references are prohibited.

F. Restricted Areas
1. Clients must remain within sight of staff during treatment outings and community support meetings.
2. Clients are not allowed to enter counselor offices, monitoring stations, program vehicles, and other areas indicated by the program staff unless accompanied by a staff member.

G. Visitation
1. Clients are encouraged to re-establish healthy communication and relationship with their families, support sponsors, and spiritual leaders during the duration of treatment; either by telephone or in-person visits in the designated facility area, during designated visitation hours.
2. Visitors must sign-in and -out and comply with all program rules and expectations during their visit.
3. Visitors who are under the influence of alcohol or drugs will be asked to leave the facility immediately.
4. Client visitation requests are approved through their primary counselor and clinical team leader prior to the scheduled visit.
5. To ensure appropriate supervision, safety, and security for all clients, the Clinical Team will approve a maximum number of visitors.
6. The primary counselor or clinical team leader may restrict clients from seeing specific visitors if it is part of their treatment plan and in the best interest of the client's safety and welfare.
7. Visitors may not bring outside food into the facility due to dietary, health and sanitation concerns.
8. Clients can receive visitors according to their approved Client Telephone & Visitation Consent Form, immediate family members, support sponsors or spiritual leaders only.

H. Telephone
1. The telephone is provided for client use in a designated approved area that ensures reasonable privacy.
2. Clients may make phone calls from the Residential Healing Center depending on the level of care and level system.
3. Staff will screen, approve, and place all calls (if applicable).
4. Clients can make or receive calls according to their approved Client Telephone & Visitation Consent Form, immediate family members, support sponsors or spiritual guides only.
5. Staff will not accept any incoming calls for clients during treatment hours from 8:00 A.M. to 5:00 P.M. unless approved by the primary counselor, clinical team, or in an emergency/crisis situation.

6. If it is necessary for the court system, probation, attorney, or representative to talk to the client, consent to release information form must be documented in the client's treatment file, the call will be approved and taken with the primary counselor present.
7. The use of personal cell phones by clients depends on the level of care and level system.

I. Inspections
1. Staff conduct periodic inspections with reasonable clinical justification to ensure house rules compliance and a safe treatment environment free of all contraband.
2. Clients shall be present during these periodic inspections.
3. Client personal belongings, sleeping areas and communal areas will be searched and inventoried for any contraband items.
4. Searches are conducted by the same gender staff member with a staff witness present.
5. Clients may be asked to empty their pockets, purse, or handbags, and submit to a pat down body search in accordance with the NDBHS Search Policy & Procedure.

J. All forms of gambling are prohibited in DBMHS facilities.

K. Clients are prohibited from borrowing, tampering with, or stealing other clients' belongings or property belonging to staff, program, or the public.

L. Off-premises passes are not permitted during the duration of residential treatment unless it is a family or medical emergency with the approval of the clinical team and appropriate documentation in the client's written record.

M. Entertainment
1. Televisions may be provided, in Common Areas only, for treatment purposes and treatment schedules.
2. Personal devices i.e., cell phones, stereos, earphones, and cameras are allowed based on the level of care and level system.
3. DVD/videos are available for client viewing per program schedule, with prior staff approval to ensure appropriate contents.

N. Property Damage
1. DBMHS prohibits defacing or damaging facility property or public properties.
2. Staff will contact the proper authority if any damage or defacing is reported.
3. Clients will be held liable for the cost of repairing property damage.

O. Socialization
1. Any type of sexual contact, sexually suggestive behavior, gestures, or speech is prohibited between clients, staff, or visitors.
2. Male clients are not allowed in female residential areas and vice versa.
3. Socialization is encouraged to occur in communal areas and within staff viewing.

P. Use of personal vehicles is allowed depending on the level of care and level system.

Q. DBMHS does not provide postage stamps. Postage can be purchased at the client's personal expense with staff assistance; DBMHS will provide stamps to clients if they are indigent status.

R. Adult residents are provided with time to shop and purchase essential items in accordance with the approved program schedule; during scheduled outings, clients must be in view of staff members at all times.

S. All of the following forms of aggressive behavior are prohibited throughout the duration of treatment, both on and off program property:
   1. Any type of horseplay, including throwing of any items, food fights, piggyback rides, water battles, and any type of physical contact with other clients and or staff that is deemed inappropriate or with intent to harm.
   2. Any type of violent behavior, weapons, or threats of violence of any kind.
   3. Any type of cursing, swearing, obscene or lewd language.

T. Program staff will contact the proper authorities in response to any of the above aggressive behaviors as needed to protect the safety and welfare of clients, staff, or others.

U. House Rule violation consequences including treatment discharge and involvement of outside entities:
   1. Staff responses to house rule violations depend on the nature and circumstances of the violation. Responses are progressive and consequences bear a reasonable relationship to the violation.
   2. Staff will document violations in the client's electronic health record, describing the incident, and the actions taken at all levels, including the client's response to corrective actions.
   3. Corrective actions include, but are not limited to the following progressive steps:
      a. Verbal Warning & Reprimand: clinical staff may verbally caution the client pointing out the rule violation that is intended to be corrected. A verbal reprimand informally defines the behavior requiring improvement, setting goals for improvement, and informing the client that failure to improve may result in more serious corrective action.
      b. Processing of behavior and consequences with the client(s) involved, conducted by the primary counselor and/or other members of the clinical team and resulting in specific consequences and action steps to be taken by the client to correct the problem behavior.
      c. Restriction of Privileges: Restriction of privileges can be put in place for a period of time to encourage and motivate the client to improve behavior.
      d. Behavior Management Plan: client, counselor, and other team members may develop a written plan designed to help the client change problematic behavior with a system of behavioral monitoring, positive and negative consequences, and alternative desirable behaviors. The original of the Behavior Plan is filed in the client's treatment file and a copy given to the client.
      e. Individual Contract: primary counselor and client may develop a written Individual Contract approved by the Clinical Director or designee that would list the target behavior(s), which need to be corrected and alternative behaviors expected of the client and consequences if the contract is not followed. The original of the individual contract is filed in the client's treatment file and a copy given to the client.

f. Special Case Staffing: The primary counselor may conduct a special case staffing with the client, other clinical team members, the referring provider and/or family members as appropriate, as soon as possible after the incident. This case staffing would be a response to a serious violation involving a probable treatment discharge.
g. If treatment discharge is agreed upon, the primary counselor shall develop a discharge summary plan and other required documents immediately with the review and approval of the Clinical Director.

4. If a client's behavior is at a crisis level, i.e., involves behavior creating serious danger or risk of harm to self or others, then a referral is made for emergency psychiatric treatment or police intervention. Staff will immediately contact police, emergency medical services (EMS), and psychiatric treatment admissions, or transport the client to Emergency Psychiatric Treatment/IHS hospital to initiate admission procedures.
5. The client has the right to file a grievance if he/she disagrees with corrective actions taken, except in cases of referral for emergency psychiatric/medical treatment.
6. Rule violations that result in serious incidents will be documented and reported to appropriate tribal, state, and federal regulatory agencies in accordance with the DBMHS Incident Reporting Policy.

V. PROCEDURE

A. Residential House Rules are posted in each residential unit and in communal areas throughout the facility.

REFERENCES

R9-10-320 Medication Services

I. POLICY

All clients, their families, and/or guardians will receive orientation on the Client and Family Handbook.

II. PURPOSE

To ensure clients are aware of client rights and responsibilities, program rules and structure, and other critical information.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. The Client Handbook is written in language understandable to clients and family members. Bilingual staff will provide translation as needed.
B. Should the client's understanding be limited, accommodation can be provided for hearing, vision, or other impairments. All reasonable accommodation and limitations are documented in the client's electronic health record.
C. The Clinical Director (CD) and Behavioral Health Director (BHD) ensures the Client Handbook is revised as needed to reflect program changes.

V. PROCEDURES

A. Clients and their families will receive a copy of the Client Handbook orientated upon admission, in a language and manner understandable to them.
B. Receipt and understanding of the Client Handbook is acknowledged, in writing, by the client and parent/legal guardian (if applicable) and documented in the electronic health record.
C. Clients will receive ongoing orientation and education, as needed, throughout treatment.
D. The Client Handbook contains information in the following areas:
    1. Program vision, mission, goals, and objectives.
    2. Description of services.
    3. Admission process.
    4. Client rights and grievance process.
    5. Adolescent/Adult Treatment Phases and Incentives
    6. Responsibilities and expectations of clients in treatment.
    7. Program rules.
    8. Behavior management procedures, positive and negative consequences.
    9. Behavior and rule violations that may lead to discharge.
    10. Interpersonal boundaries.
    11. Spiritual and cultural services.
    12. Dietary Department rules and guidelines; and
    13. Other areas as determined by the CD and BHD.

REFERENCE

NMAC 7.20.11.22

I. POLICY

Clients are responsible for specified housekeeping chores. Client involvement in maintaining their living environment is therapeutic by enhancing living skills and self-esteem.

II. PURPOSE

To direct all activity related to client housekeeping duties, assure maximum client benefit from these activities, assure that client rights are not violated, and maintain a clean, attractive living environment.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Client housekeeping chores are considered to be those chores which are of a personal housekeeping nature; light cleaning of bedrooms, bathrooms, and client living areas. In addition, clients are asked to assist with meal set-up and clean up. Heavier cleaning of client areas, all cleaning of non-client areas, and all maintenance tasks are the responsibility of the housekeeping and maintenance staff.
B. At the time of admission, all clients are informed that they are responsible for participating in housekeeping chores as described in the "House Rules."
C. A written list of housekeeping chores for which clients are responsible will be developed, approved by the Residential Supervisor, and posted in a visible location in the Center.

V. PROCEDURES

A. Each weekday client is provided with the opportunity to volunteer for any of the listed Client Housekeeping Duties during the Community Meeting.
B. Duties not selected during the volunteer process will be assigned by DBMHS staff.
C. DBMHS staff conducting the Community Meeting shall be responsible for supervision of client housekeeping chores. This may include: assuring that all necessary supplies and equipment are provided, overseeing the use of supplies and equipment to assure safety and maximum effectiveness, and assisting with individual problems.
D. Clients will be provided with the necessary supplies and equipment to complete their assigned tasks. The use of cleaning agents will be supervised. Only those cleaning agents which do not pose a threat to health or well-being will be used. Rubber gloves will be provided and used by clients performing tasks requiring skin contact with cleaning chemicals, or where there is potential contact with body fluids.
E. The amount of supervision and assistance provided by staff to clients will be determined by the specific client's clinical status, assessed abilities and needs, and the complexity of the duties for which they are responsible.
F. When each task has been completed, DBMHS staff shall initial that task on the "Client Housekeeping Roster." A copy of each daily roster will be maintained to document the client's participation in housekeeping duties.
G. Inclusion of "Housekeeping Duties," and their completion, within a specific client's written treatment plan is predicated by one of the two following therapeutic issues:

1. Difficulty performing basic life skills and/or maintaining personal hygiene.
2. Non-compliance of a client with participation in Housekeeping Duties as stated in the "House Rules."

H. Problems with the completion of housekeeping duties or related deficiencies in daily living skills will be documented in the client records. The primary counselor may enter this problem into the client's treatment plan, developing a plan of intervention to assist the client, as appropriate.

I. The necessity for inclusion of housekeeping duties in the treatment plan of a specific client will be determined by the primary counselor and discussed with the client. A treatment plan with appropriate objectives and interventions may be written as needed.

J. The clients are not asked or expected to be responsible for any housekeeping chores beyond those client housekeeping duties posted in the DBMHS Residential Facility. However, a client may volunteer for extra chores if they so desire.

I. POLICY

All clients admitted to residential treatment will be promptly oriented to the residential treatment center according to ASAM Level of care.

II. PURPOSE

For all clients to be aware of client rights, rules, and responsibilities while in residential treatment program.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. The client's first week following admission is set aside for orientation and assessment.
B. Depending on state, tribal, and local health guidelines, client's may be subject to an isolation period to reduce the potential spread of communicable diseases.
C. If the client has a legal guardian, they must accompany the client to provide signatures for admission to treatment and must participate in the orientation process. Proof of legal guardianship must be provided prior to admission.
D. On date of admission, the client and guardian are orientated to the program, client rights and grievance process, confidentiality policies, client, and guardian responsibility to participate, Client Handbook, facility, and fire evacuation routes, and staff introductions.
E. At admission, clients are subjected to a search of their person and belongings. Any contraband or inappropriate items are sent home immediately with the guardian.
F. At admission, clients are tested for controlled substances and alcohol. In cases where physiological withdrawal is a concern, the client is referred for medical clearance and or monitored for withdrawal symptoms.
G. Client money is checked in immediately at admission.
H. During the first week following admission, the client is oriented to the therapeutic level system, housekeeping responsibilities, treatment program schedule and activities, fire and safety procedures, dining/kitchen rules and guidelines, recreational and educational expectations, traditional healing services, faith-based services, rules for conduct and behavior, and transportation procedures.

V. PROCEDURES

A. Orientation procedures are designed to be flexible to meet the needs of the client and guardian and steps/activities may be adjusted or combined as needed.

Action	Person Responsible
1. Family arrival and sign-in. 2. Check-in personal belongings; contraband search; room assignment; change to a specific residential clothing (t-shirt/pants);	Case Management Specialist/designee Residential Staff

inventory, store, and mark individual property; issue linens.	
3. Urinalysis, breathalyzer, and/or alcohol swab test	Designated qualified staff.
4. Orientation and introduction to staff/program and assigned primary counselor.	Case Management Specialist and Residential Supervisor Clinical Staff
5. Begin client assessments.	Clinical Director, Primary Counselor, Residential Supervisor, Primary RGT, and designated staff
6. Ongoing orientation during first week of treatment.	
7. The isolation period begins once the client is checked in and continues throughout the orientation process.	

I. POLICY

DBMHS provides facility-wide communication of administrative, clinical, and other issues and requires record keeping of such communciation.

II. PURPOSE

To maintain safety, structure, and accountability through a communication logbook.

III. DEFINITIONS

A. **Communication Log**
The Communication Log is a logbook securely maintained in the Residential Guidance Technicians (RGT) office for the purpose of recording significant program-related events. The log is also used to inform staff of upcoming events (outings, family visits, telephone calls.) or to clarify operational expectations for unit operations or administration.

B. **Shift Report/Pass-On**
Shift Report/Pass-On is a face-to-face meeting between RGT Supervisors and other RGTs as available, which occurs at every change of shift, where incoming and departing staff meet to briefly review the Communication Log, for upcoming activities, events, and schedules. Although client information is not documented in the communication each shift will briefly review any client behavior and client needs.

C. **Team Meetings**
A multi-disciplinary meeting to discuss daily updates, information regarding planned activities, events, schedules, and treatment program operations.

IV. RULES

A. All records are kept in ink (black or blue only).
B. If necessary, highlighting of text is done in yellow.
C. Any errors are marked out with a single line, dated, and initialed by the author.
D. Only client-related reports will be documented in the communication log and entries are initialed by the author.
E. All client related incidents, progress reports, client behaviors, new or changes in medication, new client admissions or discharges, phone calls, client passes, and visitations are documented in the electronic health record.
F. The Communication Log may include significant and brief confidential client information (initials only) for staff that need to be informed.
G. More detailed information on a client is recorded as a progress note in the client's electronic health records. Confidential information is only written in the log if all or a majority of staff need to be informed.

V. PROCEDURES

A. Communication Log
   1. The communication log is used to communicate and record client information to be passed on to all direct-service staff and supervisors.
   2. Written and verbal shift report addresses any information pertinent to residential operations, including: staff call-ins; client medical concerns; client behavior during

the past shift; concerns regarding social interactions; client social conflicts; client emotional status; any outstanding staff assignments; reference to incident reports; reminders of client appointments/visits; scheduled outings; changes in client level status; safety concerns; changes in staffing patterns/milieu schedule; the milieu schedule for the upcoming shift; any special concerns/assignments as designated by the Residential Supervisor; special precautions or directions for client care.

3. All staff are required to write in the Communication Log if they are aware of information that needs to be shared with other staff.
4. The Communication Log contains confidential information and should be kept in a secure location.
5. The Clinical Team review the communication log daily and by RGTs at every shift pass-on.

B. Shift Report/Pass-On

1. Written and verbal shift report addresses any information pertinent to residential operations, including:
   a. Staff call-ins.
   b. Client medical, emotional, or behavioral concerns during the past shift.
   c. Concerns regarding social interactions or social conflicts.
   d. Reference to incident reports.
   e. Reminders of client appointments/visits.
   f. Scheduled outings.
   g. Changes in client level status.
   h. Safety or facility concerns.
   i. Changes in staffing patterns.
   j. Any outstanding staff assignments.
   k. Any milieu schedule changes for the upcoming shift.
   l. Any special concerns/assignments as designated by the Residential Supervisor.
   m. Special precautions or directions for client care.

C. Team Meetings

1. Daily updates and information regarding planned activities, events, schedules, and treatment program operation are provided at morning briefing which includes all staff as their schedules permit. A sign-in sheet and brief log are maintained for this meeting.
2. Weekly case review meetings are held to review client progress and treatment plans. A record of each discussion is made on the treatment review form signed by those attending and placed in the progress notes section of the client's chart.
3. Other meetings on matters affecting client treatment and program operations (e.g., special outings, incidents, contraband) will be held as needed and may include staff, collateral service providers, family, and clients as appropriate. Updates will be updated and maintained in the Communication Log.

REFERENCE

NMAC 7.20.11.30

Section: 3 Residential Services
Subsection: 3.1 Residential Environment
Title: 3.1.09 Visitation

I. POLICY

Scheduled visitation times will be designated for DBMHS residential clients and their families.

II. PURPOSE

To foster healthy relationships and reunification that supports the clients/family's healing process for recovery.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Only visitors authorized on the client's Approved Visitors/Callers listing are permitted.
B. All visitors must sign in and receive a visitor badge when entering the facility and sign out when leaving the facility.
C. All visits are arranged, so it does not interfere with therapeutic programs and activities.
D. All visitors are expected to comply with DBMHS policies and guidelines and behave in appropriate manner to treatment settings:
    1. No smoking and chewing tobacco allowed on premises.
    2. Appropriate attire is required during the visit.
    3. Electronic devices such as cell phones, tablet computers, portable DVD players, are not permitted in the facility.
E. Visitation can be revoked at the discretion of the clinical team for violation of any visitation rules leading up to, but not limited to, the involvement of appropriate authorities.
F. Clients may refuse visitors for any reason and will be advised by their Primary Counselor.
G. All visitations shall be in designated areas monitored by staff.
H. All visitors shall comply with confidentiality guidelines.
I. No one under the influence of mood-altering substances is allowed in the facility.
J. No outside food allowed to be brought into the facility, unless approved by the Primary Counselor.

V. PROCEDURES

A. Visitation may begin on the first family day after admissions, when requested and approved through the Primary Counselor and Clinical Team. Visitation may be virtual or in-person depending on current health and safety guidelines.
B. Any special arrangements for visits are made at the Primary Counselor's discretion.
C. Exceptions can be made for special visits by approval of parents, legal entities, and clinical team.
D. All items brought into the facility for clients must be checked in prior to visitation.
E. Designated items such as purses, bags, caps, must be checked in upon arrival.
F. When a visitor is suspected of being under the influence, they will be asked to leave the facility, and if a visitor is driving under the influence the Navajo Nation Police will be contacted.

I. POLICY

DBMHS staff may seize contraband in compliance with Client Rights.

II. PURPOSE

To maintain the health and safety of residential clients.

III. DEFINITION

A. **Contraband**
Goods prohibited by law such as illegal substances or substances of abuse and weapons, and any items or goods prohibited by policy or treatment standards that interfere with recovery and healing.

IV. RULES

A. Contraband items are not allowed in or around the facility, including any items which possession is a crime under federal or Navajo Nation law, including solvent inhalants, drugs, alcohol, and narcotics paraphernalia.
B. Other items not allowed within the facility, or on DBMHS premises include:
    1. Items which can be used, made, or adapted to use as weapons.
    2. Pictures which depict sexually explicit male or female nudity or sexual acts, including magazines or periodicals which routinely publish such pictures.
    3. Clothing or other items such as posters which convey or depict sex, drugs, or belittling expressions or which promote delinquent or criminal activity.
    4. Depending on level of care, clients are responsible for managing their own funds.
    5. Cigarettes, other tobacco products, matches, and cigarette lighters.
    6. Any items not authorized by primary counselor or clinical team including electronic devices, cosmetics, metal objects, condoms, ink pens, scissors, pins, and needles.

V. PROCEDURES

A. Staff will seize contraband, document in electronic health record, and complete an Incident Report.
B. Staff will turn in contraband to Clinical Director, Clinical Specialist, or Behavioral Health Director.
C. The severity of the contraband will be addressed by the Primary Counselor, Clinical Director, Behavioral Health Director, and/or residential community.

I. POLICY

Every client is encouraged and allowed to add personal decorations and belongings to their room in accordance with the Client Handbook.

II. PURPOSE

To provide clients with a setting of comfort and connection in their therapeutic environment.

III. DEFINITIONS

A. **Personal decorations** including family pictures; personal drawings; birthday cards; small arts & crafts items; and other items approved by the clinical team.
B. **Personal belongings** including blankets, stuffed animal, feather(s), Bible, or other spiritually significant items; and other items approved by the clinical team.

IV. RULES

A. Personal belongings, clothing, room decorations and other items must be appropriate to the therapeutic environment.
    1. No images, pictures, words, phrases, or slogans that promote drugs, gangs, violence, sexism, and racism.
    2. No items, images, pictures, words, phrases, or slogans that promote behaviors that would be considered unlawful, anti-social or which would contradict group or individual treatment goals.
    3. No pornography, sexually explicit or sexually provocative items, images, pictures, words, phases, or slogans will be permitted.
    4. Only photographs of immediate family are allowed.
B. Personal pictures or artwork must be posted with tape on designated area in client's room.

V. PROCEDURES

Action	Person Responsible
1. Client identifies personal decorations and submits them to primary counselor or residential supervisor.	Primary Counselor (PC), Residential Supervisor (RS)
2. Appropriate decorations are approved or disapproved.	Clinical Team and RS
3. Process any disapproval with client, if needed.	RGT, RS, and PC
4. Assist client with decorating room as needed.	Client/RGT
5. Monitor appropriateness of decorations.	RGT, PS
6. Ensure clients are informed of this policy during orientation.	RGT and RS

I. POLICY

No pets are allowed in the residential units of the DBMHS facility, except in designated areas as approved by the Clinical Director, Residential Supervisor, or Designee. Service animals are allowed for emotional support as prescribed by licensed/certified health care professionals.

II. PURPOSE

To provide guidelines which allow clients to interact with a pet, therapy, or service animal that may help reduce physical, behavioral, and mental issues.

III. DEFINITIONS

A. **Pets**
Limited to domestic dogs and cats.

B. **Therapy Animal**
Provide physical, psychological, and emotional benefits to those they interact with. While most frequently dogs, therapy animals can include other domesticated species such as cats, equines, and rabbits. These pets are evaluated on their ability to safely interact with a wide range of populations, and their handlers are trained in best practices to ensure effective interactions that support animal welfare.

C. **Assistance Animal (also commonly called Service Animal)**
Assistance animals are defined as dogs and in some cases miniature horses that are individually trained to do work or perform tasks for people with disabilities. Examples include guide dogs for people who are blind, hearing dogs for people who are deaf, or dogs trained to provide mobility assistance or communicate medical alerts.

Assistance dogs are considered working animals, not pets. The work or task a dog has been trained to provide must be related to the person's disability. Guide, hearing, and service dogs are permitted, in accordance with the Americans with Disabilities Act (ADA), to accompany a person with a disability anywhere the general public is allowed. This includes restaurants, businesses, and airplanes.

D. **Emotional Support Animal (Comfort Animal)**
A pet that provides therapeutic support to a person with a mental illness. To be designated as an emotional support animal, the pet must be prescribed by a licensed mental health professional for a person with a mental illness. The prescription must state that the individual has an impairment that limits one or more major life activities, and that the presence of the animal is necessary for the individual's mental health.

Per the ADA, individuals with emotional support animals do not have the same rights to public access as individuals with a service dog. Emotional support animals may only accompany their owners in public areas with the express permission of each individual venue and/or facility management. Emotional support animals may live with their owners in locations covered by the Fair Housing Amendments Act (FHAA) regardless of a "no pets" policy. Although most frequently dogs, other species may be prescribed as emotional support animals.

E. **Facility Animal**
A facility animal is an animal who is regularly present in a residential or clinical setting. These animals may be a variety of species from dogs and cats to birds or fish. They might live with a handler who is an employee of the facility and come to work each day, or they might live at the facility full-time under the care of a primary staff person. Facility animals should be specially trained for extended interactions with clients or residents of the facility. These animals do not have special rights of access in public unless they are accompanying and directly supporting a client with a disability.

IV. RULES

A. Pet visits are considered a part of the client's therapeutic treatment and are an earned privilege within the level system.
B. Proof of up-to-date pet vaccination is required.
    a. For Dogs: Vaccines for canine parvovirus, distemper, canine hepatitis, and rabies.
    b. For Cats: Vaccines for panleukopenia (feline distemper), feline calicivirus, feline herpesvirus type I (rhinotracheitis) and rabies.
C. Pet visits occur during specified visiting hours for a specified time limit upon approval by the Clinical Team.
D. All pet visitations will occur in specific areas on outdoor facility grounds and are limited to only the pet owner (client) and his/her guardian.
E. Personal pets are not allowed in residential living quarters.
F. Dogs and cats are to be kept on a leash or caged at all times.
G. Pet droppings are the personal responsibility of the client and their guardian.
H. Therapy animals or assistance animals are permissible on a case-by-case basis.
I. Facility animals may be available on a case-by-case basis and will comply with Accreditation guidelines.

V. PROCEDURES

A. Client will request and petition for a personal pet or therapy/emotional support animal visit with a specified time limit. Requests will be forwarded to the Primary Counselor, and approved by the Clinical Team which may consist of the Clinical Supervisor, Residential Guidance Technician, Primary Counselor, or Family Therapist.
B. The Residential Guidance Technician, Primary Counselor, or Family Therapist will supervise the visit.

REFERENCE

https://petpartners.org/learn/terminology/

Section: 3 Adolescent Residential Services
Subsection: 3.1 Residential Environment
Title: 3.1.13 Search

I. POLICY

DBMHS will conduct searches of persons, property, and facility for health and welfare purposes.

II. PURPOSE

To maintain a safe and therapeutic environment that supports recovery from all substances and to manage any triggers that may lead to relapse.

III. DEFINITIONS

A. **Body Cavity Search**
A strip search in which body cavities are inspected by the entry of an object or fingers into body cavities.

B. **Canine Search "Drug Detection Dog"**
A specially trained canine that uses its natural senses to detect substances such as illegal drugs deemed important to law enforcement.

C. **Facility Search**
Search which covers the entire facility and grounds.

D. **Healing Center**
Search that specifically focuses on the healing center, client's room, and personal belongings.

E. **Personal Search**
A search of the client's person, including the client's pockets, frisking their body, an examination of the client's shoes and hat and a visual inspection of the client's mouth.

F. **Strip Search**
A search in which the client is required to remove all of their clothing. Permissible inspection includes examination of the client's clothing and body and visual inspection of their body cavities.

IV. RULES

A. Staff assigned to perform client searches are trained in proper procedures.
B. The room and personal belongings of a client may be searched only when there is documented reason to believe that security rules have been violated.
C. Personal storage space may be searched only if there occurred, enter reason to believe a violation of the facilities security regulations has occurred and the client is given the opportunity to be present during the search.
D. Personal Search
    1. Routinely administered at admission and after all visits and off-site activities, and other times as determined by the team.
    2. Administered by staff of the same sex as the client being searched.
    3. Two staff members are required to be present.
    4. DBMHS does not conduct body cavity or strip searches.
    5. Emergency restraint procedures are not used in conjunction with personal search procedures.

E. Healing Center Search
   1. At least two staff must be present during the search.
   2. Clients are informed of the search and may be present so long as they do not interfere with the search procedure.
   3. In cases where clinical judgment indicates that a client's presence may be detrimental to his or her treatment progress, search may be performed in the absence of the client.
   4. Search is performed in an orderly fashion, with care not to damage or destroy client's property.
   5. Drug dogs may be used as needed. Clients and staff will follow directives of qualified law enforcement personnel during canine searches.

F. DBMHS Facility Search
   1. All staff will monitor the facility for contraband or other unapproved materials on an ongoing basis. A thorough search of the DBMHS facility is conducted as needed.

V. PROCEDURES

Action	Person Responsible
1. Staff on duty review the situation as a team, to determine if a compelling cause exists.	Clinical Team Leader, or Residential Supervisor
2. Every search is documented in the electronic health record.	Clinical Team, Residential Guidance Technician, or designated staff
3. Rubber gloves are used.	All staff
4. Document any contraband in accordance with established procedure.	Clinical Team, Residential Guidance Technician, or designated staff
5. Findings are documented in the electronic health record and reviewed with the client(s).	Primary Counselor, Residential Guidance Technician, or designated staff

I. POLICY

Standard procedures will be followed every time a residential client is granted a client pass to leave the facility without being accompanied by a staff member.

II. PURPOSE

To allow clients time to leave the Residential Treatment Center for therapeutic purposes i.e., medical, financial, ceremony.

III. DEFINITIONS

A. **Client Pass**
A Client Pass is authorization given by the Clinical Team for a client to leave the program premises for a specified period of time for a therapeutic purpose. An exception can be made for an emergency or significant life event.

B. Significant Life Event
Events that lead to substantial changes in peoples' lives' i.e., arrival of children, marriage, divorce, onset of serious illness/disability, death of a loved one.

C. **Therapeutic Purpose**
Therapeutic purpose means any activity or privilege earned which the client participates in and has a specific intent to promote therapeutic change in the client's cognitions, emotions, behaviors, or interpersonal relationships. This intent is specified in the client's treatment plan.

IV. RULES

A. Every Client Pass issued must have a therapeutic purpose.
   1. For adolescent clients, a pass is earned as part of the behavioral "level/phase system." For adult clients, they have gained sufficient therapeutic hours as an incentive for a pass. This may be used in the residential setting to help clients learn to regulate their behavior more effectively.
   2. For adult clients, a pass may also be issued if the client has gained employment, volunteer work, or job training/education hence requires a pass to fulfill their responsibilities and obligations.

B. An exception to III.A can be made in case of an emergency or significant life event in the client's family. In this case, the Clinical Team may, at its discretion, authorize an emergency client pass of the duration necessary for the client and family to respond to the situation. All other rules and procedures under this policy still apply.

C. Adult client passes will not be authorized prior to completion of 30-days in treatment unless it relates to III.B or for a Traditional Healing Ceremony.

D. Every Client Pass issued must be authorized by the Clinical Team. This is done when the client "petitions" to the Clinical Team. Other arrangements may be made at the discretion of the team.

E. The client, parent/legal guardian or authorized family member assumes all legal responsibility for the client during the pass and is responsible for returning the client to the treatment center on time as scheduled.

V. PROCEDURES

Action	Person Responsible
1. The client submits a request for a pass, including the therapeutic reason for the pass, and who will accompany the client during the pass.	Client and Primary Counselor (PC)
2. The client presents/petitions the request to the team.	Client, PC and Multi-disciplinary Team
3. The team hears the request and if approved, verifies the name of the parent/legal guardian or responsible family member. The time, date, and duration of the pass are all recorded in the electronic health record.	Multi-disciplinary Team and/or PC and Residential Supervisor.
4. If the client needs to check out money or personal belongings, this is done with the PC during his/her regular shift.	Client and PC
5. At the time of the pass, the adolescent client is signed out by the parent/guardian or authorized family member using the "Offsite Consent Form."	RGT, Residential Supervisor, parent/guardian
6. Upon the client's return, the client is signed in by the parent/legal guardian or authorized family member. This is also recorded on the "Off Site Consent Form" and noted in the "Communication Log and the client's electronic health record.	RGT, Residential Supervisor, parent/guardian
7. Before the client returns to the milieu, a pat-down search, urine drug screen, breathalyzer and/or alcohol swab are conducted. Personal	RGT, Residential Supervisor, Multi-disciplinary Team, PC

belongings and money are checked in. A verbal check of the client's wellbeing is done. Completion of this step is documented in a progress note in the electronic health record.	
8. Any problems with the pass are recorded in the electronic health records for follow-up by the PC and Clinical Team.	RGT, Residential Supervisor, PC
9. If a client does not return after their pass, the AWOL procedures (2.3.04) will be initiated and recorded in the electronic health record.	RGT, Residential Supervisor, PC, Clinical Director

REFERENCE
NMAC 7.20.11.30

I. POLICY

DBMHS staff ensure that client off-site activities are safe, therapeutic, and developmentally appropriate.

II. PURPOSE

To provide opportunities for residential clients to learn and practice healthy recovery skills and pro-social behavior.

III. DEFINITIONS

A. **Offsite Activity**
An off-site activity is any client, group, or individual activity that occurs off residential treatment site premises.

IV. RULES

A. Off-site activities are planned in a manner that is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each client participating in the outing.
B. Probable hazards such as weather conditions, adverse client behavior, or medical situations that may occur during the outing are identified. Supplies necessary to prevent or respond to each probable hazard will be readily available such as first aid kits, water, and food.
C. Information related to each client is required to be readily available on each outing lasting more than two hours. This information includes medical information.
D. Communication devices such as cellphones or two-way radios are required to be accessible during each outing for emergencies.
E. Vehicle inspections are required before any offsite activity.
F. Transporting clients outside of Navajo Nation boundaries always requires Travel Authorization for Insurance Purposes (IPO) from the DBMHS Central Office.
    1. The IPO must be kept in the vehicle during the offsite activity.
    2. Local travel that is part of regularly scheduled treatment activities (e.g., swimming pool, client medical appointments) is covered under the established "blanket IPO" maintained by the facility and additional coverage is not necessary.
    3. An IPO is required for any travel within Navajo Nation boundaries.
G. No DBMHS client is to operate any tribal or GSA vehicle.
H. The identified lead facilitators for each off-site outing must possess current CPR & first aid certification and a valid state driver license.

V. PROCEDURES

A. A written plan is developed before an offsite activity that includes:
    1. A description of the outing, including a description of how the outing will meet clients' treatment needs.
    2. The date of the outing.
    3. The anticipated departure and return times.

4. The name, address, map of location and routes, and telephone number (if available) of the outing destination.
5. Contact lists of local emergency, rescue, and law enforcement.
6. The name (initials) of each client participating in the outing.
7. The name and title of staff who will be present on the outing, including identification of one or more lead facilitator(s).
8. An itinerary of events and activities for any outing.
9. The license plate number of vehicles that will be used to transport clients.

B. For Off-site Activities that occur on a weekly basis as part of the established treatment schedule, a standing plan may be kept on file with the above information updated as needed.

C. Assessment of the client and group is completed by the staff facilitating the outing. This assessment is in consideration of the client's cultural/ethnic background, physical conditions, limitations, and/or disabilities. This is also in consideration of the competency and abilities of the staff assisting with the outing.

D. The written offsite activity plan is maintained on file for at least 12 months after the date of the outing.

E. For every Offsite Activity:
1. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare during the outing.
2. There are at least two staff members present on every outing.
3. At least one staff member on the outing has documentation of current training in CPR and first aid.
4. Staff operating a tribal vehicle must possess a current Navajo Nation Driver's Permit and a valid state driver's license.
5. The actual departure time and the clients' initials departing the facility are recorded in the Communication Log.
6. The actual return time and the clients' initials returning to the facility are recorded in the Communication Log
7. Until travel restrictions related to Covid-19 are lifted, per Executive Order No. 004-2021, authorization is required for all travel on and off the Navajo Nation from Navajo Department of Health Executive Director and DBMHS Health Services Administrator.

F. Emergency information for each client participating in an offsite activity is maintained in the vehicle used to transport the client that includes:
1. The client's name.
2. Copy of client Medical Consent form.
3. Medication information, medication name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the outing.
4. The client's allergies.
5. The name and telephone number of the clinician at the treatment center in case of emergency, who will then notify the client's emergency contact.

G. When an off-site activity is planned to last more than two hours, a snack will be provided to the clients. On any offsite activities that occur during mealtimes, meals will be provided.
H. Staff are responsible for inspecting the vehicle before and after any off-site activity. This inspection will be documented, and any concerns will be reported to the immediate supervisor.
I. Staff members participating in outings will be prepared and punctual.
J. A copy of this policy will be maintained in each vehicle used for client offsite activities.
K. If a client is determined unable to participate, they will remain at the DBMHS facility with alternative activities provided for them.

REFERENCES

NMAC 7.20.11.30
Navajo Nation Travel Policies

I. POLICY

Therapeutic Reflection Room can be utilized by clients as a voluntary therapeutic time out.

II. PURPOSE

A therapeutic milieu of activities/therapeutic services are provided for the client to address issues that may be impacted by an individual's substance use or mental health disorder.

III. DEFINITIONS

A. **Reflection Room (Voluntary Therapeutic Time-Out)**
Client Reflection Rooms are placed in the residential facility to be easily accessible by clients for their use as a quiet place, away from peers and staff, where they can process thoughts, feelings, and reactions, alone or with a staff member.

IV. RULES

A. The choice to use the Reflection Room is self-selected by the client and is not mandated by staff.
B. Clients are monitored at regular intervals to ensure their safety while using the Reflection Room and are free to leave the room when prepared to resume scheduled activities.
C. All staff are responsible =for establishing and maintaining a safe environment for all clients and their family members.
D. Client Reflection Rooms may be utilized by clients on an as needed basis for up to 15 minutes, but no more than 30 minutes at a time.
E. The door should be left open a minimum of 6 inches at all times when the room is occupied.

V. PROCEDURES

A. Client requests use of Reflection Room for therapeutic support
B. Monitoring staff must remain in close proximity at all times.
C. RGT assures door is open and monitors client behavior and emotional state every 3-5 minutes.
D. RGT asks client if they would like to talk.
E. Discussions should focus on helping client to cope with current feelings/behaviors so they are able to return to milieu.
F. Continuous assessment by RGT takes place and if client needs longer intervention, the counselor should help the client to transition to an individual counseling session in another area of facility. Primary counselor notified.
G. Documentation is made in the Electronic Health Record (EHR).

REFERENCES
NNPPM X; NNPPM XII;
NMAC

I. POLICY

DBMHS will schedule regular community meetings to provide clients a method to discuss/review the clients' rights, responsibilities, and expectations in the residential treatment.

II. PURPOSE

To provide a space where client's needs and concerns are addressed in an ongoing manner.

III. DEFINITIONS

A. **Community Meeting**
Provides a forum to clarify misunderstandings concerning program operations and procedures, and to identify, discuss and resolve problems.
Each week the community meeting will address at a minimum the following topics:

1. Program description and treatment goals.
2. Program schedule.
3. Responsibility of staff and clients for various aspects of care and treatment.
4. House rules.
5. Client rights including client complaints and grievances.
6. Housekeeping assignments

IV. RULES

A. All clients will be expected to attend all scheduled community meetings. Clients may be excused from the meeting only if they have a conflicting appointment that meets an objective on their treatment plan or are confined to bed from medical illness.
B. Each community meeting will be documented and kept in a notebook. This notebook will be made available to all clients.
C. Clients are tasked with conducting the meeting.
D. RGTs and Clinicians will be present at all community meetings.

V. PROCEDURES

A. Community meetings will be held at least once per week as scheduled unless an emergency community meeting is called for by clients to resolve an emergency issue.

REFERENCES

NNPPM X.
NNPPM XIII.
NMAC.

I. POLICY

DBMHS works in collaboration with other community health, education, legal, and human service agencies to provide continuum of care to clients.

II. PURPOSE

Networking with community partners to address the needs and concerns of clients and communities.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. When exchanging client-identifying information with other entities, DBMHS staff will follow established program policies and all applicable tribal, state, and federal laws and regulations regarding the release of confidential behavioral health information.

V. PROCEDURES

A. DBMHS coordinates treatment services with community referral sources through the following:
   1. Provides regular notices and updates regarding program admissions and availability of specific services.
   2. Routinely establish required consent for release of information to allow communication to and from the referral source.
   3. Routinely release admission summary, progress reports, treatment plan reviews, and discharge summary to the referral source.
   4. Maintains regular weekly telephone contact is maintained with the referral source during, the course of treatment to address the discharge planning process, encourage continuity of contact with the client during admission, provide input regarding appropriateness and monitoring of passes, and other client needs.
   5. Referral sources may be invited to attend treatment reviews and discharge planning meetings.

B. DBMHS coordinates policy and program issues with community health, education, juvenile justice, and human service providers through the following.
   1. Outreach activities based on community program needs and requests, such as clinical consultation, participation in community-based coordination and screening teams, training activities, and/or consultation about referrals.
   2. Participation in regular planning and coordination activities with other entities, coalitions, task forces, and stakeholder groups.
   3. Encouraging interactions with other organizations that focus specifically on the needs of clients.

C. Distributing behavioral health information to the public and to community partners.
D. Promoting connections between behavioral health and broader communities.
E. Increasing access to behavioral health services for Navajo communities and other Native American communities.

F. DBMHS works with tribal, local, state, and federal governments to develop new collaboration, funding, and service opportunities.

I. POLICY

DBMHS makes available traditional and cultural healing services to help stabilize the client while participating in therapeutic activities.

II. PURPOSE

To assist clients in reengaging the sense of harmony in their lives with mind, body, and spirit by understanding and exposing the client to the Navajo and other cultural healing practices.

III. DEFINITIONS

A. **American Indian Rights**
The American Indian Religious Freedom Act of 1978 has explicitly protected the American Indian right to practice their way of life. The use of eagle feathers, sweat lodges, natural herbs, and plants for a variety of medicinal and spiritual reasons aids in purification and prayer and is protected under this act.

B. **Mountain Tobacco**
Upon request from the client(s), approval from the Clinical Team, and consultation with medical doctor, the Mountain Blessing Way tobacco is utilized to further enhance mental, emotional, physical, and spiritual well-being. Clients may request the Mountain Tobacco Blessing in preparation for challenges in everyday life. The client has the option of utilizing the specially prepared corn husk tobacco or the regular ceremonial pipe used in a Diné traditional smoke ceremony to treat the client who is experiencing loss of balance, focus, memory, mental anguish, confusion, or to realign the Diné frame of mind with the four and/or six directions of spiritual significance and which regulate desired mental attitude, behavior and personal development.

C. **Cedar Blessings**
The cedar, an evergreen withstands extreme cold, intense heat and fierce winds. The characteristics and attributes of the cedar help transform the human mind in order to overcome life struggles and problems of substance abuse, and related issues. Clients have the option of requesting a blessing to acknowledge and appreciate the gift of life. Clients' express gratitude to grandfather and grandmother fire (kó) for the abundance of life blessings and learning opportunities through treatment.

D. **Sweat Lodge**
Sweat lodge participation is a traditional healing activity that involves exposure to higher-than-normal temperatures to teach clients about endurance, patience, and meditation. Due to possible dehydration, clients must be medically cleared to participate.

IV. RULES

A. The following is a list of traditional treatment services offered:
   1. Traditional Counseling
   2. Sweat Lodge Sessions
   3. Traditional Cultural Education Session
   4. Traditional Diagnosis - Diné Traditional Ceremonies depends on traditional diagnosis (type of ceremonies available should be kept on file at all DBMHS sites)

5. Native American Church Ceremonies
6. Minor Navajo Traditional Ceremonies
7. Traditional Case Staffing
8. Ceremonial Peacemaking
9. Traditional Talking Circle
10. Traditional and Cultural seasonal activities
11. Aftercare Services
12. Transportation from site to site for Traditional Services

B. All traditional treatment will be conducted through clinical case staffing or by recommendation of primary counselor.
C. All traditional healing will be implemented through the treatment plan by the primary counselor in consultation with the Traditional Practitioner.
D. Sign all required DBMHS waiver and consent forms for client to participate in the traditional healing ceremonies.
E. The client is to adhere to the four-day observance ceremonial protocol as part of healing and restoration.
F. A Native American Church (NAC) ceremony will be allowed for clients at any time during treatment to cleanse, purify, and provide healing for restoration of harmony and balance.
G. Traditional healing grounds will be maintained and cleansed by the Traditional Practitioner after each use in accordance with the Traditional Healing Grounds- Inspection Form.
H. Traditional Practitioners may overlap services with other DBMHS sites with proper approval.
I. Traditional Practitioners cannot charge fees to DBMHS clients for traditional services; traditional services are provided based on the client's treatment plan.
J. Client's family members are encouraged to participate in the ceremony and required to provide ceremonial items such as firewood, corn husks, tobacco, and spiritual food, if applicable.
K. The Traditional Coordinator or designated personnel will perform a quarterly inspection of the healing grounds. If the inspection is unsatisfactory, another inspection will be done within three (3) days.
L. A storage shed is provided for all Traditional Practitioners to store and maintain tools and ceremonial items. Shed must be kept locked when not in use.
M. All Traditional Practitioners who conduct Native American Church ceremonies must be certified through Azee' Bee Nahagha or other NAC organizations with a copy of certification provided to DBMHS.

V. PROCEDURES

A. Traditional Practitioners will provide an orientation to the client on proper traditional protocols, and health and safety guidelines.
B. Clients are to adhere to appropriate etiquette (proper attire, language, and full participation) from preparation to completion of ceremony.
C. Traditional Practitioners shall receive proper approval from appropriate oversight to gather herbs and other ceremonial materials for traditional healing ceremonies for proper

reverence and adherence to traditional practices and American Indian Religious Freedom Act of 1978.

D. DBMHS will adhere to all Navajo Department of Health and all Traditional Practitioner Associations guidelines.
E. The following guidelines will be adhered to in response to communicable diseases:
    1. Do not attend if you are sick or have been recently exposed to Covid-19.
    2. Use a shade house or Hogan/home with windows and doors open.
    3. Ventilate or "air out" the sweat lodge/hogan for at least 24 hours before re-use.
    4. Avoid sharing objects (tobacco/smoking pipes, drinking cups, utensils, food)
    5. Bring individual drinking water in closed containers.
    6. Clean and disinfect all objects used.
    7. Wash your hands after or use a hand sanitizer with at least 60% alcohol.
    8. When using the sweat lodge, bring a towel to sit on and remove after use, hang in direct sunlight.
    9. During a sweat lodge/ceremony session identify an individual to remain outside for any assistance.
    10. Remove and hang any fabric door/floor coverings in direct sunlight.
F. Anyone desiring to participate in a sweat lodge ceremony is required to have a physical assessment by his/her Medical Provider.
G. The client is required to sign the Sweat Lodge Waiver before he/she can participate in the sweat lodge.
H. The client is required to sign the Sweat Lodge Sign-In Sheet before he/she can participate in the sweat lodge.

I. POLICY

Residential Treatment Services are provided through a multidisciplinary treatment team approach and the roles, responsibilities and leadership of the team are clearly defined.

II. PURPOSE

To promote the design, collaboration, and delivery of services in an effective and efficient manner.

III. DEFINITIONS

A. **Multidisciplinary Team**, or clinical team, includes members from various disciplines who come together to provide comprehensive assessment, consultation, and continuum of care to support the process of treatment planning and implementation. The multidisciplinary team is composed of, Behavioral Health Director, Clinical Director, Clinical Specialist/Intern, Team Leads, Substance Abuse Counselors, Clinical Family Therapist, Case Management Specialist, Residential Supervisor/Shift Leader, Residential Guidance Technicians, Traditional Practitioners/Counselors, Faith-Based Counselor, other therapists/counselors, Support Staff, Nurse, Recreation Specialist, and Adaptive Education Teacher/Specialist.

IV. RULES

A. The team meets as often as necessary to fulfill decision-making responsibilities.
B. Team members are culturally and linguistically competent relative to the needs of the person served and the composition of the team reflects the culture of the client served. The team provides culturally responsive services consistent with the culture and values of the client and family, acknowledging diversity of tribal and spiritual affiliations.
C. The team assists with implementing the individual treatment plan and on-going treatment care of each client served.
D. Team members help empower each client served to actively participate with the team to promote recovery, progress, or well-being.
E. The clinical team along with other DBMHS staff are responsible at all times for establishing and maintaining a safe therapeutic environment for clients and their family members.
F. The clinical team will ensure DBMHS maintains a therapeutic milieu that is a safe, positive, and caring environment that provides the basis for clients' emotional and behavioral changes.
G. When problems (or potential problems) are identified, the clinical team acts as soon as possible to avoid any risks to clients by taking corrective steps.
H. Team members play a key role in establishing a therapeutic milieu by having a caring attitude toward clients and their families, being good role models, being clear, consistent, fair, and firm, and maintaining healthy professional boundaries with clients.
I. Team members model appropriate professional working relationships and conduct at all times.
J. The team makes recommendations to DBMHS management to ensure the team's ability to meet of the needs of the population it serves.

K. Members of the clinical team assist in all areas of clinical treatment services to meet the needs of the client, regardless of their job functions and credentials/licensure.

V. PROCEDURES

A. Team Lead
   1. The team is coordinated by a team leader who is a qualified behavioral health practitioner.
   2. Team leader has specialized knowledge and competencies necessary to meet the needs of the clients served.

B. Clinical Team Meetings
   1. The clinical team will participate in daily meetings Monday through Friday and review the clinical status and current needs of the clients served.
   2. Members update one another of treatment contacts that occurred from the previous days.
   3. Members update the clinical team on planned contacts that need to occur.
   4. The clinical team makes decisions regarding interventions as needed, immediate concerns, client activities/outings, and level/phase system.
   5. The clinical team responds to client community meeting requests in a timely manner.
   6. The clinical team approves all client/group outings/activities, level petitions, and schedule changes.
   7. The clinical team coordinates with the assigned primary counselor and assists in making decisions and recommendations in accordance with the continuum of treatment care and services such as: client appropriateness for residential treatment care, treatment plans, treatment reviews, therapeutic services, discharge planning, aftercare recommendations, and follow up.
   8. In addition to daily meetings, the clinical team conducts treatment plan reviews for each client at least one time per month and more frequently as clinically necessary.
   9. The clinical team sets the clinical structure such as client schedules, level/phase systems, and client expectations and guidelines.

REFERENCES

NMAC 7.20.11.30
CARF section 2.A, 14

I. POLICY

An On-call Clinician is available during holidays, weekends, and evenings for residential client needs.

II. PURPOSE

A Clinician is available to provide emergency consultation and intervention for residential clients.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. A member of the clinical team is designated on a weekly basis to provide on-call services.
B. On-call Clinicians may be provided with an on-call cellular phone or may provide a personal telephone number where they may be reached.
C. When a Clinician is scheduled to be on-call, that individual will be available by phone at all times and available to be on-site, if necessary, within one hour.
D. When the On-call Clinician is unavailable due to a personal emergency, the next scheduled On-call Clinician may be called.
E. The On-call Clinician is contacted to address major emotional or behavioral problems, or incidents that directly affect the welfare and safety of the client and others.
F. The On-call Clinician exercises clinical judgment to determine appropriateness of telephone or face to face consultation/intervention.

V. PROCEDURES

A. Treatment Center Administrator is contacted only for building or kitchen maintenance and/or a custodial incident if the situation directly and immediately affects client welfare and safety.
B. The clinical team completes the on-call schedule then posted in the RGT office and distributed to individual staff.
C. The Clinician may specify their preference to use either the DBMHS on-call phone or designated phone numbers where they may be reached.
D. The need for intervention is assessed by the residential staff on duty to determine the need for on-call assistance.
    1. The residential staff will make efforts to resolve the problem before contacting the clinical on-call.
    2. Should the behavior continue or increase, the On-call Clinician may be contacted.
E. If an intervention is required the on-call will provide individualized or group therapy, assessment, referral, or other appropriate services to address the client's needs.
F. The On-call Clinician and other staff on duty follow established DBMHS procedures for Crisis Prevention and CPI (crisis prevention institute techniques) de-escalation procedures for preventing harm to self or others.
G. A progress note is completed for every consultation or intervention provided by the on-call and filed in the client's electronic health record in a timely manner.

H. The On-call Clinician will document and "pass-on" any information needed for the current or upcoming residential shift.
I. The On-call Clinician should document time spent responding to client needs and adjust their schedule, as needed, with their supervisor.

I. POLICY

DBMHS residential services include education regarding health, wellness, and recovery; and activities leading to development of recreational and leisure skills.

II. PURPOSE

To promote a healthy lifestyle and recovery to help clients progress in treatment through health, fitness, and physical activity.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Activities addressing Health, Physical Education, and Recreation (HPER), include attention to the following areas as appropriate:
   1. Individual differences and disabilities.
   2. Therapeutic behavior changes.
   3. Personal spiritual growth and development.
   4. Culture and ethnicity.
   5. Food is medicine.

B. All clients receive nutrition education, and the treatment center strives to provide clients with an outstanding model of good nutritional practices by providing them with healthy and appetizing meals and snacks.

C. All clients receive education about common health risks and problems, such as obesity, diabetes, and unintentional injuries. Clients and their families are offered specific services as needed to reduce and prevent the incidence of these conditions, and cope with the effects when they do occur.

D. All clients receive education and information regarding reproductive health, family planning, and prevention of sexually transmitted infections.

E. During all physical education and recreation activities, established DBMHS policies and procedures are followed for client offsite activities and client to staff ratios are maintained in accordance with the nature of the activity.

F. During all physical education and recreation activities, staff are present who have current First Aid and Certified Pulmonary Resuscitation (CPR) certification.

V. PROCEDURES

A. The Recreation Specialist plans and coordinates physical education, recreation, and experiential learning activities as follows:
   1. Maintains a quarterly schedule for all off-site physical education and recreation activities.
   2. Regularly presents a current proposed activity listing to the clinical team for consensus and addition to the weekly treatment schedule.
   3. For activities requiring purchases, other expenditures, or off-site travel, the Recreation Specialist will submit the following documents at least four weeks in advance of the scheduled activity to BHD/CD/CS and NDOH approval:

a. Brief justification memo describing the activity and explanation of therapeutic benefit for clients.
b. List of DBMHS client initials for client participation.
c. List of all staff facilitators, including identification of Recreation Specialist/lead staff for the activity.
d. An itinerary with dates, times, and locations of specific therapeutic, recreational, and learning activities.
e. Emergency contact information corresponding to the type and location of activity.
f. If the activity occurs during clients' meal or snack time, a menu for all meals/snacks will be provided.

4. The BHD/CD/CS and designated program support staff will submit the packet to DBMHS Central Office for approval, along with any procurement forms needed, and will complete the procurement process.
5. The Recreation Specialist is responsible for following up with the BHD/CD/CS and designated program support staff well in advance of the scheduled date to determine if the approval and procurement processes have been completed.
6. Upon approval the Recreational Specialist will begin to prep for the outing. If the activity is disapproved, then the Recreation Specialist implements a backup plan.

B. All staff present during the activity actively supervise clients and assist the Recreation Specialist facilitate activities during all health, physical education, and recreation activities.
C. During all activities, clients are expected to behave in accordance with program rules and expectations according to the Family Client Information Handbook.
   1. The lead facilitators of the activity are responsible for processing disruptive or negative behaviors with the group.
   2. Clients are given opportunities individually or as part of the group to modify disruptive behavior.
   3. All staff facilitators ensure that positive behavior, goal attainment, and group successes are also recognized and processed.
D. Staff debriefing is routinely held following all offsite activities to discuss what worked and did not work, successes and challenges.
E. Recreational equipment is regularly inspected for safe operating conditions. All broken and potentially dangerous equipment is removed from client use immediately and repaired or replaced.
F. The ropes course may be used in collaboration with other community-based programs. The ropes course is designed as a challenge activity for team building, team problem solving, and group achievement. DBMHS staff who are trained as ropes course instructors are responsible for assuring that all elements and equipment are safe for client use. All ropes course equipment will comply with safety standards.
G. The following rules are applied during all activities that involve physical exertion:
   1. Warm up before engaging in any physical activities.
   2. Proper clothing and footwear are strongly encouraged; clients who do not possess and cannot obtain appropriate gear are offered help.

3. All equipment is accounted for and stored properly by staff at the end of every activity.
4. Clients are expected and assisted to maintain appropriate physical and verbal boundaries.

REFERENCE

CARF 3.T.1

I. POLICY

Residential Admissions are based on clinical data describing the presenting problem, history, and psychosocial context, and admission decisions are made by qualified clinical personnel based on established written criteria.

II. PURPOSE

Residential Treatment is intended for individuals who require more intensive, comprehensive, and structured care.

III. DEFINITIONS

A. **ASAM Level 3.1: Clinically Managed Low-Intensity Residential Services**
Services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. Programs are often considered appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment (Mee-Lee, Shulman, Fishman, Gastfriend, Miller, & Provence, 2013).

B. **ASAM Level 3.5: Clinically Managed Medium-Intensity Residential Services (Adolescent Criteria)**
Program designed to serve individuals who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care (Mee-Lee, Shulman, Fishman, Gastfriend, Miller, & Provence, 2013).

C. **Clinical Team**
The Clinical Team is composed of all direct service staff. A clinician licensed and qualified to provide clinical supervision is the Team Leader. The team may meet and take actions with at least four members present, but actions must be communicated to all clinical team members through established procedures.

IV. RULES

A. The following are eligibility criteria for admission:
   1. Adolescents: Age13 through 17.
   2. Diagnosis of Substance Use Disorder.
   3. Meets ASAM Criteria for Level 3 Residential Placement.
   4. Certificate of Indian Blood.

B. The following are exclusionary criteria for admission:
   1. Acute risk for suicidal behavior.
   2. Significant risk for homicidal or severely violent behavior.
   3. Actively psychotic or with unresolved impairment in reality testing.
   4. Significant flight risk requiring a secure facility.
   5. Moderate to severe developmental or cognitive impairment.
   6. Presence of an acute medical condition.
   7. Refusal to participate in the program.

C. Adolescent clients who turn 18 while a client of the residential program may remain a residential client until they finish their course of treatment.
D. Before the admission process can be completed, the following documents must be provided:
    1. Certificate of Indian Blood
    2. Social Security Card
    3. Photo ID or birth certificate
    4. Psychiatric and/or Mental Health Evaluation
    5. Current Physical Exam and Immunization Record
E. Admissions are based on evident and serious substance abuse problems, along with co-occurring behavioral, psychological, or emotional problems; or individuals with history of unsuccessful treatment at a lower level of care who require active residential psychotherapeutic intervention and a 24-hour therapeutic group living setting to meet their developmental, psychological, social, and emotional needs.
F. Non-English-speaking clients may be referred to an individual/agency that specializes in treating individuals from select cultures and have linguistic specific services that better meet the needs of the client.
G. In the event that the client is unable to sign his/her name, his/her mark must be obtained. This is done by writing the client's name in full and having the client place his/her "X" beneath it. Two staff shall witness the client placing his/her mark and both sign as witnesses on electronic signature pad.
H. Criteria for referring an individual to another agency or entity will occur when the opinion of the clinical director and treatment team determines the client or applicant can be better served at another level of care or to meet critical needs that are a priority over their substance abuse disorders. The decision to refer will be based on:
    1. The health and welfare of the client may be in danger to self and/or others.
    2. The physical needs: a medical condition/complication that requires immediate attention outside of the medical services available to clients and to where their medical treatment would interfere with the substance abuse treatment.
    3. Their emotional and psychological condition/complication cannot be met by the treatment program and interferes with their substance abuse treatment.
    4. The health and safety of the treatment program staff or other clients that may be in jeopardy due to the medical, emotional, or psychological condition of the client.
    5. The clients' legal status and court requirements would interfere with the clients' ability to complete the treatment plan as expected.
I. Clients are referred to other providers when:
    1. There is a request by the client / guardian / client's legal representative.
    2. When the service's available cannot meet the symptomatic needs of the client.
    3. When a client's symptomatic condition presents a need for alternative services.
    4. When services are available at another provider / agency that are a better match for a client's symptomatic needs or the client's desire for a specific type of service to be delivered that is not provided at DBMHS.
    5. When a client's treatment goals remain unmet, despite revisions to the treatment plan, it is agreed upon that an alternative setting / provider may improve the

probability of the client in achieving their goals for treatment.

J. Statistics will be maintained on intake activity. These statistics will include referral source, age, sex, and race of clients referred, city of residence, source of income, income, education, type of insurance, and disposition. These statistics will be compiled on a monthly basis and available for management review.

V. PROCEDURES

A. Referral Process
   1. Referrals are received and coordinated by the Case Management Specialist or other designated staff.
   2. Referrals are made by any service provider, court, community substance abuse providers, or parent/guardian of the client. The referral source enters into partnership with DBMHS to coordinate services and contribute to the continuum of care during and after treatment.
   3. Clients who are admitted by court order must voluntarily consent to treatment.
   4. Pre-admission screening must indicate probable presence of a substance use disorder and a need for residential treatment.

B. The Case Management Specialist or other assigned staff assists the referral source in completing the following steps during the Pre-admission process.
   1. Using the DBMHS referral form or other format, the referral source provides information in the following areas:
      a. Referring agency contact information.
      b. Client identifying information.
      c. Parent/Guardian identifying information and family background.
      d. Substance abuse and mental health history
      e. Description of recent behavior problems.
      f. History of suicidal/homicidal ideation or behavior.
      g. Legal history.
      h. Educational history.
      i. Significant life events.
      j. Medical history.
      k. Family involvement in treatment.
   2. The referral source obtains signed Release of Information forms allowing exchange of confidential information between the referral source and DBMHS.
   3. The referral source forwards copies of the following required documents:
      a. Social Security Card
      b. Birth Certificate
      c. Certificate of Indian Blood
      d. Immunization record
      e. Medicaid or other insurance card
      f. Guardianship papers (if applicable)
      g. Other court documents related to the referral.

4. The referral source assists the family in obtaining the following, if possible; any medical evaluation not obtained during the preadmission phase will be obtained as soon as possible following admission.
    a. Medical history and physical completed by a qualified health care provider that meets established Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards for a "tot to teen" health check, completed within the past twelve months.
    b. Mental health evaluation (or assessment) completed by a psychiatrist or other independently licensed mental health provider, including a diagnosis, and indicating if the client is psychiatrically stabilized and appropriate for a residential level of care.
    c. Tuberculosis skin test.
    d. Any applicable lab test results.
    e. A recent physical examination, which includes a "free from communicable disease" statement from the Physician or RN Practitioner.
    f. Any other available relevant psychiatric, psychosocial, or educational assessments.
5. The referral source and family are provided with the following:
    a. Copy of the residential program brochure.
    b. List of personal belongings to bring when checking in to the facility.
    c. List of items not permitted in the facility.

C. Preadmission documents are reviewed for completeness by the Case Manager, and when information is complete it is reviewed by at least three clinical team members, including a licensed independent provider. The team members will decide regarding admissions based on the following considerations:
    1. Eligibility and exclusionary criteria.
    2. The level of care provided by the treatment program is consistent with the needs of the applicant.
    3. The service needs of the applicant can be appropriately provided by the facility.
    4. Availability and appropriateness of any alternatives for less intensive or restrictive treatment.

D. All admissions or denials for admission will be recorded and signed by the Case Management Specialist and the team members on the Case Management Referral Form.

E. The decision of the Clinical Team is communicated to the referral source within 24 hours.

F. If the applicant is accepted, the Case Manager will provide the referral source and parents/guardians with verbal and written notification, and they will be notified on the date and time for residential admission.

G. If the applicant is rejected, the Case Manager will provide the referral source with verbal and written notification, including the reasons for denying admission, whether there might be later reconsideration, and suggestions for treatment alternatives. Referral sources or parents may request reconsideration if they disagree with the Admission Committee's decision. Reconsideration is based on additional information and an onsite assessment as indicated.

H. If there is a waiting list, the Case Manager or the designee works with the referral source on treatment alternatives and treatment recommendations while awaiting admission.
I. During the admission process the client, parent(s)/guardian and Case Manager or designated center staff will review the following in full and signed acknowledgement is placed in the client record:
    1. The center's mission, program component and specific services.
    2. Evaluate and determine the immediate resources needed to provide the initial client treatment, counseling, nursing, or psychiatry.
        a. The Clinical Director or a substance abuse Certified supervisor, master's level (professional) counselor will function as a care coordinator, responsible for assuring that the required assessments are completed, completing the treatment plan, coordinating the schedule of treatment, assuring the resources for multidisciplinary treatment are available. The professional counselor will provide individual counseling and family counseling as needed.
        b. A Certified Substance Abuse Counselor (or Behavioral Health Technician) may be used to provide either counseling services (either individually or jointly with the professional counselor) and behavior monitoring. All services provided by the behavioral health technician will be provided under the supervision of the professional counselor, the care coordinator.
        c. A Traditional Counselor/Practitioner (paraprofessional counselor) may be used to provide support, cultural training, and behavior monitoring. All services provided by the paraprofessional counselor will be under the supervision of the professional counselor.
        d. A Residential Guidance Technician (or Behavioral Health Technician) maintains a safe environment, monitors clients, daily log of activities, records of medication taken by clients; administers first aid, assists counselors in planning and leading recreational activities and other group sessions; contacts and arranges with speakers/ presenters to give educational presentations for clients. Transports clients to the hospital or scheduled appointments and/or the local store. All services provided will be under the supervision of the Residential Supervisor.
        e. A subcontracted Registered Nurse or IHS Medical Center will be available to provide medication administration, regular medication review, and assessment/referral/management of the client's physical health needs.
        f. If maintenance medication for a new client is to be self-administered, initial medication consultation must be obtained from the designated Medical Provider at the time of admission. A face-to-face psychiatric and medication evaluation should be arranged with the designated DBMHS Medical Provider before additional medication orders are written. It is preferable that the psychiatric evaluation may be arranged at the facility; however, when required, the evaluation may be conducted at the referring Facility.
    3. The purpose of the treatment team in regard to the planning of the client's individualized treatment plan.
    4. The client's individual rights.

5. The expectations of the client's tasks and duties.
6. The center's rules and regulations.
7. The grievance and appeal procedures.
8. Guidelines for restriction of client rights.
9. The client's primary counselor, counselor's title, and professional responsibilities will be provided to the client, and parent(s)/guardian.
10. The client treatment schedule.
11. The terms and conditions of each admission form will be provided to the client, and parent(s)/guardian and referral source, verbally and in writing.
12. A complete process of informed consent in accordance with DBMHS policy.
13. Search of a client's person and possessions in accordance with DBMHS policy.
14. Check-in and documentation of client's personal possessions and any money brought to the facility.
15. Any personal items that are inappropriate for treatment will be returned to the family on the day of admission.
16. Orientation of client and family to program rules, expectations, and Client/Family Handbook.
17. Tour of the facility.
18. Orientation to treatment program components, including educational and traditional services.
19. An isolation period may be required upon admission.

J. Requests for re-admission fall into three categories:
   1. Request for re-admission of a client who failed to complete treatment because of elopement from the facility, discharge against clinical advice, breaking a significant rule, family emergency, or need for medical care; or
   2. Clients who completed treatment but request readmission following a relapse; or
   3. The clinical team recommends continuation of residential treatment when a client has completed a full 90-day course of treatment.

K. Procedures for request for re-admission within one year of discharge:
   1. If client has received any additional treatment services since discharge from residential, copies of updated psychiatric/mental health evaluations and substance abuse evaluations are required.
   2. If the client was noncompliant with treatment at the time of discharge, the client is asked to provide a written statement explaining why they seek readmission and why the individual believes they will be able to succeed in treatment if readmitted.
   3. A letter is requested from the referral source indicating the reason for re-admission, addressing the reason for discharge, the aftercare relapse prevention services that were offered after discharge, the client's current status and attitude toward treatment, and their legal status. If there is a court order, it is requested with the referral letter. The complete referral packet is not required in these cases because the previous packet remains valid.
   4. The Clinical Team reviews the status at discharge and the reasons further care is being requested, considering whether:
      a. Treatment needed by the applicant is provided by the program.

b. Treatment needed is appropriate to the intensity and restrictions of care provided by the program.
c. Alternatives for less intensive and restrictive treatment are insufficient or unavailable.
d. The client and parents are motivated and committed.

L. Procedures for request for re-admission more than one year after discharge:
1. Completion of a current preadmission packet is required. The only exceptions are the Certificate of Indian Blood, the social security card, and the birth certificate, which remain on file.
2. Procedures for re-admission after one year are the same as for a new applicant.

M. Crisis referrals may be accepted on a case-by-case basis.

N. Statistical information is kept on the numbers of referrals that are admitted, accepted but not admitted, and denied admission. Additional statistics include age, tribe, gender, and referral source.

REFERENCES

NMAC 7.20.11.23.
NMAC 7.20.11.30.
NMAC 7.20.12.7
Title 9 Arizona Administrative Code, Article 3. Behavioral Health Inpatient Facilities, R9-10-307

I. POLICY

The residential client assessment process informs the treatment planning process and is reviewed on an ongoing basis.

II. PURPOSE

Residential adolescent client assessments are conducted for residential placement and across the continuum of care from multiple disciplines.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Assessments are completed in accordance with established DBMHS timelines.
B. Each client is assessed at admission and reassessed at regularly specified times to evaluate his or her response to treatment, and specifically when significant changes occur in his or her condition or diagnosis.
C. Assessments will evaluate the strengths, needs, abilities, and preferences of each client in the context of their own environment, addressing spiritual, cultural, cognitive, emotional, social, educational, developmental, psychological, physical, medical, and nutritional functioning.
D. The assessment process is multidisciplinary, involves active participation of the family or guardian whenever possible, and includes documented consideration of the client and family's perceptions of treatment needs and priorities.
E. The assessment must document how the client meets the diagnostic criteria for a substance use disorder as defined by DSM-5.

V. PROCEDURES

A. An ongoing assessment is conducted of physical, psychological, and social functioning, to determine the client's need for further treatment, care, or services, and to assess risk of behavior that is likely to cause harm to the client or others.
B. Following admission, assessment processes include the following:
    1. A complete biopsychosocial assessment is completed prior to writing the comprehensive treatment plan by a licensed or certified clinician with contributions from multidisciplinary team members. Based on the assessment, other screenings or assessments may be completed, as needed.
    2. The biopsychosocial assessment includes the following:
        a. Assessment of the client's personal, family, medical and social history, including:
            i. Treatment history and relevant previous records and collateral information.
            ii. Relevant family and custodial history, including non-familial custody and guardianship.
            iii. Client and family substance use history.
            iv. Medical history, including medications.

v. History, if available, as a victim of physical abuse, sexual abuse, neglect, or other trauma.
vi. History as a perpetrator of physical or sexual abuse.
vii. The individual's and family's perception of his or her current need for services.
viii. Client's own perception of individual strengths and needs.
ix. Identification of the individual's and family's strengths, needs, abilities, and preferences.
x. Stages of change and overall stage.
xi. Determine ASAM level of care/placement.
xii. Evaluation of current mental status.

b. A psychosocial evaluation of the client's status and needs relevant to the following areas, as applicable:
   i. Psychological functioning.
   ii. Intellectual functioning.
   iii. Educational/vocational functioning.
   iv. Social functioning.
   v. Developmental functioning.
   vi. Substance abuse.
   vii. Cultural and spiritual orientation.
   viii. Leisure and recreation.
c. Evaluation of high-risk behaviors or potential for such.
d. A Suicide/Violence Risk Assessment.
e. Current homicidal behaviors, homicidal plan, and related risk factors.
f. An interpretive summary of information gathered in the clinical assessment process, in a clinical formulation that includes identification of underlying dynamics that contribute to identified problems and service needs.

3. The Social Determinates of Health (SDOH) are assessed in the 5 Domains:
   a. Economic Stability
   b. Education Access and Quality
   c. Health Care Access and Quality
   d. Neighborhood and Built Environment
   e. Social and Community Context
4. An educational evaluation or current, age-appropriate Individualized Educational Plan (IEP), or documented evidence that the client's academic performance is at their current grade level.
5. Physical fitness assessment is completed, summarized by the DBMHS Recreational Specialist, and reviewed by the assigned Primary Counselor.
6. Cultural assessment is completed, summarized by the DBMHS Traditional Practitioner, and assigned Primary Counselor.
7. Nursing Assessment is completed if not obtained at pre-admission.
8. When indicated by clinical need, a mental health and/or psychiatric evaluation.
9. A psychological evaluation, when specialized psychological testing is indicated.

10. An initial mental status exam and monthly updates on mental status and current level of functioning, performed by an Independently licensed behavioral health practitioner.

C. The assessments completed by different members of the multidisciplinary team will be filed in the electronic health record.
   1. The Licensed Clinician will approve and sign the Clinical Intern/Technician's assessment to which they completed or to which they made a significant contribution.

D. If the comprehensive assessment is completed prior to admission, it is updated at the time of admission.

E. Assessment information is reviewed and updated as clinically indicated and documented in the client's record.

F. For clients who receive services for one year or longer, an annual mental status exam and psychosocial assessment are conducted and documented in the client's record as an addendum to previous assessment(s).

G. The Treatment Center makes every effort to obtain all significant collateral information and documents its efforts to do so. As collateral information becomes available, the comprehensive assessment is amended.

H. The findings of the clinical formulation based on the overall assessment will list the client's problems on the Integrated Treatment Plan. This list will prioritize the client's treatment needs by indicating:
   1. Problems which will be addressed at the Residential Treatment Center.
   2. Problems which will be addressed as part of discharge planning, and
   3. Problems which have been identified, but do not require action at the present time.

REFERENCES

NMAC 7.20.11.23
AAC R9-10-307
CARF 2.B.7-10; 4.A.1-2

I. POLICY

Treatment planning is a continuous function of the multidisciplinary treatment team.

II. PURPOSE

Treatment planning incorporates assessment findings, input from the client, family and referral source, ongoing assessment of client progress, and discharge planning.

III. DEFINITIONS

A. **Cultural Responsiveness**
Culturally responsive care is a philosophy that guides behavioral health providers toward fully seeing and valuing clients for all aspects of their identity, background, and experiences.

B. **Culturally Competency**
Culturally competent individuals are characterized by their understanding of and respect for the differences among diverse groups (i.e., acknowledging and incorporating acceptance of customs, values, and beliefs of different groups): continuing self-assessment regarding culture; careful attention of the dynamics of difference; continuous expansion of cultural knowledge and available resources; and appropriate adaptations of services models to better meet the needs of the diverse populations.

IV. RULES

A. Treatment planning is conducted under the direction of the multidisciplinary team leader, who is licensed and qualified to provide clinical supervision and who has sufficient programmatic authority to ensure treatment plans are executed as written.

B. Treatment planning involves to the maximum extent possible participation of all team members, including the client and his or her parents/legal guardian; reasons for nonparticipation of client and/or parent/legal guardian are documented in the client's record.

C. When not therapeutically or legally contraindicated, the treatment center encourages parent/client contact and makes efforts at family reunification. Such contacts and efforts are documented as they occur. If reunification is contraindicated, the reason is documented in the client's record at the time that determination is made, and the issue is reconsidered when indicated.

D. All treatment plans will be reviewed with the client, parent(s)/legal guardian and signed by all the parties who participated in the treatment planning.

E. Treatment planning is conducted in a language the client and/or family members can understand or is explained to the client in language that invites full participation.

F. A copy of the treatment plan and any updates are provided to the client and the family, and originals are filed in the client record.

G. Treatment plans and updates are completed in accordance with timelines established by DBMHS policy.

H. An individualized treatment plan is formulated and updated at specified intervals to document the client's clinical problems, treatment goals and objectives, and planned therapeutic interventions.

I. Each treatment plan is individualized according to the client's strengths, needs, abilities, and preferences.
J. Treatment planning involves case management conducted by staff and coordination of related addiction treatment, health care, mental health, and social/vocational/housing services provided concurrently, as well as the integration of services in this and other levels of care.
K. The plan documents in measurable terms the specific behavioral changes targeted, including potential high-risk behaviors; corresponding time-limited intermediate and long-range treatment goals and objectives; frequency and duration of program-specific intervention(s) to be used, including medications, behavior management practices, and specific safety measures; the staff responsible for each intervention; projected timetables for the attainment of each treatment goal; a statement of the nature of the specific problem(s) and needs of the client; and a statement and rationale for the plan for achieving treatment goals.
L. The treatment plan specifies and incorporates the client's permanency or discharge plan.
M. The plan provides that clients with known or alleged history of sexually inappropriate behavior, sexual aggression or sexual perpetration are adequately supervised so as to ensure their safety and that of others.
N. Each client is assessed at admission and reassessed at regularly specified times to evaluate his or her response to treatment, and specifically when significant changes occur in his or her condition or diagnosis, and these assessments drive the treatment plan and subsequent updates.
O. At specified times DBMHS develops reviews, revises treatment plans, and provides ongoing discharge planning with the full participation of the treatment team, and this process is recorded as a treatment plan update.
P. The client's record contains evidence of participation of treatment team members in each phase of the treatment planning process.
Q. Treatment planning as specified in this policy meets applicable provisions of the Navajo Nation Children's Code, and the State of New Mexico Children's Code.

V. PROCEDURES

A. Integrated Treatment Plan (ITP)
    1. The treatment plan is documented during assessment or within 3 contacts with client of admission to residential treatment. Based on information available at the time, initial goals, strengths, problems, and immediate needs are identified at admission.
    2. The ITP is reviewed by the Clinical Supervisor and is based on the comprehensive assessment, and other assessments such as: psychological evaluations, psychiatric evaluations, mental health assessments, nursing assessments, physical exams, cultural assessments, physical fitness assessments, educational assessments, and other available documents.
    3. The ITP contains the treatment planning elements: strengths, needs, abilities, and preferences.
    4. The ITP also includes the following elements: a statement of the least restrictive conditions necessary to achieve the purposes of treatment, and an evaluation of the

client's cultural needs and provision for access to cultural practices, including cultural traditional treatment.

5. Each treatment plan shall include a clearly stated problem with enough detail to adequately describe the problem. The specific behavioral manifestations of the problem should always be included in the problem statement. Primary focus is given to problems associated with the client's emotional and psychiatric condition; however, related problems may be identified, if they contribute to a mental health and/or alcohol/drug problem or require a treatment response. Problems may include, but should not be limited to:
    a. Reason for entry (presenting problem)
    b. Distressing symptoms
    c. Physical impairment
    d. Psychological impairment
    e. Lack of emotional/social support
    f. Behavior/conduct
    g. Family/friends
    h. Work/occupation
    i. Educational problems
    j. Financial problems
    k. Legal problems

    A goal should be identified which corresponds to each stated problem. The goals should be a general statement of the desired outcome in terms of the client attaining, maintaining, or re-establishing a more satisfactory state of functioning.
6. Measurable objectives that relate to the goals should be described. Each objective must contribute to the client's achieving the stated goal. Objectives should be written to indicate what the client will do (not what the client will not do). Objectives should be concrete and specific, and described in terms of observable changes in the client's behavior, skills, attitudes, circumstances, or resources. Objectives, which involve covert changes, such as changes in attitudes or knowledge, should include behavioral indicators.
7. Each objective should have an anticipated target date for achievement of the objective. When an objective is accomplished, the date it is resolved should be entered. For objectives, which are not fully resolved at the time of discharge, the discharge date should be entered in the "partially resolved" column. For clients who leave the program prior to completing treatment, the "resolved" column should be completed with "NR" for "not resolved."
8. Each treatment objective should have a corresponding treatment plan or intervention(s). Each intervention should indicate the date it was entered, a description of the intervention, frequency of the intervention, and responsible staff person(s).
9. Each treatment plan should be signed by the staff person who developed the problem list and by the client to indicate he/she is aware and has participated in the formulation of the objectives and interventions.

10. All treatment plans developed will be reviewed and approved for medical necessity by a physician member of the professional staff.
11. At least weekly, the treatment plan will be reviewed as part of the staffing procedure conducted by the professional staff. The client will be invited to attend as appropriate. The client's progress will be reviewed, barriers to treatment will be identified and discussed, and additions or revisions to the treatment plan will be completed.
12. The staffing and treatment plan review form will be used to document the results of the treatment plan review. Those persons attending the staffing will verify their participation by signatures on the staffing and treatment plan.

B. The ITP documents a discharge/permanency plan that:
   1. Requires the client to have achieved the objectives of the treatment plan.
   2. Requires the discharge to be safe and clinically appropriate for the client.
   3. Evaluates potential for high-risk behaviors.
   4. Identifies options for alternative or additional services that may better meet the client's needs.
   5. Establishes specific criteria for discharge to a less restrictive setting.
   6. Establishes a projected discharge date, which is updated as clinically indicated.

C. Treatment Plan Review
   1. Each treatment plan review documents assessment of the following, in measurable terms:
      a. Progress, or lack thereof, toward treatment goals and objectives.
      b. Identification of barriers to discharge.
      c. The client's response to all interventions, including specific behavioral interventions.
      d. The client's response to medications.
   2. At least weekly, the treatment plan will be reviewed as part of the staffing procedure conducted by the clinical staff. The client will be invited to attend as appropriate. The client's progress will be reviewed, barriers to treatment will be identified and discussed, and additions or revisions to the treatment plan will be completed.
   3. The treatment plan is reviewed by the treatment team at intervals not to exceed 30 days and is revised as indicated by changes in the client's behavior or situation, the client's progress, or lack thereof.
   4. The team considers significant events, incidents, and/or safety issues occurring in the period under review.
   5. The review leads to changes in ITP goals, objectives, and interventions, as needed.
   6. The review reflects any change(s) or updates in diagnosis, mental status, or level of functioning.
   7. The review considers the results of any referrals and/or the need for additional consultation.
   8. Treatment Plan Review assesses effectiveness of behavior-management techniques used in the period under review.

REFERENCES

AAC R9-10-708
NMAC 7.20.11.22-23; 7.20.11.30
NMSA 1978, Sections 32A-6-10
NNC Title 9 Chapter 11

I. POLICY

DBMHS will determine discharge from residential treatment based upon the following criteria: successful completion of treatment, transfer to another level of care; non-compliance with treatment; emergency discharge, or against clinical advice.

II. PURPOSE

Discharge planning begins at the initial referral and continues throughout the course of the client's treatment.

III. DEFINITIONS

A. **Against Clinical Advice**
Client decides to leave the treatment center against clinical advice/recommendation.

B. **Emergency Discharge**
Movement of a client experiencing acute symptoms i.e., mental health symptoms, injury, COVID-19, from one health treatment center to another facility based on level of severity.

C. **Transfer**
Movement from one level of care to another, or movement of a client from one healthcare facility to another.

IV. RULES

A. Decisions for a non-emergency client discharge will be reviewed and determined by the clinical/multidisciplinary team.
B. A discharge date is established based upon the client's completion of treatment goals, objectives, non-compliance or against clinical advice.
C. Any client discharge occurs in a manner that provides for safe and orderly transition to continuing care.
D. Client is provided with adequate pre-discharge notice, including specific reason(s) for discharge and an appropriate referral for continuing care.
E. Emergency discharge will be determined based on level of severity, such as a danger to self or others, by the assigned primary counselor or a licensed behavioral health provider. The client's parent(s) guardian and the referral source will be notified immediately in an emergency discharge.
F. A written discharge summary is placed in the client's record within seven (7) days of termination of services.
G. The integrated treatment plan includes a discharge/permanency plan, which includes discharge criteria, options for continuing care, living/housing arrangements, and timelines.
H. The discharge plan is finalized by the client, parent, and assigned primary counselor no later than the client's final treatment review.
I. If the multidisciplinary team determines a situation exists such that the client may be unsafe when discharged to the custody of a parent/guardian, appropriate authorities may be informed prior to discharge.

J. A progress note is written indicating client status at discharge and summarizing the discharge plan. Clients who successfully complete treatment goals and objectives are recognized with a certificate of treatment completion.

V. PROCEDURES

A. Discharge/Permanency planning begins during the pre-admission process.
   1. The Case Management Specialist assists community referral sources to assess the potential applicant and determine the level and types of care needed.
   2. The initial referral information includes data necessary for discharge/permanency planning, such as where the applicant will live after discharge.
   3. The assigned primary counselor addresses continuing care concerns and permanency planning with the family during the admission process and throughout the client's treatment.

B. The discharge plan will include:
   1. Continuing care appointments for therapeutic treatment services and appointments that are relevant to the client's on-going recovery process such as medical, psychiatric, vocational/educational, and legal.

C. A written discharge transition plan is completed for all clients and includes:
   1. Overall summary of progress or regress.
   2. Date of admission and discharge.
   3. Presenting condition.
   4. Target behaviors addressed.
   5. Description of interventions and client response.
   6. Complete diagnosis.
   7. Psychotropic and other medications, and client response.
   8. Stages of change and overall stage.
   9. ASAM level of care/placement.
   10. Reason for transition or discharge.
   11. Status of the client at discharge.
   12. Recommendations for continuing care with specific details of referrals/appointments made.

D. Non-Compliance discharge may be precipitated by client or guardian's refusal to consent to further treatment, psychiatric emergency, medical emergency, client elopement, or other unforeseen circumstances.

E. Discharge against clinical advice occurs when a client and/or parent/legal guardian requests discharge against the advice of the clinical team or because the treatment goals and objectives were not met.
   1. If the client is referred to DBMHS by the courts, the client and family will be informed of consequences and the probation officer is informed of the discharge.
   2. DBMHS has 72 hours to arrange for discharge.
   3. The Discharge Against Clinical Advice is entered in the electronic health record by the primary counselor.
   4. The assigned primary counselor, client, and parent/guardian finalize the discharge plan.

F. Transfer to another level of treatment care:
   1. A client may be transferred to another setting for medical, psychiatric, behavioral, or legal reasons, based on the recommendation of the clinical team or at the request of the client or parent(s) guardian.
   2. The type of transfer depends on the client's age, medical, and psychiatric status, location of home, and family situation.
   3. Transportation may be provided by emergency services, the family, DBMHS staff or community providers as appropriate.
   4. Placement to a long-term facility is planned in advance and coordinated with the client, family, referral source, receiving program, and DBMHS clinical team.
   5. A Discharge Summary is sent with the client to the new placement if possible and is always sent to the receiving program within 24 hours of the transfer.

G. In any situation when a client presents a likelihood of serious harm to self or others, DBMHS staff follows established policies and procedures to ensure client safety. The clinical team makes all appropriate efforts to manage the client's behavior prior to proposing emergency discharge, while ensuring the safety of all clients and staff.

H. Emergency discharge follows procedures for transfer to another level of care, with the following additional requirements:
   1. Emergency Medical Services and/or police are contacted as needed.
   2. The client is transported to a local hospital emergency room for assessment of the psychiatric or medical emergency.
   3. A written summary of the known facts of the emergency is provided to the attending hospital physician.
   4. DBMHS staff will assist hospital staff as needed to complete an inpatient psychiatric placement, if necessary.

REFERENCES

NMAC 7.20.11.23.
NMAC 7.20.11.22

I. POLICY

DBMHS provides each adolescent residential client with individual and group counseling, and evidence-based, culturally responsive therapy in accordance with a written treatment plan.

II. PURPOSE

Providing therapy and counseling to help clients manage the challenges and conditions related to substance use, addiction, and co-occurring disorders.

III. DEFINITIONS

A. **Primary Counselor (PC)**
The primary provider of individual counseling and/or therapy to the client; leads and coordinates treatment planning and all therapeutic services with the Multi-Disciplinary Team.

IV. RULES

A. The clinician must hold a license in any behavioral health discipline that may be at either an independent or non-independent provider level. Counselors receive clinical supervision and training in accordance with DBMHS Policies and other applicable regulations.
B. Depending on level of care, individualized intensive counseling and/or therapy will be provided to each client.
C. DBMHS will maintain a reasonable counselor/client ratio in order to meet the need of prompt, competent, and appropriate treatment services.
D. The client's cultural orientation and spiritual beliefs will be respected in all cases.
E. Accommodation is made as needed for client special needs, abilities, or disabilities.
F. Additional specialized individual therapy may be provided to the client to meet specific needs identified on the treatment plan.
G. The client is assigned a Primary Counselor (PC) who coordinates all counseling and/or therapy sessions and referrals.
H. Counseling/Therapy sessions address substance use and/or co-occurring issues.
I. All counseling/therapy sessions are documented as progress notes and placed in the client's electronic health record.

V. PROCEDURES

A. Counseling and psychotherapeutic services are provided as prescribed in the Integrated Treatment Plan according to the needs of the client:
B. Individual counseling is provided to the client by a Primary Counselor, Family Therapist, Clinical Specialist, Licensed Mental Health Provider, Pastoral Counselor, and/or a Traditional Practitioner/Counselor.
C. Based upon the client's need, the Primary Counselor may make additional provisions.
    1. If needed, the primary counselor in consultation with the multi-disciplinary team will make a referral for therapeutic services and mental health/psychiatric evaluations.
    2. Once a need is identified, the mental health provider will consult with the assigned primary counselor to ensure the client receives the maximum benefits of therapeutic care.

3. The assigned primary counselor will coordinate appointments with the mental health provider.
4. All additional provisions are to be documented in the integrated treatment plan and reviewed during multi-disciplinary treatment team reviews.

D. In the case of a client who has a spiritual belief system not commonly found in the population served by DBMHS, the Primary Counselor will make reasonable efforts to provide access to an individual with a similar belief system.

E. Family therapy, either individual family or multi-family group, is provided to all clients on a regular basis.
1. Family Day is held weekly on a case-by-case basis and all families are strongly encouraged to attend and participate in conjoint family therapy.
2. Arrangements for family therapy on alternate days will be provided for families whose schedule or travel barriers prevent them from attending scheduled Family Days.
3. If needed, individualized family therapy sessions will be provided and will be coordinated through the assigned primary counselor.
4. If needed, home based family therapy sessions can be accommodated and will be coordinated through the assigned Primary Counselor. Home-based sessions are determined by need and made available if a family is not able to attend.

F. Group counseling, therapy, recreational activities, and psychoeducation are provided in accordance with the posted weekly treatment schedule.

G. A minimum of two (2) hours of individual counseling and/or therapy per week is provided to every client, with accommodation made for client needs to ensure maximum therapeutic benefits. Depending on level of care, i.e., Level 3.1 requires no less than 5 treatment services per week.

H. According to level of care 3.5, a minimum of fifteen (15) hours of group counseling, therapy, and psychoeducation per week is provided to every client.

I. POLICY

DBMHS ensures the continuity of the adolescent residential client's educational progress while in treatment.

II. PURPOSE

A daily structured program which includes individualized education services based on the needs of the individual client.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. DBMHS adolescent residential treatment center:
   1. Provides individual and group instruction to address remedial needs, skills development, and to maintain academic skills while receiving residential treatment.
   2. Provides academic education services that match client's learning style(s).
   3. Periodically provides adolescent's parent/guardian with an academic report.
   4. Coordinates services with the school attended by the adolescent client prior to admission and following discharge from the residential program.
   5. Interfaces with other educational agencies and programs as needed.
   6. Provides a minimum of nine (9) hours of academic education for adolescent clients weekly, in addition to other scheduled therapeutic and educational sessions.
   7. Provides knowledge and skills to enhance adolescent future employment capabilities and educational pursuits.
   8. Provides individualized tutoring, as needed.

V. PROCEDURES

A. At admission, a signed Release of Information (ROI) is requested from the client, and parent/guardian, to obtain any relevant educational assessments, behavioral reports, and academic reports and grades.
B. Within seven (7) days of admission, complete an educational evaluation or current, age-appropriate Individualized Educational Plan (IEP); or obtain documented test results that indicate the adolescent client's academic performance is at their current grade level.
C. Assessment findings serve as a baseline for educational progress attained while in residential treatment and serve as a basis for development of educational goals and objectives.
D. Adaptive Education Teacher will develop an individualized academic plan with each client. The goals and objectives of the student's academic plan are included in the integrated treatment plan (ITP).
E. Educational goals in the ITP may include, but are not limited to, the following:
   1. Continuing coursework provided by the school where the client is currently enrolled, under the supervision of DBMHS Adaptive Education Teacher.

2. If not currently enrolled in a school, a plan for enrollment following residential discharge will be considered, including complete remedial work in preparation for re-enrollment.
3. Enrollment in distance- or web-based academic instruction, if available.
4. Receive GED instruction and pursue completion of GED requirements while in residential treatment.
5. Plan and apply for admission to college, vocational/technical school, Job Corps, NM or AZ Youth Challenge, or other educational programs as appropriate.

F. In accordance with the student/adult individualized academic plan, the Adaptive Education Teacher may collaborate with the school where the client is currently enrolled, in an attempt to arrange assignments, educational support, supervised testing, and academic credit for adjunct educational services. Although the Adaptive Education Teacher provides coordination, advocacy, and support, the client and parent/guardian assume primary responsibility for obtaining and completing academic schoolwork.

G. In order to meet the unique needs of client/students in a residential facility, the maximum client/student to teacher ratio is 10:1.

H. If a client receives special educational services, the Adaptive Education Teacher collaborates with the client's current school to ensure the conditions of the student's Individualized Education Plan (IEP) are met.

I. Clients are expected to attend academic education as scheduled unless the Multi-disciplinary Team recommends otherwise.

J. Prior to discharge a post-educational assessment is completed to provide a benchmark of academic progress attained while in residential treatment. Measurement of progress is provided to the client's current school following discharge, with appropriate signed release of information.

REFERENCES

NMAC 7.20.11.30
CARF 4.A.3

I. POLICY

Residential Treatment is intended for individuals who require more intensive, comprehensive, and structured care.

II. PURPOSE

Residential Admissions are based on clinical data describing the presenting problem, history, and psychosocial context, and admission decisions are made by qualified clinical personnel based on established written criteria.

III. DEFINITIONS

A. **ASAM Level 3.1: Clinically Managed Low-Intensity Residential Services**
Services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. Programs are often considered appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment (Mee-Lee, Shulman, Fishman, Gastfriend, Miller, & Provence, 2013).

B. **ASAM Level 3.5: Clinically Managed Medium-Intensity Residential Services (Adult Criteria)**
Program designed to serve individuals who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care (Mee-Lee, Shulman, Fishman, Gastfriend, Miller, & Provence, 2013).

C. **Clinical Team**
The Clinical Team is composed of all direct service staff. A licensed clinician will provide clinical supervision. The team may meet and take actions with at least four members present, but actions must be communicated to all clinical team members through established procedures.

IV. RULES

A. The following are eligibility criteria for admission:
   1. Age 18 and older.
   2. Diagnosis of Substance Use Disorder.
   3. Meets ASAM Criteria for Level 3 Residential Placement.
   4. Certificate of Indian Blood.

B. The following are exclusionary criteria for admission:
   1. Acute risk for suicidal behavior.
   2. Significant risk for homicidal or severely violent behavior.
   3. Actively psychotic or with unresolved impairment in reality testing.
   4. Significant flight risk requiring a secure facility.
   5. Moderate to severe developmental or cognitive impairment.
   6. Presence of an acute medical condition.
   7. Refusal to participate in the program.

C. Before the admission process can be completed, the following documents must be provided:
    1. Certificate of Indian Blood
    2. Social Security Card
    3. Photo ID or birth certificate
    4. Psychiatric and/or Mental Health Evaluation
    5. Current Physical Exam and Immunization Record
D. Admissions are based on evident and serious substance abuse problems, along with co-occurring behavioral, psychological, or emotional problems; or individuals with history of unsuccessful treatment at a lower level of care who require active residential psychotherapeutic intervention and a 24-hour therapeutic group living setting to meet their developmental, psychological, social, and emotional needs.
E. Non-English-speaking clients may be referred to an individual/agency that specializes in treating individuals from select cultures and have linguistic specific services that better meet the needs of the client.
F. In the event that the client is unable to sign his/her name, his/her mark must be obtained. This is done by writing the client's name in full and having the client place his/her "X" beneath it. Two staff shall witness the client placing his/her mark and both sign as witnesses on the electronic signature pad.
G. Criteria for referring an individual to another agency or entity will occur when the opinion of the clinical director and treatment team determines the client or applicant can be better served at another level of care or to meet critical needs that are a priority over their substance abuse disorders. The decision to refer will be based on:
    1. The health and welfare of the client may be in danger to self and/or others.
    2. The physical needs: a medical condition/complication that requires immediate attention outside of the medical services available to clients and to where their medical treatment would interfere with the substance abuse treatment.
    3. Their emotional and psychological condition/complication cannot be met by the treatment program and interferes with their substance abuse treatment.
    4. The health and safety of the treatment program staff or other clients that may be in jeopardy due to the medical, emotional, or psychological condition of the client.
    5. The clients' legal status and court requirements that would interfere with the clients' ability to complete the treatment plan as expected.
H. Clients are referred to other providers when:
    1. There is a request by the client / guardian / client's legal representative.
    2. When the service's available cannot meet the symptomatic needs of the client.
    3. When a client's symptomatic condition presents a need for alternative services.
    4. When services are available at another provider / agency that are a better match for a client's symptomatic needs or the client's desire for a specific type of service to be delivered that is not provided at DBMHS.
    5. When a client's treatment goals remain unmet, despite revisions to the treatment plan, it is agreed upon that an alternative setting / provider may improve the probability of the client in achieving their goals for treatment.
I. Statistics will be maintained on intake activity. These statistics will include referral source,

age, sex, and race of clients referred, city of residence, source of income, income, education, type of insurance, and disposition. These statistics will be compiled on a monthly basis and available for management review.

V. PROCEDURES

A. Referral Process
   1. Referrals are received and coordinated by the Case Management Specialist or other designated staff.
   2. Referrals are made by any service provider, courts, community substance abuse providers, or self-referral. The referral source enters into partnership with DBMHS to coordinate services and contribute to the continuum of care during and after treatment.
   3. Clients who are admitted by court order must voluntarily consent to treatment.
   4. Pre-admission screening must indicate probable presence of a substance use disorder and a need for residential treatment.

B. The Case Management Specialist or other assigned staff assist the referral source in completing the following steps during the Pre-admission process.
   1. Using the DBMHS referral form or other format, the referral source provides information in the following areas:
      a. Referring agency contact information.
      b. Client identifying information.
      c. Family relationships and background.
      d. Substance abuse and mental health history
      e. Description of recent behavior problems.
      f. History of suicidal/homicidal ideation or behavior.
      g. Legal history.
      h. Educational history.
      i. Significant life events.
      j. Medical history.
      k. Family involvement in treatment.
   2. The referral source obtains signed Release of Information forms allowing exchange of confidential information between the referral source and DBMHS.
   3. The referral source forwards copies of the following required documents:
      a. Social Security Card
      b. Birth Certificate
      c. Certificate of Indian Blood
      d. Immunization record
      e. Medicaid or other insurance card
      f. Guardianship papers (if applicable)
      g. Other court documents related to the referral.
   4. The referral source assists the family in obtaining the following, if possible; any medical evaluation not obtained during the preadmission phase will be obtained as soon as possible following admission.
      a. Medical history and physical

b. Mental health evaluation
c. Tuberculosis skin test
d. Any applicable lab test results
e. A recent physical examination, which includes a "free from communicable disease" statement from the Physician or RN Practitioner.
f. Any other available relevant psychiatric, psychosocial, or educational assessments.

5. The family is provided with the following:
   a. Copy of the residential program brochure.
   b. List of personal belongings to bring when checking in to the facility.
   c. List of items not permitted in the facility.

C. Preadmission documents are reviewed for completeness by the Case Manager, and when information is complete it is reviewed by at least three clinical team members, including a licensed independent provider. The team members decide regarding admissions based on the following considerations:
   1. Eligibility and exclusionary criteria.
   2. The level of care provided by the treatment program is consistent with the needs of the applicant.
   3. The service needs of the applicant can be appropriately provided by the facility.
   4. Availability and appropriateness of any alternatives for less intensive or restrictive treatment.

D. All admissions or denials for admission will be recorded and signed by the Case Management Specialist and the team members on the Case Management Referral Form.

E. The decision of the Clinical Team is communicated to the referral source within 24 hours.

F. If the applicant is rejected, the Case Manager will provide the referral source with verbal and written notification, including the reasons for denying admission, whether there might be later reconsideration, and suggestions for treatment alternatives. Referral sources may request reconsideration if they disagree with the Admission Committee's decision. Reconsideration is based on additional information and an onsite assessment as indicated. The reasons for the decision of declining behavioral health services or treatment will be provided to the referring agency in writing. The decision to deny admission will be based on:
   1. The health and welfare of the client who may be a danger to self and/or others.
   2. The physical needs: a medical condition that requires treatment outside of the medical services available to clients in our community and to where their medical treatment would interfere with their substance abuse treatment.
   3. Their emotional and psychological condition/complication cannot be met by the treatment program and would interfere with their substance abuse treatment.
   4. The health and safety of the treatment program staff or other clients may be in jeopardy due to a medical, emotional, or psychological condition of the client.
   5. The client has a legal status and/or court requirement that would interfere with the clients' ability to complete the treatment plan as expected. Also, the Residential Treatment Program may decline to provide services when a client's treatment needs exceed the capabilities of the program staff and the agency's authorized licensed

services; and the program will not admit anyone who, in the opinion of the Behavioral Health Director, Clinical Director, or its designee, may need to be safely treated in a 4.0 ASAM Level Behavioral Health Residential Agency.

6. They do not meet/no longer meet eligibility criteria, for which they may appeal this decision.
7. When they no longer meet clinical criteria for continued stay.

G. If there is a waiting list, the Case Manager or the designee works with the referral source on treatment alternatives and treatment recommendations while awaiting admission.

H. During the admission process the client, Case Manager or designated staff will review the following in full and signed acknowledgement is placed in the client record:
   1. The center's mission, program component and specific services.
   2. Evaluate and determine the immediate resources needed to provide the initial client treatment, counseling, nursing, or psychiatry.
      a. The Clinical Director or a substance abuse Certified supervisor, master's level (professional) counselor will function as a care coordinator, responsible for assuring that the required assessments are completed, completing the treatment plan, coordinating the schedule of treatment, assuring the resources for multidisciplinary treatment are available. The professional counselor will provide individual counseling and family counseling as needed.
      b. A Certified Substance Abuse Counselor (or Behavioral Health Technician) may be used to provide either counseling services (either individually or jointly with the professional counselor) and behavior monitoring. All services provided by the behavioral health technician will be provided under the supervision of the professional counselor, the care coordinator.
      c. A Traditional Counselor/Practitioner (paraprofessional counselor) may be used to provide support, cultural training, and behavior monitoring. All services provided by the paraprofessional counselor will be under the supervision of the professional counselor.
      d. A Residential Guidance Technician (or Behavioral Health Technician) maintains a safe environment, monitors clients, daily log of activities, records of medication taken by clients; administers first aid, assists counselors in planning and leading recreational activities and other group sessions; contacts and arranges with speakers/ presenters to give educational presentations for clients. Transports clients to the hospital or scheduled appointments and/or the local store. All services provided will be under the supervision of the Residential Supervisor.
      e. A subcontracted Registered Nurse or IHS Medical Center will be available to provide medication administration, regular medication review, and assessment/referral/management of the client's physical health needs.
      f. If maintenance medication for a new client is to be self-administered, initial medication consultation must be obtained from the designated Medical Provider at the time of admission. A face-to-face psychiatric and medication evaluation should be arranged with the designated DBMHS Medical Provider before additional medication orders are written. It is preferable that the

psychiatric evaluation may be arranged at the facility; however, when required, the evaluation may be conducted at the referring Facility.

3. The purpose of the treatment team in regard to the planning of the client's individualized treatment plan.
4. The client's individual rights.
5. The expectations of the client's tasks and duties.
6. The center's rules and regulations.
7. The grievance and appeal procedures.
8. Guidelines for restriction of client rights.
9. The client's primary counselor, counselor's title, and professional responsibilities will be provided to the client, and parent(s)/guardian.
10. The client treatment schedule.
11. The terms and conditions of each admission form will be provided to the client, and parent(s)/guardian and referral source, verbally and in writing.
12. A complete process of informed consent in accordance with DBMHS policy.
13. Search of client's person and possessions in accordance with DBMHS policy.
14. Check-in and documentation of client's personal possessions and any money brought to the facility.
15. Any personal items that are inappropriate for treatment will be returned to the family on the day of admission.
16. Orientation of client and family to program rules, expectations, and Client/Family Handbook.
17. Tour of the facility.
18. Orientation to treatment program components, including educational and traditional services.
19. An isolation period may be required upon admission.

I. Requests for re-admission fall into three categories:
   1. Request for re-admission of a client who failed to complete treatment because of elopement from the facility, discharge against clinical advice, breaking a significant rule, family emergency, or need for medical care; or
   2. Clients who completed treatment but request readmission following a relapse; or
   3. The clinical team recommends continuation of residential treatment when a client has completed a full 90-day course of treatment.

J. Procedures for request for re-admission within one year of discharge:
   1. If client has received any additional treatment services since discharge from residential, copies of updated psychiatric/mental health evaluations and substance abuse evaluations are required.
   2. If the client was noncompliant with treatment at the time of discharge, the client is asked to provide a written statement explaining why they seek readmission and why the individual believes they will be able to succeed in treatment if readmitted.
   3. A letter is requested from the referral source indicating the reason for re-admission, addressing the reason for discharge, the aftercare relapse prevention services that were offered after discharge, the client's current status and attitude toward treatment, and their legal status. If there is a court order, it is requested with the

referral letter. The complete referral packet is not required in these cases because the previous packet remains valid.

4. The Clinical Team reviews the status at discharge and the reasons further care is being requested, considering whether:
    a. Treatment needed by the applicant is provided by the program.
    b. Treatment needed is appropriate to the intensity and restrictions of care provided by the program.
    c. Alternatives for less intensive and restrictive treatment are insufficient or unavailable.
    d. The client is motivated and committed.

K. Procedures for request for re-admission more than one year after discharge:
    1. Completion of a current preadmission packet is required. The only exceptions are the Certificate of Indian Blood, the social security card, and the birth certificate, which remain on file.
    2. Procedures for re-admission after one year are the same as for a new applicant.

L. Crisis referrals may be accepted on a case-by-case basis.

M. Statistical information is kept on the numbers of referrals that are admitted, accepted but not admitted, and denied admission. Additional statistics include age, tribe, gender, and referral source.

REFERENCES

NMAC 7.20.11.23; NMAC 7.20.12.7
Title 9 Arizona Administrative Code, Article 3. Behavioral Health Inpatient Facilities, R9-10-307

I. POLICY

The residential client assessment process informs the treatment planning process and is reviewed on an ongoing basis.

II. PURPOSE

Residential adult client assessments are conducted from multiple disciplines to assess strengths and needs of each client in the context of their own environment, including spiritual, cognitive, emotional, social, educational, developmental, psychological, and physical functioning.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. Assessments are completed in accordance with established DBMHS timelines.
B. Each client is assessed at admission and reassessed at regularly specified times to evaluate his or her response to treatment, and specifically when significant changes occur in his or her condition or diagnosis.
C. The assessment process is multidisciplinary, recommending active participation of the family whenever possible, and includes documented consideration of the client and family's perceptions of treatment needs and priorities.
D. Assessment processes include consideration of the client's physical, emotional, cognitive, educational, nutritional, and social development, as applicable.
E. The assessment must document how the client meets the diagnostic criteria for a substance use disorder as defined by the DSM-5.

V. PROCEDURES

A. An ongoing assessment is conducted of physical, psychological, and social functioning, to determine the client's need for further treatment, care, or services, and to assess risk of behavior that is likely to cause harm to the client or others.
B. Following admission, assessment processes include the following:
    1. A complete biopsychosocial assessment is completed prior to writing the comprehensive treatment plan by a licensed or certified clinician with contributions from multidisciplinary team members as needed. Based on the assessment, other screenings or assessments may be completed, as needed.
    2. The biopsychosocial assessment includes the following:
        a. Assessment of the client's personal, family, medical and social history, including:
            i. Treatment history and relevant previous records and collateral information.
            ii. Relevant family and custodial history, including non-familial custody and guardianship.
            iii. Client and family substance use history.
            iv. Medical history, including medications.

v. History, if available, as a victim of physical abuse, sexual abuse, neglect, or other trauma.
vi. History as a perpetrator of physical or sexual abuse.
vii. The individual's and family's perception of his or her current need for services.
viii. Client's own perception of individual strengths and needs.
ix. Identification of the individual's and family's strengths, needs, abilities, and preferences.
x. Stages of change and overall stage.
xi. Determine ASAM level of care/placement.
xii. Evaluation of current mental status.

b. A psychosocial evaluation of the client's status and needs relevant to the following areas, as applicable:
i. Psychological functioning.
ii. Intellectual functioning.
iii. Educational/vocational functioning.
iv. Social functioning.
v. Developmental functioning.
vi. Substance abuse.
vii. Cultural and spiritual orientation.
viii. Leisure and recreation.

c. Evaluation of high-risk behaviors or potential for such.
d. A Suicide/Violence Risk Assessment.
e. Current homicidal behaviors, homicidal plan, and related risk factors.
f. An interpretive summary of information gathered in the clinical assessment process, in a clinical formulation that includes identification of underlying dynamics that contribute to identified problems and service needs.

3. For ASAM 3.1 Client can begin addressing educational needs by meeting with the Adaptive Teacher for an educational assessment.
4. Physical fitness assessment is completed, summarized by the DBMHS Recreational Specialist, and reviewed by the assigned Primary Counselor.
5. Cultural assessment is completed, summarized by the DBMHS Traditional Practitioner, and assigned Primary Counselor.
6. Nursing Assessment is completed if not obtained at pre-admission.
7. When indicated by clinical need, a mental health and/or psychiatric evaluation.
8. A psychological evaluation, when specialized psychological testing is indicated.
9. An initial mental status exam and monthly updates on mental status and current level of functioning, performed by an Independently licensed behavioral health practitioner.

C. The assessments completed by different members of the multidisciplinary team will be filed in the electronic health record.
1. The Licensed Clinician will approve and sign the Clinical Intern/Technician's assessment to which they completed or to which they made a significant contribution.

D. If the comprehensive assessment is completed prior to admission, it is updated at the time of admission.
E. Assessment information is reviewed and updated as clinically indicated and documented in the client's record.
F. For clients who receive services for one year or longer, an annual mental status exam and psychosocial assessment are conducted and documented in the client's record as an addendum to previous assessment(s).
G. The Treatment Center makes every effort to obtain all significant collateral information and documents its efforts to do so. As collateral information becomes available, the comprehensive assessment is amended.
H. The findings of the clinical formulation based on the overall assessment will list the client's problems on the Integrated Treatment Plan. This list will prioritize the client's treatment needs by indicating:
    1. Problems which will be addressed at the Residential Treatment Center.
    2. Problems which will be addressed as part of discharge planning, and
    3. Problems which have been identified, but do not require action at the present time.

REFERENCES

NMAC 7.20.11.23
AAC R9-10-307
CARF 2.B.7-10; 4.A.1-2

I. POLICY

Treatment planning is a continuous function of the multidisciplinary treatment team.

II. PURPOSE

Treatment planning incorporates assessment findings, input from the client, family, and referral source, ongoing assessment of client progress, and discharge planning.

III. DEFINITIONS

A. **Cultural Responsiveness**
Culturally responsive care is a philosophy that guides behavioral health providers toward fully seeing and valuing clients for all aspects of their identity, background, and experiences.

B. **Culturally Competency**
Culturally competent individuals are characterized by their understanding of and respect for the differences among diverse groups (i.e., acknowledging and incorporating acceptance of customs, values, and beliefs of different groups): continuing self-assessment regarding culture; careful attention of the dynamics of difference; continuous expansion of cultural knowledge and available resources; and appropriate adaptations of services models to better meet the needs of the diverse populations.

IV. RULES

A. Treatment planning is conducted under the direction of the multidisciplinary team leader, who is licensed and qualified to provide clinical supervision and who has sufficient programmatic authority to ensure treatment plans are executed as written.

B. Treatment planning involves, to the maximum extent, participation of all team members, including the client and their family; reasons for nonparticipation of client and/or family members are documented in the client's record.

C. When not therapeutically or legally contraindicated, the treatment center encourages client/family contact and makes efforts at family reconciliation. Such contacts and efforts are documented as they occur. If reconciliation is contraindicated, the reason is documented in the client's record at the time that determination is made, and the issue is reconsidered when indicated.

D. All treatment plans will be reviewed with the client, identified family, and signed by all the parties who participated in the treatment planning.

E. Treatment planning is conducted in a language the client and/or family members can understand or is explained to the client in language that invites full participation.

F. A copy of the treatment plan and any updates are provided to the client and the family, and originals are filed in the client record.

G. Treatment plans and updates are completed in accordance with timelines established by DBMHS policy.

H. An individualized treatment plan is formulated and updated at specified intervals to document the client's clinical problems, treatment goals and objectives, and planned therapeutic interventions.

I. Each treatment plan is individualized according to the client's strengths, needs, abilities, and preferences.
J. Treatment planning involves case management conducted by staff and coordination of related addiction treatment, health care, mental health, and social/vocational/housing services provided concurrently, as well as the integration of services in this and other levels of care.
K. The plan documents in measurable terms the specific behavioral changes targeted, including potential high-risk behaviors; corresponding time-limited intermediate and long-range treatment goals and objectives; frequency and duration of program-specific intervention(s) to be used, including medications, behavior management practices, and specific safety measures; the staff responsible for each intervention; projected timetables for the attainment of each treatment goal; a statement of the nature of the specific problem(s) and needs of the client; and a statement and rationale for the plan for achieving treatment goals.
L. The treatment plan specifies and incorporates the client's permanency or discharge plan.
M. The plan provides that clients with known or alleged history of sexually inappropriate behavior, sexual aggression or sexual perpetration are adequately supervised so as to ensure their safety and that of others.
N. Each client is assessed at admission and reassessed at regularly specified times to evaluate his or her response to treatment, and specifically when significant changes occur in his or her condition or diagnosis, and these assessments drive the treatment plan and subsequent updates.
O. At specified times DBMHS develops reviews, revises treatment plans, and provides ongoing discharge planning with the full participation of the treatment team, and this process is recorded as a treatment plan update.
P. The client's record contains evidence of participation of treatment team members in each phase of the treatment planning process.

V. PROCEDURES

A. Integrated Treatment Plan (ITP)
    1. The treatment plan is documented during assessment or within 3 contacts with client of admission to residential treatment. Based on information available at the time, initial goals, strengths, problems, and immediate needs are identified at admission.
    2. The ITP is reviewed by the Clinical Supervisor and is based on the comprehensive assessment, and other assessments such as: psychological evaluations, psychiatric evaluations, mental health assessments, nursing assessments, physical exams, cultural assessments, physical fitness assessments, educational assessments, and other available documents.
    3. The ITP contains the treatment planning elements: strengths, needs, abilities, and preferences.
    4. The ITP also includes the following elements: a statement of the least restrictive conditions necessary to achieve the purposes of treatment, and an evaluation of the client's cultural needs and provision for access to cultural practices, including cultural traditional treatment.

5. Each treatment plan shall include a clearly stated problem with enough detail to adequately describe the problem. The specific behavioral manifestations of the problem should always be included in the problem statement. Primary focus is given to problems associated with the client's emotional and psychiatric condition; however, related problems may be identified, if they contribute to a mental health and/or alcohol/drug problem or require a treatment response. Problems may include, but should not be limited to:
    a. Reason for entry (presenting problem)
    b. Distressing symptoms
    c. Physical impairment
    d. Psychological impairment
    e. Lack of emotional/social support
    f. Behavior/conduct
    g. Family/friends
    h. Work/occupation
    i. Educational problems
    j. Financial problems
    k. Legal problems

    A goal should be identified which corresponds to each stated problem. The goals should be a general statement of the desired outcome in terms of the client attaining, maintaining, or re-establishing a more satisfactory state of functioning.
6. Measurable objectives that relate to the goals should be described. Each objective must contribute to the client's achieving the stated goal. Objectives should be written to indicate what the client will do (not what the client will not do). Objectives should be concrete and specific, and described in terms of observable changes in the client's behavior, skills, attitudes, circumstances, or resources. Objectives, which involve covert changes, such as changes in attitudes or knowledge, should include behavioral indicators.
7. Each objective should have an anticipated target date for achievement of the objective. When an objective is accomplished, the date it is resolved should be entered. For objectives, which are not fully resolved at the time of discharge, the discharge date should be entered in the "partially resolved" column. For clients who leave the program prior to completing treatment, the "resolved" column should be completed with "NR" for "not resolved."
8. Each treatment objective should have a corresponding treatment plan or intervention(s). Each intervention should indicate the date it was entered, a description of the intervention, frequency of the intervention, and responsible staff person(s).
9. Each treatment plan should be signed by the clinical staff person who developed the problem list and by the client to indicate he/she is aware and has participated in the formulation of the objectives and interventions.
10. All treatment plans developed will be reviewed and approved for medical necessity by a physician member of the professional staff.

11. At least weekly, the treatment plan will be reviewed as part of the staffing procedure conducted by the professional staff. The client will be invited to attend as appropriate. The client's progress will be reviewed, barriers to treatment will be identified and discussed, and additions or revisions to the treatment plan will be completed.
12. The staffing and treatment plan review form will be used to document the results of the treatment plan review. Those persons attending the staffing will verify their participation by signatures on the staffing and treatment plan.

B. The ITP documents a discharge/permanency plan that:
   1. Requires the client to have achieved the objectives of the treatment plan.
   2. Requires the discharge to be safe and clinically appropriate for the client.
   3. Evaluates potential for high-risk behaviors.
   4. Identifies options for alternative or additional services that may better meet the client's needs.
   5. Establishes specific criteria for discharge to a less restrictive setting.
   6. Establishes a projected discharge date, which is updated as clinically indicated.

C. Treatment Plan Review
   1. Each treatment plan review documents assessment of the following, in measurable terms:
      a. Progress, or lack thereof, toward treatment goals and objectives.
      b. Identification of barriers to discharge.
      c. The client's response to all interventions, including specific behavioral interventions.
      d. The client's response to medications.
   2. At least weekly, the treatment plan will be reviewed as part of the staffing procedure conducted by the clinical staff. The client will be invited to attend as appropriate. The client's progress will be reviewed, barriers to treatment will be identified and discussed, and additions or revisions to the treatment plan will be completed.
   3. The treatment plan is reviewed by the treatment team at intervals not to exceed 30 days and is revised as indicated by changes in the client's behavior or situation, the client's progress, or lack thereof.
   4. The team considers momentous events, incidents, and/or safety issues occurring in the period under review.
   5. The review leads to changes in ITP goals, objectives, and interventions, as needed.
   6. The review reflects any change(s) or updates in diagnosis, mental status, or level of functioning.
   7. The review considers the results of any referrals and/or the need for additional consultation.
   8. Treatment Plan Review assesses effectiveness of behavior-management techniques used in the period under review.

REFERENCES

AAC R9-10-708, NMAC 7.20.11.22-23; 7.20.11.30, NMSA 1978, Sections 32A-6-10
NNC Title 9 Chapter 11

I. POLICY

DBMHS will determine discharge from residential treatment based upon the following criteria: successful completion of treatment, transfer to another level of care; non-compliance with treatment; emergency discharge, or against clinical advice.

II. PURPOSE

Discharge planning begins at the initial referral and continues throughout the course of the client's treatment.

III. DEFINITIONS

A. **Against Clinical Advice**
Client decides to leave the treatment center against clinical advice/recommendation.

B. **Emergency Discharge**
Movement of a client experiencing acute symptoms i.e., mental health symptoms, injury, COVID-19, from one health treatment center to another facility based on level of severity.

C. **Transfer**
Movement from one level of care to another, or movement of a client from one healthcare facility to another.

IV. RULES

A. Decisions for a non-emergency client discharge will be reviewed and determined by the clinical/multidisciplinary team.

B. A discharge date is established based upon the client's completion of treatment goals, objectives, non-compliance or against clinical advice.

C. Any client discharge occurs in a manner that provides for safe and orderly transition to continuing care.

D. Client is provided with adequate pre-discharge notice, including specific reason for discharge and an appropriate referral for continuing care.

E. Emergency discharges will be determined based on level of severity, such as a danger to self or others, by the assigned primary counselor or a licensed behavioral health provider. The client's parent(s)/legal guardian and the referral source will be notified immediately in an emergency discharge.

F. A written discharge summary is placed in the client's record within 7 days of termination of services.

G. The integrated treatment plan includes a discharge/permanency plan, which includes discharge criteria, options for continuing care, living/housing arrangements, and timelines.

H. The discharge plan is finalized by the client, and the primary counselor no later than the client's final treatment review.

I. If the multidisciplinary team determines a situation exists such that the client may be unsafe when discharged, appropriate authorities may be informed prior to discharge.

J. A progress note is written indicating client status at discharge and summarizing the discharge plan. Clients who successfully complete treatment goals and objectives are recognized with a certificate of completion.

V. PROCEDURES

A. Discharge/Permanency planning begins during the pre-admission process.
   1. The Case Management Specialist assists community referral sources to assess the potential applicant and determine the level and types of care needed.
   2. The initial referral information includes data necessary for discharge/permanency planning, such as where the applicant will live after discharge.
   3. The assigned primary counselor addresses continuing care concerns and permanency planning with the family during the admission process and throughout the client's treatment.

B. The discharge plan will include:
   1. Continuing care appointments for therapeutic treatment services and appointments that are relevant to the client's on-going recovery process such as medical, psychiatric, vocational/educational, and legal.

C. A written discharge transition plan is completed for all clients and includes:
   1. Overall summary of progress or regress.
   2. Date of admission and discharge.
   3. Presenting condition.
   4. Target behaviors addressed.
   5. Description of interventions and client response.
   6. Complete diagnosis.
   7. Psychotropic and other medications, and client response.
   8. Stages of change and overall stage.
   9. ASAM level of care/placement.
   10. Reason for transition or discharge.
   11. Status of the client at discharge.
   12. Recommendations for continuing care with specific details of referrals/appointments made.

D. Non-Compliance discharge may be precipitated by a client's refusal to consent to further treatment, psychiatric emergency, client elopement, or other unforeseen circumstances.

E. Discharge against clinical advice occurs when a client requests discharge against the advice of the clinical team or because the treatment goals and objectives were not met.
   1. If the client is referred by the courts, the client will be informed of consequences and the probation officer is informed of the discharge.
   2. DBMHS has 72 hours to arrange for discharge.
   3. The Discharge Against Clinical Advice is entered in the electronic health record by the primary counselor.
   4. The discharge plan is finalized by the client and their assigned primary counselor.

F. Transfer to another level of treatment care:
   1. A client may be transferred to another setting for medical, psychiatric, behavioral, or legal reasons, based on the recommendation of the clinical team or at the request of the client.
   2. The type of transfer depends on the client's age, medical, and psychiatric status, location of home, and family situation.

3. Transportation may be provided by emergency services, the family, DBMHS staff or community providers as appropriate.
4. Placement to a long-term facility is planned in advance and coordinated with the client, referral source, receiving program, and DBMHS clinical team.
5. A Discharge Summary is sent with the client to the new placement if possible and is always sent to the receiving program within 24 hours of the transfer.

G. In any situation when a client presents a likelihood of serious harm to self or others, DBMHS staff follows established policies and procedures to ensure client safety. The clinical team makes all appropriate efforts to manage the client's behavior prior to proposing emergency discharge, while ensuring the safety of all clients and staff.

H. Emergency discharge follows procedures for transfer to another level of care, with the following additional requirements:
1. Emergency Medical Services and/or police are contacted as needed.
2. The client is transported to local hospital emergency room for assessment of the psychiatric or medical emergency.
3. A written summary of the known facts of the emergency is provided to the attending hospital physician.
4. DBMHS staff will assist the hospital staff as needed to complete an inpatient psychiatric placement if necessary.

REFERENCES

R9-20-401c
NMAC 7.20.11.23
NMAC 7.20.11.22

I. POLICY

DBMHS provides adult residential clients with individual and group counseling, and evidence-based, culturally responsive therapy in accordance with a written treatment plan.

II. PURPOSE

Providing therapy and counseling to help clients manage the challenges and conditions related to substance use, addiction, and co-occurring disorders.

III. DEFINITIONS

A. **Primary Counselor (PC)**
The primary provider of individual counseling and/or therapy to the client; leads and coordinates treatment planning and all therapeutic services with the Multi-Disciplinary Team.

IV. RULES

A. The clinician must hold a license in any behavioral health discipline that may be at either an independent or non-independent provider level. Counselors receive clinical supervision and training in accordance with DBMHS Policies and other applicable regulations.
B. Depending on the level of care, individualized intensive counseling and/or therapy will be provided to each client.
C. DBMHS will maintain a reasonable counselor/client ratio in order to meet the need of prompt, competent, and appropriate treatment services.
D. The client's cultural orientation and spiritual beliefs will be respected in all cases.
E. Accommodation is made as needed for client special needs, abilities, or disabilities.
F. Additional specialized individual therapy may be provided to the client to meet specific needs identified on the treatment plan.
G. The client is assigned a Primary Counselor (PC) who coordinates all counseling and/or therapy sessions and referrals.
H. Counseling/Therapy sessions address substance use and/or co-occurring issues.
I. All counseling/therapy sessions are documented as progress notes and placed in the client's electronic health record.

V. PROCEDURES

A. Counseling and psychotherapeutic services are provided as prescribed in the Integrated Treatment Plan according to the needs of the client:
B. Individual counseling is provided to the client by a Primary Counselor, Family Therapist, Clinical Specialist, Licensed Mental Health Provider, Pastoral Counselor, and/or a Traditional Practitioner/Counselor.
C. Based upon the client's need, the Primary Counselor may make additional provisions:
    1. If needed, the primary counselor in consultation with the multi-disciplinary team will make a referral for therapeutic services and mental health/psychiatric evaluations.
    2. Once a need is identified, the mental health provider will consult with the assigned primary counselor to ensure the client receives the maximum benefits of therapeutic care.

3. The assigned primary counselor will coordinate appointments with the mental health provider.
4. All additional provisions are to be documented in the integrated treatment plan and reviewed during multi-disciplinary treatment team reviews.

D. In the case of a client who has a spiritual belief system not commonly found in the population served by DBMHS, the Primary Counselor will make reasonable efforts to provide access to an individual with a similar belief system.

E. Family therapy, either individual family or multi-family group, is provided to all clients on a regular basis.
1. Family Day is held weekly on a case-by-case basis and all families are strongly encouraged to attend and participate in conjoint family therapy.
2. Arrangements for family therapy on alternate days will be provided for families whose schedule or travel barriers prevent them from attending scheduled Family Days.
3. If needed, individualized family therapy sessions will be provided and will be coordinated through the assigned primary counselor.
4. If needed, home based family therapy sessions can be accommodated and will be coordinated through the assigned Primary Counselor. Home-based sessions are determined by need and made available if a family is not able to attend.

F. Group counseling, therapy, recreational activities, and psychoeducation are provided in accordance with the posted weekly treatment schedule.

G. A minimum of two (2) hours of individual counseling and/or therapy per week is provided to every client, with accommodation made for client needs to ensure maximum therapeutic benefits. Depending on level of care, i.e., Level 3.1 requires no less than 5 treatment services per week.

H. According to level of care 3.5, a minimum of fifteen (15) hours of group counseling, therapy, and psychoeducation per week is provided to every client.

I. POLICY

DBMHS allows the opportunity for adult residential clients to continue to pursue their education while in treatment.

II. PURPOSE

A structured program which includes individualized education services based on the needs of the individual client.

III. DEFINITIONS

A. RESERVED

IV. RULES

A. DBMHS adult residential treatment center:
   1. Provides individual and group instruction to address remedial needs, skills development, and to maintain academic skills while receiving residential treatment.
   2. Provides academic education services that match client's learning style(s).
   3. Coordinates services with the school attended by the client prior to admission and following discharge from the residential program (if applicable).
   4. Interfaces with other educational agencies and programs as needed.
   5. Provides knowledge and skills to enhance adult client's vocation/employment capabilities and educational pursuits.
   6. Provides individualized tutoring, as needed.

V. PROCEDURES

A. At admission, clients are informed of the opportunity to (re)engage in the pursuit of education depending on level of care and level system.
   1. A signed Release of Information (ROI) is requested from the client to obtain any relevant educational assessments, behavioral reports, and academic reports and grades.
   2. If clients are willing, an educational evaluation or current, age-appropriate Individualized Educational Plan (IEP) is completed; or documented test results are obtained that indicate the client's current grade level.

B. Assessment findings serve as a baseline for educational progress attained while in residential treatment and serve as a basis for development of educational goals and objectives.

C. Adaptive Education Teacher may develop an individualized academic plan with each client. The educational goals and objectives are included in the integrated treatment plan (ITP).

D. Educational goals in the ITP may include, but are not limited to, the following:
   1. Continuing coursework provided by the school where the client is currently enrolled, under the supervision of DBMHS Adaptive Education Teacher.
   2. If not currently enrolled in a school, a plan for enrollment following residential discharge will be considered, including complete remedial work in preparation for re-enrollment.
   3. Enrollment in distance- or web-based academic instruction, if available.

4. Receive GED instruction and pursue completion of GED requirements while in residential treatment.
5. Plan and apply for admission to college, vocational/technical school (i.e., Job Corp), or other educational programs as appropriate.

E. If a client receives special educational services, the Adaptive Education Teacher collaborates with the client to ensure their educational needs are addressed.
F. The Multi-disciplinary Team may monitor progress as part of the treatment plan.
G. Prior to discharge a post-educational assessment is completed to provide a benchmark of academic progress attained while in residential treatment, if applicable.

REFERENCES

NMAC 7.20.11.30
CARF 4.A.3

I. POLICY

DBMHS will provide AcuDetox services to help treat and prevent addiction as well as increase client participation in counseling and other services.

II. PURPOSE

AcuDetox is provided to help support clients and their families in their efforts to reduce addiction and recidivism.

III. DEFINITIONS

A. **AcuDetox**
An alternative treatment method that can provide symptom relief during the withdrawal management phase of recovery in tandem with other withdrawal management efforts. This adjunct therapy entails the use of point ear acupuncture to help reduce the severity of withdrawal symptoms.

B. **Adjunctive Therapies**
The manual, mechanical, magnetic, thermal, electrical, or electromagnetic stimulation of acupuncture points and energy pathways, auricular and detoxification therapy, ion cord devices, electroacupuncture, herbal poultices, therapeutic exercise, and acupressure.

C. **Auricular Acupuncture Detoxification**
An acupuncture related technique used only in the treatment and prevention of alcoholism, substance abuse and chemical dependency. Auricular acupuncture detoxification may be described or referred to as "auricular detoxification," "acupuncture detoxification," "auricular acupuncture detoxification," or "AcuDetox."

D. **Auricular Detox Specialist (ADS)**
Variety of healthcare practitioners, clinicians, community members trained and certified by an approved auricular detoxification specialist training program or state certifying body; under the general supervision requirements determined by the state in which they are certified, such as a Doctor of Oriental Medicine (DOM), licensed Acupuncturist; and follows state regulations pertaining to auricular acupuncture detoxification.

E. **National Acupuncture Detoxification Association (NADA)**
Trains people in the NADA protocol, an ear acupressure and acupuncture intervention for trauma, substance misuse, abuse, dependence, and related behavioral and mental health conditions; and advocate for access to holistic health as a right of all communities.

F. **Clean Needle Technique**
Used by Certified ADS and Acupuncturist to avoid possible cross infection, proper use, and disposal of acupuncture needles.

IV. RULES

A. AcuDetox Level 1 helps to decrease anxiety, depression, and cravings and to increase the client's general health and feeling of well-being which lays a good foundation for a drug-free life.

B. AcuDetox Level 2 is provided to reduce symptoms from conditions such as chronic and acute pain, asthma, arthritis, diabetes (including its consequences and risk

factors) that can lead to substance misuse. It can be used in addition to Level 1.

C. ADS certification records shall be located at DBMHS Human Resources Section and program site under restricted access. Personnel files shall not be removed.

D. Non-acupuncturist health providers can be trained following a certifying state's regulation for ADS.

E. Level 1 ADS provides a state approved protocol or NADA 5 Point Protocol including: 1) Sympathetic, 2) Shen Men, 3) Kidney, 4) Liver, and 5) Lung. The points target specific points on the ear involving detox and craving pathways.

V. PROCEDURES

A. Level 1 and Level 2 Services:

1. Qualifications for administering AcuDetox Level 1 and Level 2 are: Staff or interns who have received a certificate of completion from an approved training program and are currently or have been certified by the NM Board of Acupuncture and Oriental Medicine or equivalent license or certification in another state.
2. In administering AcuDetox Level 2, staff and interns will limit their scope of practice to their training.
3. The AcuDetox program and staff follow all applicable DBMHS policies and procedures or the organization that is providing the services.
4. Certified Auricular Detoxification Specialists (ADS) follow the National Acupuncture Detoxification Association Code of Ethics.
5. The AcuDetox program accepts referrals from DBMHS practitioners (staff and interns), outside agencies, and self-referral by community members.
6. AcuDetox clients use an intake and consent procedure according to DBMHS intake/screening (or other organization) procedures. Adolescent clients are required to obtain consent from their parent/guardian(s) to receive AcuDetox services.
7. Any unexpected adverse events will be recorded in the client's EHR, the DBMHS AcuDetox Adverse Events Form and consult with their supervisor.
8. Staff will follow the Clean Needle Technique and will attend an OSHA bloodborne pathogens training annually.
9. Staff will follow all the requirements of a certifying state law for practicing AcuDetox Level 1 and Level 2.

REFERENCES

AZ Revised Statutes, Section 32-3901
NMAC 16.2.1

Section: 6 Crisis Response
Subsection: 6.1.01 Crisis Response Program
Title: 6.1.01 Crisis Response Team

I. POLICY

The Crisis Response Team helps individuals and families on the Navajo Nation and surrounding border towns when a community trauma inducing incident occurs.

II. PURPOSE

In partnership with other resources, the Crisis Response Team provides immediate crisis response and postvention to address substance use co-occurring issues, suicidal ideation, or self-harm.

III. DEFINITIONS

A. Crisis – Community Wide Trauma Inducing Event
An event that causes life-threatening injury or death that may cause widespread trauma. For example, devastating losses related to death of missing person, Gold King Mine incident, and Chuska Mountain forest fire.

B. Follow-up
Check-in on individuals or family members and discuss how they could take care of their behavioral and mental health after a trauma inducing event.

C. Self-directed violence (analogous to self-injurious behavior):
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
This does not include behaviors such as parachuting, gambling, substance abuse, tobacco use or other risk-taking activities, such as excessive speeding in motor vehicles. These are complex behaviors some of which are risk factors for SDV but are defined as behavior that while likely to be life-threatening is not recognized by the individual as behavior intended to destroy or injure the self. (Farberow, N. L. (Ed.) (1980). The Many Faces of Suicide. New York: McGraw-Hill Book Company). These behaviors may have a high probability of injury or death as an outcome but the injury or death is usually considered unintentional.

D. Postvention
An organized response to the aftermath of a suicide to accomplish any one or more of the following: to facilitate the healing of individuals from the grief and distress of suicide loss; to mitigate other negative effects of exposure to suicide; to prevent suicide among people who are at high risk after exposure to suicide (National Action Alliance for Suicide Prevention). Postvention is best described as "appropriate and helpful acts that come after a dire event", alleviating the effects of stress for the individual, family and survivors whose lives are forever altered. Postvention helps family members and friends cope with the crisis and/or loss they have just experienced.

E. Socioecological Model
The Social Ecological Model (SEM) is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations. There are five nested,

hierarchical levels of the SEM: Individual, interpersonal, community, organizational, and policy/enabling environment

F. **Suicide attempt**
A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

G. **Death by Suicide**
Death by self-inflicted injury.

H. **Survivors of Suicide (QPR Definition)**
Family, friends, community, co-workers survived by individual death by suicide.

I. **Navajo Suicide Surveillance System (NSSS)**
Surveillance tool to track suicide data and postvention services. Identifies risk factors of suicide to evaluate the effectiveness of the prevention programs, and to observe the target and focus of these programs.

J. **Navajo Epidemiology Center (NEC)**
Collects suicide related data, including suicidal behavior and/or preparatory acts; and self-directed violence through the NSSS.

IV. RULES

A. The Crisis Response Team (CRT) consists of DBMHS employees' and vetted volunteers.
B. In the event of a substance use, suicide, or suicide attempt DBMHS will coordinate with local healthcare partners and law enforcement to provide immediate crisis response and post-vention services.
C. If the crisis is a community wide trauma inducing event DBMHS will work with community resources to identify the role of the CRT.
D. To ensure sensitivity of suicide related crisis, the following terms are considered acceptable, "death by suicide", and "suicide attempt". The following terms are unacceptable: "committing suicide, (in)completion, (un)successful".
E. Cultural sensitivity will be considered when working with individuals on, or surrounding, the Navajo Nation.

V. PROCEDURES

A. In the event of a suicide related incident, the CRT roles consists of the Crisis Team Lead and Crisis Team Members:
    1. The Crisis Team Lead will:
        a. Serve as the primary contact for Law Enforcement
        b. Obtain information on the incident (i.e. location, names, age, gender);
        c. Coordinate which two (2) team members will respond to the crisis incident;
        d. Document suicides, including suicidal behavior and/or preparatory acts within the NSSS:
            - Name
            - Date of Birth
            - Age
            - Gender
            - Location of incident

- Method of injury
- Contact Information
- Name of the lead Law Enforcement Officer responding to the crisis.

e. Assist with crisis call in the event there are no other team members available to attend a call with the CRT member.
f. Follow-up with CRT members for debrief.

2. Crisis Response Team Member will:
   a. Serve on the crisis team per indicated availability
   b. Become contact person for Law Enforcement and family for any follow-up calls or information.
   c. Physically respond to the scene upon clearance from responding public safety entity; or
   d. Physically respond to the emergency room when notified by CRT Lead.
   e. Assist team lead in collecting data to be entered in NSSS.
   f. Maintain communication with responding public safety entity.
   g. Focus initially on the Individual who is affected by crisis.
   h. Offer help or support to the individual, family, and/or community by providing referral information to substance use disorder, mental health, faith-based and/or traditional support, etc.
   i. Report to Division of Social Services, Law Enforcement, Child Protective Services, and/or Adult Protective Services in the event of child/adult abuse.
   j. Collaborate with appropriate entities based on jurisdiction.

B. Additional Duties of the Crisis Response Team member:
   1. Attend meetings pertaining to the Crisis Response Team, including monthly team meetings.
   2. Debrief with the CRT Lead after each call
   3. Maintain certification in required training:
      a. Basic First Aid/CPR
      b. Question, Persuade, Refer (QPR) – (2 hours)
      c. Mental Health First Aid (MHFA) – Adults Assisting Adults (8 hours)
      d. Mental Health First Aid (MHFA) – Adults Assisting Youth (8 hours)
      e. Non-Violent Crisis Intervention (4 hours)
      f. Suicide Postvention (3 days)
      g. Suicide Surveillance Instrument (4 hours)
      h. Health Insurance Portability Accountability Act (HIPAA) – Confidentiality (2 hours)
   4. The following trainings are not required, but strongly recommended:
      a. SafeTALK (4 hours)
      b. Critical Incident Intervention (2 days)
      c. Applied Suicide Intervention Skills Training (ASIST)
      d. Law Enforcement Training on Behavioral Health
   5. CRT will follow GSA rules and regulations.
   6. Maintain emergency kits in each vehicle when responding to crisis response calls, kits must contain the following items:

a. First Aid Kit
b. Flashlight & Batteries
c. Hand warmers/Foot warmers
d. Mittens/Gloves, Socks, Blankets
e. Bottled water/Granola Bars

C. Crisis Call:
1. Team Lead will obtain demographic information from public safety, and contact other CRT members.
2. The CRT will respond only after location and the scene has been secured and cleared by public safety entity.

D. Follow-Up:
1. CRT member will contact the individual or survivors of suicide to notify them of available resources, and provide follow-up care.
2. CRT member who responded will conduct the first follow-up within a week of the incident and conduct a second follow up approximately two (2) weeks from the first follow up:
   a. If additional services are needed or requested, the individual will be referred for services
   b. Follow up will cease after second follow-up if no additional services are requested.

E. Postvention (Death by Suicide/Sudden Death):
1. CRT member will contact the individual or survivor(s) of suicide to extend Postvention Services (community health first aid, meet with high-risk youth, host community events to raise awareness on suicide).
   a. If further services are requested, CRT member will provide services based on Socioecological Model (individual, family, tribe, village, society).
   b. If services are no longer required, CRT member will provide information on available resources and provide information for follow-up care.
2. Responder(s) will conduct the first follow-up and conduct a monthly follow up:
   a. If additional services are needed or requested, the individual will be referred to other service providers.
   b. Follow up will cease after second follow-up if no additional services are requested.

F. The Crisis Response Team members may involve all aspects of the community during postvention including: hospital and emergency personnel, community mental health workers, traditional healers, faith-based/pastoral, law enforcement, public safety, tribal, county, state and federal agencies, school leaders, parent groups, and survivor groups by:
1. Providing a public response to minimize sensationalism and avoid glorification through prevention information and community resources.
2. Providing immediate evaluation and counseling of families and close friends of the victim(s) and others known to be suicidal or assessed as at-risk with support of family/community member if all parties agree.

REFERENCES

A. American Counseling Association (ACA)
B. Hanzlick R, Hunsaker JC, Davis GJ. *Guide for Manner of Death Classification.* National Association of Medical Examiners. Available at: http://www.charlydmiller.com/LIB03/2002NAMEmannerofdeath.pdf. Accessed 1 Sept 2009
C. Health Insurance Portability and Accountability Act (HIPAA)
D. National Association for Alcoholism and Drug Abuse Counselors (NAADAC)
E. National Center for Injury Prevention and Control, Division of Violence Prevention
F. Notice of Non-Discrimination: In accordance with Navajo Nation "law/act/executive order"
G. Self-Directed Violence Surveillance Uniform Definitions (CDC, 2011)

NAVAJO DEPARTMENT OF HEALTH
Navajo Division of Behavioral and Mental Health Services

Traditional Healing Component
Policies and Procedures

I. POLICY

Ceremonies provided by the DBMHS Traditional Healing Component are based upon the diagnosis, skills, and knowledge of each Traditional Practitioner.

II. PURPOSE

To assist clients in reengaging the sense of harmony in their lives with mind, body, and spirit by understanding and exposing the client to the Navajo and other cultural healing practices.

III. DEFINITIONS

A. **American Indian Rights**
The American Indian Religious Freedom Act of 1978 has explicitly protected the American Indian right to practice their way of life. The use of eagle feathers, sweat lodges, medicinal herbs (peyote), and plants for a variety of medicinal and spiritual reasons aids in purification and prayer and is protected under this act.

B. **Mountain Tobacco**
Tobacco is utilized to further enhance mental, emotional, physical, and spiritual well-being. It is taken to treat the client experiencing mental health disorders, cleanse impurities, someone who is experiencing mental anguish, confusion, grief, or to realign the Diné frame of mind with the four and/or six directions of spiritual significance and which regulate desired mental attitude, behavior, and personal development.

C. **Cedar Blessings**
The cedar, an evergreen withstands extreme cold, intense heat and strong winds. The characteristics and attributes of the cedar help transform the human mind in order to overcome life struggles and problems of substance use, and related issues.

D. **Cultural Liaison**
The Traditional Practitioner/Liaison will have the oversight authority in regard to the DBMHS Traditional Healing Component at each of the DBMHS residential and outpatient treatment centers.

E. **Traditional Practitioner**
Present cultural traditional worldview and information about alcohol, drugs, and substance use to educational institutions, Navajo Nation departments, border towns and Chapters.

F. **Sweat Lodge**
Sweat lodge participation is a traditional healing activity that involves exposure to higher-than-normal temperatures to teach clients about endurance, patience, and meditation. Due to the possibility of dehydration, clients must be medically cleared to participate.

IV. RULES

A. Traditional Liaison Duties and Responsibilities:
   1. All duties and responsibilities as stated in the official Navajo Nation Department of Personnel Management Traditional Practitioner Class Specification.
   2. Providing technical assistance and advice to the Traditional Practitioners on traditional healing.
   3. To be the spokesperson for the DBMHS Traditional Healing Component and Cultural Spiritual Liaison Section.
   4. Collaborate with the HSA (Behavioral & Mental Health) on seeking additional funding and resources.
   5. To consult with the Quality Assurance Section regarding evaluations, goals, objectives, standards, and surveys to provide quality traditional component services.

6. Write grant proposals with the assistance of the DBMHS Planners and other personnel.
7. Will monitor and ensure Traditional Practitioners' credentials are up to date and on file.

B. Provide the Traditional Healing Component to DBMHS clients as a treatment option. They will use the Traditional Healing Component protocol, traditional services, and curriculum as a guide to help clients.
C. All primary counselors will collaborate closely with the Traditional Practitioners and the Clinical Team in providing for the traditional needs of the clients.
D. All traditional treatment will be conducted through clinical case staffing or by recommendation of the primary counselor.
E. Traditional healing will be implemented through the treatment plan by the primary counselor in consultation with the Traditional Practitioner.
F. Traditional Practitioners will not charge a fee for any services provided.
G. Each Traditional Practitioner specializes in various areas of Diné ceremonial healing, due to the variety of expertise, each Traditional Practitioner may assist at any DBMHS treatment center.
H. Certification
    1. All Traditional Practitioners who conduct Diné traditional ceremonies will be officially registered and certified with the Diné Hataałi Association or Diné Medicine Man Association and abide by the code of ethics of that association.
    2. All Traditional Practitioners who conduct Azee' Bee Nahagha will be officially registered and certified with Azee' Bee Nahagha of Diné Nation, Native American Church of North America organization, or other approved organizations by the Navajo Nation Government and will abide by that organizations code of ethics.
    3. A copy of any certification, information of mentors, and description(s) of ceremonial practices will be maintained in the personnel file at the DBMHS treatment center, DBMHS Central Human Resources and the Navajo Nation Department of Personnel Management.
I. Traditional Practitioners will wear an identification badge at all times during working hours.
J. Per traditional diagnosis, the Mountain Blessing Way tobacco may be used to treat clients to realign with the Diné frame of mind. Clients will request approval from the Clinical Team. Clients have the option of utilizing the specially prepared corn husk tobacco or the regular ceremonial pipe used in a Diné traditional smoke ceremony.
K. Clients have the option of requesting a cedar blessing to acknowledge and appreciate the gift of life. Clients' express gratitude to grandfather and grandmother fire (kó) for the abundance of life blessings.
L. Traditional Practitioners providing traditional services on their own personal time will be deemed as "second or outside employment" and will abide by the NNPPM regarding "second or outside employment."
M. The Department of Corrections or the Department of Justice may request and submit a referral for traditional healing services for incarcerated individuals to DBMHS.

V. PROCEDURES

A. DBMHS Traditional Practitioners will assist one another during Azee' ceremonies, either in drumming, cedar man, fire keeper, water carrier, or when the spouse of a Traditional Practitioner cannot make it.
B. Traditional Practitioners requesting assistance during Azee' ceremonies will first request assistance from other DBMHS Traditional Practitioners prior to enlisting outside assistance
C. If outside DBMHS assistance is required, the Traditional Practitioner will complete the

following:

1. Memo requesting approval for volunteers to assist with the ceremony, which will include the names, and functions of volunteers during the ceremony, with client consent.
2. For adolescent clients a parent/legal guardian approval is required.

D. All non-DBMHS volunteers will sign and comply with applicable confidentiality policies and regulations.
E. DBMHS Traditional Practitioners who assist clients by conducting an Azee' ceremony will request for approval to use their personal vehicles to and from the place of the ceremony when they are transporting non-DBMHS volunteers.
F. Care for Healing Grounds and Ceremonial Objects
    1. The Traditional Liaison will inspect the healing grounds on a monthly basis.
    2. The Traditional Practitioner, or designee, at each treatment center site will inspect the traditional healing grounds on a weekly basis. Any situations where the healing grounds are not up to safety standards, the Traditional Practitioner (or designee) will complete the Maintenance Work Order form to make any necessary repairs.
    3. Hogan
        a. The Hogan will be kept clean and ready for use.
        b. The Traditional Practitioner (or designee) and participant are responsible for cleaning the Hogan after each use.
        c. The Traditional Practitioner (or designee) will be required to address the fire.
        d. The Hogan can be used by clients for traditional ceremonies and cultural activities.
        e. The Hogan can be used for community outreach, or by other Navajo Nation departments upon approval from Behavioral Health Director /Clinical Director and the Traditional Liaison.
        f. The Hogan can be used for staff in need of traditional services for health and wellness.
    4. Teepee ground
        a. The teepee ground will be kept clean and ready for use.
        b. The teepee, poles, stakes, pins, and mats will be stored in a safe secure place. The teepee canvas will be stored indoors.
        c. The teepee will be used for DBMHS clients to have NAC ceremonies at the DBMHS Traditional Healing Grounds.
        d. The teepee, poles, stakes, pins, and mats may be used for other activities not sponsored by DBMHS, with the approval from the Behavioral Health Director/Clinical Director and the Traditional Liaison. The teepee will be managed by DBMHS traditional practitioners only.
    5. Sweat Lodge
        a. Co-ed sweat lodges are not allowed.
        b. Anyone under the influence of intoxicants will not be allowed to participate in sweat lodge ceremonies.
        c. Both male and female participants will wear shorts or swimming trunks during the sweat lodge ceremonies. Female participants will wear tank tops or sports bras.
        d. Sweat lodge ceremonies for clients, staff, and community members must be held at separate times, with appropriate approval and scheduling. All client requests will be prioritized.
        e. Traditional Practitioners will be sensitive to the different traumas of clients and use appropriate language and behavior during sweat lodge ceremonies.

Traumas include those of a sexual nature, adultery, overdose, abuse of alcohol and drugs, etc.

f. Only herbal medicine will be allowed for use in the sweat lodge.
g. All individuals will complete a Sweat Lodge Waiver of Liability Form prior to entering the sweat lodge ceremony.

6. Storage Sheds
   a. All healing grounds will have a storage shed to store tools, teepee items and sweat lodge/house items.
7. Traditional Ceremonial Objects
   a. Traditional Practitioners will obtain herbal medicine from a dependable herbalist if they do not harvest it on their own. Teepee poles, wood, rocks, and willow must be obtained from approved areas. All appropriate documentation and offerings must be completed prior to obtaining ceremonial materials.
   b. All ceremonial objects and materials purchased by DBMHS will remain at the DBMHS treatment center site.
   c. The Traditional Practitioner (or designee) is responsible for keeping an inventory of all materials purchased or obtained for traditional services, reviewing the inventory on a quarterly basis, and ordering materials or tools needing to be replaced.
   d. The Traditional Practitioner, staff, and clients are invited to gather sweat lodge wood and rocks as part of the preparation to serve as cultural education or outings.
8. Azee' Bee Nahagha Ceremonial Objects
   a. Use of traditional medicine (azee') for each ceremony will be monitored by the Traditional Practitioner/Liaison to assure adequate supply and conservation of the medicine.
   b. Traditional Practitioners who go on pilgrimages to the State of Texas to obtain azee' will go with the deepest reverence and documentation in adherence with all traditional and western laws.
   c. Azee' ceremony gourd, drum, and drumstick will not be taken into the sweat lodges.
   d. All clients who choose Azee' Bee Nahagha will obtain membership cards of an officially recognized Native American Church organization chartered by a state and will abide by that organizations code of ethics. An copy of client's membership card will be kept in their electronic health record.

G. Adherence to traditional practices in attending ceremonies.
   1. Females going through their monthly menstruation will not be allowed to participate in any ceremonies.
   2. Four days of reverence and holistic observance will be practiced by the clients to complete the ceremonial process.
   3. Traditional attire is encouraged to be worn by clients during ceremonies as part of the ceremony, unless otherwise instructed.
   4. Traditional gratuities like corn pollen, arrowheads, charcoaled bread, tobacco, material bedding will be allowed as offerings for the sacred medicine bundles. These values will be taught during Diné cultural education.
   5. Recording of singing during ceremonies will not be allowed and will be enforced by the practicing Traditional Practitioner.
   6. All clients will be orientated on the traditional ceremonial procedures prior to the ceremony.

H. Treatment Services for Incarcerated Individuals
    1. Referrals from the Department of Corrections or the Department of Justice will be sent to the Case Manager or Traditional Practitioner for traditional services.
    2. Once a referral is received, the Clinical team will initiate the enrollment for treatment services, including traditional services.
    3. Treatment for incarcerated individuals may include group counseling, sweat lodge ceremony, in addition to individual counseling and aftercare services.

I. Screening and Admission
    1. Referrals can be self, courts mandated, social service agencies, etc.
        a. Screening/intake will be completed in the EHR prior to being placed with a Primary Counselor.
        b. During intake, the DBMHS staff will provide information on the Traditional Healing Component.
        c. If the client chooses traditional healing services, they will be referred to a Traditional Counselor for traditional case staffing.
        d. Each client will sign Consent to Treatment and Release of Information for Traditional healing services.
    2. Orientation
        a. It is the responsibility of the Primary Counselor and/or Traditional Practitioner to orientate each client receiving traditional healing services.
    3. Assessment
        a. A traditional assessment will be completed for each client who chooses to utilize the traditional healing services in the EHR.
    4. Traditional Healing Treatment Plan
        a. The Traditional Practitioner in consultation with the Behavioral Health Director and/or Clinical Director and the Primary Counselor will establish a Traditional Healing Treatment Plan for each client requesting traditional services. The Traditional Practitioner will complete progress notes for the client.
        b. Traditional Healing clients will participate in Cultural Education classes, and sign-in on the group sign-in sheet.
        c. The Traditional Practitioner will provide information on the Group Progress Report.
    5. Case Staffing
        a. All traditional healing service requests will have a traditional case staffing. The staffing will be presided by the Traditional Practitioner.
        b. The traditional assessment may include family input and a diagnosis ceremony to determine the proper ceremony for the client.
        c. The status of the client will be reviewed during the case staffing to determine further services.
        d. Progress notes completed during case staffing will be entered in the EHR.
        e. If the Traditional Practitioner assigned to the client is unable to provide recommended services a referral will be made to another DBMHS Traditional Practitioner.
        f. The Traditional Liaison may provide a recommendation for a Traditional Practitioner knowledgeable in the recommended ceremony/service.
        g. The Traditional Liaison will facilitate the request for approval of the referral and document in the EHR.

Division of Behavioral and Mental Health Service
Traditional Ceremony Referral/Request for Traditional Ceremony

Name of Referring Client: _____ Referring Counselor: _____

Referring DBMHS Site:_____Referring Traditional Practitioner: _____

Date of Ceremony:_____Time:_____ ○am ○pm

Traditional Service Requested:

- ☐ Traditional counseling
- ☐ Sweat Lodge Sessions
- ☐ Traditional Cultural Education: _____
- ☐ Traditional Diagnosis - Diné Traditional Ceremonies depends on traditional diagnosis
- ☐ Native American Church Ceremonies: _____
- ☐ Navajo Traditional Ceremonies: _____
- ☐ Traditional Case Staffing
- ☐ Ceremonial Peacemaking
- ☐ Traditional Talking Circle
- ☐ Traditional and Cultural seasonal activities
- ☐ Aftercare Services
- ☐ Transportation from site to site for Traditional Services

Notes: _____

_____

_____

_____

_____
Referring Traditional Practitioner

_____
DBMHS Traditional Practitioner

_____
DBMHS Behavioral Health Director

_____
DBMHS Clinical Lead or Supervisor

Division of Behavioral and Mental Health Services

Consent for Traditional Services

I, _____ give consent to Navajo Nation Division of Behavioral and Mental Health Services Traditional Component for traditional treatment services.

I am aware and acknowledge the traditional treatment process and the four (4) days of reverence following the ceremonial treatment. _____ (Initials)

The Traditional Practitioner has orientated me on the ceremonial protocols, and health and safety guidelines. _____ (Initials)

The Traditional Practitioner developed a traditional treatment plan with my primary counselor based on my need for traditional services. _____ (Initials)

The following ceremonies are available based on recommendations of treatment plan:

- **Diagnostic Ceremonies**- Crystal Gazing, Hand Trembling, Charcoal Gazing, Water Gazing with chants and prayers.
- **Purification Ceremonies** – Blackening way ceremonies, Ash and Herbal Cleansing, Pipe and Tobacco Ceremonies, Sweat lodge Ceremonies, and Native American Church Ceremonies with the use of the sacrament peyote, Cedar Offerings.
- **Protection Way Ceremonies** – Protection Way prayers, Mineral offerings with Prayers, Native American Church Ceremony.
- **Healing Ceremonies** – Herbal treatment, Pipe and Tobacco Ceremonies, Sand paintings, Mineral/pollen Offerings, Sacred Footprint Ceremony, and Native American Church Ceremony.
- **Blessing Way Ceremonies** – Sacred footprint Ceremony, Pollen Offering with blessing way prayers, Pipe/Tobacco Ceremony, and Native American Church Ceremony.

Traditional Practitioner:_____ Date: _____

Client: _____ Date:_____

Parent/Guardian (if under 18):_____ Date:_____

Primary Counselor:_____ Date:_____

DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES

SWEAT LODGE WAIVER

I, undersigned, have read, and understand the following:

- Sweat lodge ceremonies involve exposure to high heat, darkness, and extremely hot rocks. If I am suffering from any active medical conditions or am taking any medications, it is my responsibility to discuss my participation in the sweat lodge ceremony with my primary care provider.
- Any concerns or conditions should be discussed with the sweat lodge leader prior to participation.
- Participants are recommended to ensure that they are hydrated prior to the ceremony and that they maintain an adequate intake of fluids throughout the ceremony.
- Sweat lodge participants are expected to maintain the lodge in appropriate fashion to ensure a clean and safe environment.
- Sweat lodge activities include the gathering of firewood, building of sweat lodge, preparing the fire as well as attending the sweat lodge ceremony.
- I have the right to refuse to attend any part of the activities and it will not affect any other part of my treatment process.
- The Division of Behavioral and Mental Health Services will not be held liable for any injury related to participation in the sweat lodge, or any such conditions as described above, or from injuries resulting from improper use or preparation for the sweat lodge ceremony.

I, the undersigned, have read the above and agree to the conditions and stipulations as stated.

_____ _____

Signature of Participant: Date

_____ _____

Signature of Parent of Guardian *(if client is a Minor)* Date

_____ _____

Witness Signature: Date

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Discharge and Aftercare Spiritual Recovery

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Test

Client	*Event*	*Actual Date*	*End date*

Duration (hh:mm)	*Location*	*Title*	*Staff*

Diagnosis

Axis	Date	Priority	Priority Description	Diagnosis	DSMIV	ICD9	ICD10 Code	ICD10 Term	DSM5 Term	GAF Score	SNOMED Code	SNOMED Term	WA CGAS Score

Test Information

Client

My Initial Reason for coming to this program:

How am I doing now? (Gains/Progress I have made in my recovery):

My future goals:

SNAP

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Discharge and Aftercare Spiritual Recovery

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

STRENGTHS:

ABILITIES:

NEEDS:

PREFERENCES:

Health and Medications

Health issues I will continue to address:

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Discharge and Aftercare Spiritual Recovery

Patient Name ***Date of Birth*** ***Gender*** ***ID No.*** ***Intake Date***

My Medications (Include dosage and response):

Reasons for Transition/Discharge

I am transitioning from this program because (Check all that apply):

☐ I voluntarily withdraw/My goals achieved ☐ Your services are not appropriate for me ☐ I moved out of the area ☐ I'm in jail

☐ I voluntarily withdraw/My goals not achieved ☐ I want a referral to alternative services ☐ I'm in the hospital

☐ I'm not satisfied with these services

Other (Specify):

Referral Resources (Addictions/Mental Health)

Include Name of Agency, Address, Telephone, Fax Number, Contact Person, Days and Hours of Operation

Entered With

Client SIGNATURE_PAGE

Client Signature ***Date***

GUARDIAN SIGNATURE_PAGE

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Discharge and Aftercare Spiritual Recovery

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Guardian Signature

Date

Clinician/Staff SIGNATURE_PAGE

Clinician/Staff Signature

Date

Supervisor SIGNATURE_PAGE

Supervisor Signature

Date

Client Electronic Signature

Client Signature

Guardian Electronic Signature

Guardian Signature

Clinician/Staff Electronic Signature

Clinician/Staff Signature

Supervisor Electronic Signature

Supervisor Signature

Participating Staff/Notes

Notes

Staff	Staff Duration	System Entry Date	Note

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Test

Client	*Event*	*Actual Date*	*End date*
	Spiritual Screening Form - 04/2019		

Duration (hh:mm)	*Location*	*Title*	*Staff*

Test Information

1. Do you know your clans?

○ Yes ○ No

Clans

Clans:

Maternal Clan

New Answer

Paternal Clan

New Answer

Maternal Grandparent

New Answer

Paternal Grandparent

New Answer

2. What language do you speak frequently?

English Navajo Other

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

3. What language were you raised with?

4. Are you a Veteran or anyone in your family a Veteran?

○ Yes ○ No

If yes, Specify who.

☐ Father ☐ Spouse ☐ Self ☐ Mother ☐ Brother ☐ Sister ☐ Uncle ☐ Aunt ☐ Grandparent

5. Mothers Name:

Describe your mothers spiritual affiliation:

Describe your relationship with your mother:

6. Fathers Name:

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name ***Date of Birth*** ***Gender*** ***ID No.*** ***Intake Date***

Describe your fathers spiritual affiliation:

Describe your relationship with your father:

7. Are your parents Married:

○ Yes ○ No

Explain:

8. How many siblings do you have?

Number of Siblings:

Are any of them deceased?

○ Yes ○ No

9. Which family member are you closest to?

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

10. Would you like to share anything else about your parents/family history?

11. Are you familiar with the 6 sacred mountains?

○ Yes ○ No

Explain:

12. Are you familiar with traditional ceremonies?

○ Yes ○ No

Explain:

Were you ever given or have an initiation ceremony for a spiritual name?

13. How often do you seek the help of a medicine man? Roadman/Traditional Practitioner or a spiritual leader?

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name ***Date of Birth*** ***Gender*** ***ID No.*** ***Intake Date***

Have you ever had any type of Diagnostic Ceremony?

What was the outcome?

14. Does your family practice traditional ways?

15. Are you aware of or heard any traditional stories?

16. How often do you attend ceremonies?

17. Have you ever use Traditional Herbs?

Yes No

Patient Name *Date of Birth* *Gender* *ID No.* *Intake Date*

If yes, explain what and how often:

18. Do you use ceremonies for legal consequences/issues?

19. Have you used any ceremonies for traumatic events you experienced?

○ Yes ○ No

If yes, please select all that apply

☐ Accidents ☐ Separation or Divorce ☐ Death ☐ Abuse (domestic violence)

20. Have you witness or participated in any type of unusual Ceremony?

21. Have you Experience any Evil thoughts?

22. Have you ever attended Boarding School\Mission School?

Patient Name ***Date of Birth*** ***Gender*** ***ID No.*** ***Intake Date***

23. What grades did you attend?

24. Did any of your family members attend Boarding School\Mission Schools?

25. Please check off the ones you have experienced:

☐ Handle any human remains ☐ Came across any burial remains. ☐ Witness a death (Native) ☐ Witness a death (Non-Native)

☐ Seen or heard Spirits ☐ Have Nightmares ☐ Played with an Ouija Board ☐ Have you thought of Suicide?

☐ Excessive Gambling? ☐ Had a blood transfusion or donated blood. ☐ Participated in any form of satanic ritual

☐ Any type of "iiniziin"/Witchcraft? ☐ Have you witness any type of unusual ceremonies?

☐ Have you experience any Evil thoughts?

SNAPS

26. What are your Traditional or Cultural:

Strengths:

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Needs:

Abilities:

Preferences:

Spiritual/Culture/Religion:

Summary:

Interpretative Summary: What are the need area, the factors that led to the need, symptoms and the events that supports your decision, and your plan to address them?

Further Discussion with Practitioners

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name ***Date of Birth*** ***Gender*** ***ID No.*** ***Intake Date***

Area of further discussion

☐ A miscarriage? ☐ An abortion? ☐ Dissected or eaten a reptile ☐ Hunted and/or butchered a deer.

☐ Did ever butcher or eat, or followed bear tracks

What really triggers your anger?

What are your phobias?

Entered With

Electronic Signature

Client Signature

Electronic Signature

Staff Signature

Participating Staff/Notes

Notes

Staff	Staff Duration	System Entry Date	Note

Tasks/Schedules

Navajo Division of Behavioral and Mental Health Svcs
NNDBMHS Spiritual Screening 04/2019

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Schedule Next

Next Scheduled Event

Event

Last Name	First Name	Event	Due Date/Time	Scheduled Date/Time	Staff

Service Related Encounter Information

Exempt from Billing	*Activity Type*	*Client Involved*	*Program Providing Service*

Facility Providing Service	*Encounter With*	*Service Authorization*	*Is Telehealth?*

Test Link

Test Data

Test

Treatment Context

Treatment Areas

Treatment Link	Additional Treatment Detail	Notation	Client Participation Response	Cue Number	Cue Type

Traditional Healing Services
Healing Grounds Inspection Form

It is the responsibility of the Traditional Pracititioner to complete this form, and maintain the cleanliness of the four healing areas (where available).

Healing area	Yes	No	Comments
Hogan Site: a. The Hogan will be kept clean and ready for use. b.The Traditional Practitioners are responsible for cleaning the hogan after each ceremony or cultural session. c. Any ceremonial fire should be supervised and never left unattended. For safety and traditional pracit d. Fire Extinguishers are in a visible place and inspected.			
Teepee Site: a. The maintainence and upkeep of the teepee ground will be the responsibitlity of the Traditional Pracititioners. All staff are to be respectful of the site. b. The teepee poles, stakes, pins, and mats will be stored in a safe and secure place. The teepee canvas will be stored indoor. c. The teepee shall be used for DBMHS clients to have NAC and other allowable ceremonies at the DBMHS Traditional Healing Ground. d. The teepee canvas, poles, stakes, pins, and mats will not be loaned out except to other DBMHS sites and with the permission of Traditional Practitioner and site Clinical Director/Behavioral Health Director.			
Sweat Lodge Site: a. Clean and ready for use: -Inside -Outside b. Adequate supply of firewood. c. Fireplace is safe and secured and ashes place in appropriate containers. d. Sweat Lodge tools are stored in a safe and secure storage. e. Covering and mats will be aerated after each use.			
Storage Sheds: a. Cleaned and organized. b. Adequately maintained.			

Inspected by: _____ Date: _____/_____/_____

Agency site: _____

Navajo Regional Behavioral Health Authority TRAINING MANUAL

Division of Behavioral & Mental Health Services

Navajo Department of Health

Second Edition
September 2023

TABLE OF CONTENTS

Acknowledgement

This training manual has been developed by the Division of Behavioral and Mental Health Services for the Navajo Regional Behavioral Health Authority program.

Initial Adoption October 2021

Administration

Introduction

The Navajo Division of Behavioral and Mental Health Services (DBMHS) was established in 1987 as the lead agency for the Navajo Nation to provide comprehensive substance use treatment that includes care coordination, outpatient, prevention, and residential services for the Navajo people. DBMHS provides services to all enrolled Navajos on and off the reservation and enrolled members, American Indian/Alaska Natives of other federally recognized tribes. DBMHS assures that quality, culturally responsive and competent behavioral health services are readily available and accessible to the Navajo people through effective coordination, regulation, and development of behavioral health infrastructure. The DBMHS mission statement is, "Providing Comprehensive Behavioral Health Services for Native Families." The vision statement is "Diné Be'iina' Hoozhoogo Silá," translation: "In the Navajo way of life there is beauty before you."

Purpose and Review

The purpose of the NRBHA Training Manual is to ensure compliance and to streamline processes, procedures, and accountability. The manual will guide and direct daily operations of NRBHA administration, case management services, and traditional services. The training manual will establish the standards and guidelines for the provision of services. The NRBHA Training Manual will be reviewed annually or as needed. The Health Services Administrator (HSA) will first approve any amendments and addendums.

Leadership and Organizational Structure

The Navajo Department of Health (NDOH) Executive Director shall hire the HSA in accordance with the Navajo Nation Personnel Policies Manual (NNPPM). Navajo RBHA, leadership and structure follows the Intergovernmental Agreement 2021. All other personnel shall be employed and compensated in accordance with the NNPPM.

Tribal Regional Behavioral Health Authorities

Tribal Regional Behavioral Health Authorities (TRBHAs) are tribal entities that have an Intergovernmental Agreement (IGA) with the Arizona Health Care Cost Containment System (AHCCCS) administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible persons assigned by the administration to the tribal entity. Tribal governments, through an agreement with the State, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian /Alaskan Native members. To learn more, go to:
www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/ProgramsAndPopulations/TRBHA.html

There are four TRBHAs across the State of Arizona:

TRBHA	Site Code
Navajo Nation	14
Pascua Yaqui Tribe	25

Gila River Health Care Corporation	11
White Mountain Apache Behavioral Health Services	28

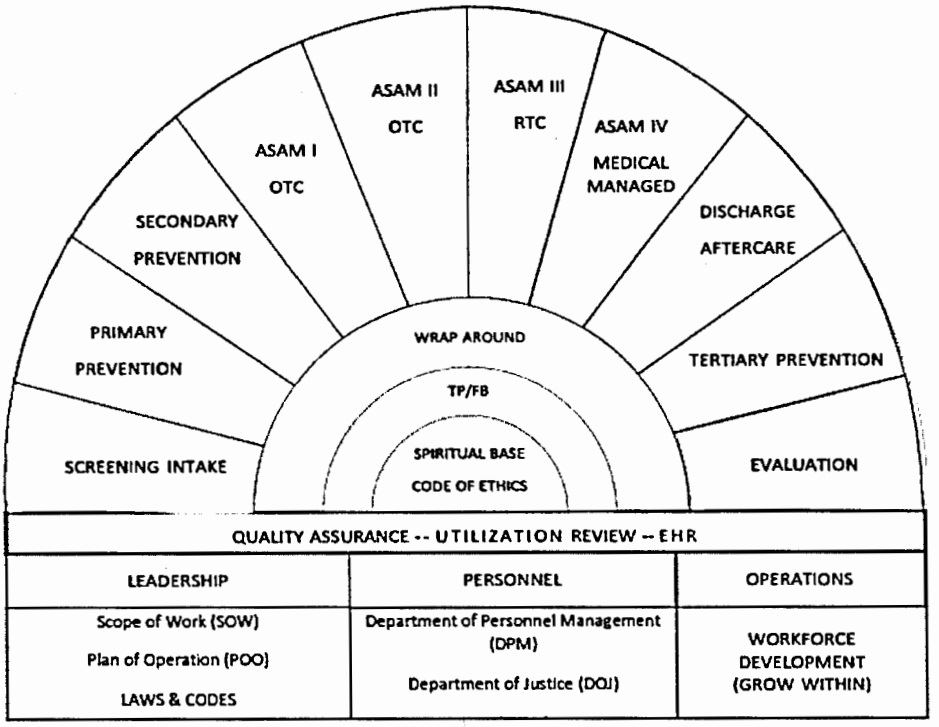
The Navajo Nation TRBHA's Health Program ID (Behavioral Health Service site) number is as follows:

Navajo Nation – Health Program ID #990030, site code 14

Currently, YH22-0007-04 is the IGA entered into by and between The Navajo Nation and AHCCCS. The term of the current agreement is from July 1, 2021, through June 30, 2026, unless otherwise terminated or extended by mutual agreement of the parties in a duly authorized and executed amendment. AHCCCS and the Navajo Nation endeavor to provide accessible, timely behavioral health services tailored to the person and family in accordance with best practices, provided in the most appropriate setting, designed in collaboration with the person, family, and others to achieve functional outcomes.

Continuum of Care

DBMHS includes a three-tier foundation: Leadership, Personnel and Operations. It is further supported by quality assurance, utilization review and Electronic Health Record. Navajo RBHA utilizes NetSmart NX as their electronic health record system in accordance with DBMHS. At the center of the continuum of care is the code of ethics, spiritual-based and wrap-around services. DBMHS provides the continuum of care services according to the American Society of Addiction Medicine Member Placement Criteria (ASAM). The continuum of care guides and tracks services through a comprehensive health care delivery system. Through a strength-based multidimensional assessment, the ASAM Criteria addresses the member's needs, obstacles, and liabilities, as well as their strengths, assets, resources, and support structure to determine the appropriate level of treatment along the continuum of care. Medical Necessity for level of care recommended. Navajo RBHA provides case management for all ASAM levels of care with emphasis on residential placement.



ASAM Level 0.5	Prevention and Early Intervention (i.e., Education, support groups)
ASAM Level I:	Outpatient Treatment (i.e., NNDBMHS Outpatient services)
ASAM Level II:	Intensive Outpatient/Partial (i.e., NNDBMHS Outpatient services)
ASAM Level III:	Residential/In-patient Treatment (i.e., TRBHA focus)
ASAM Level IV:	Medically Managed Intensive In-patient Treatment (i.e., psychiatric hospital and detox)

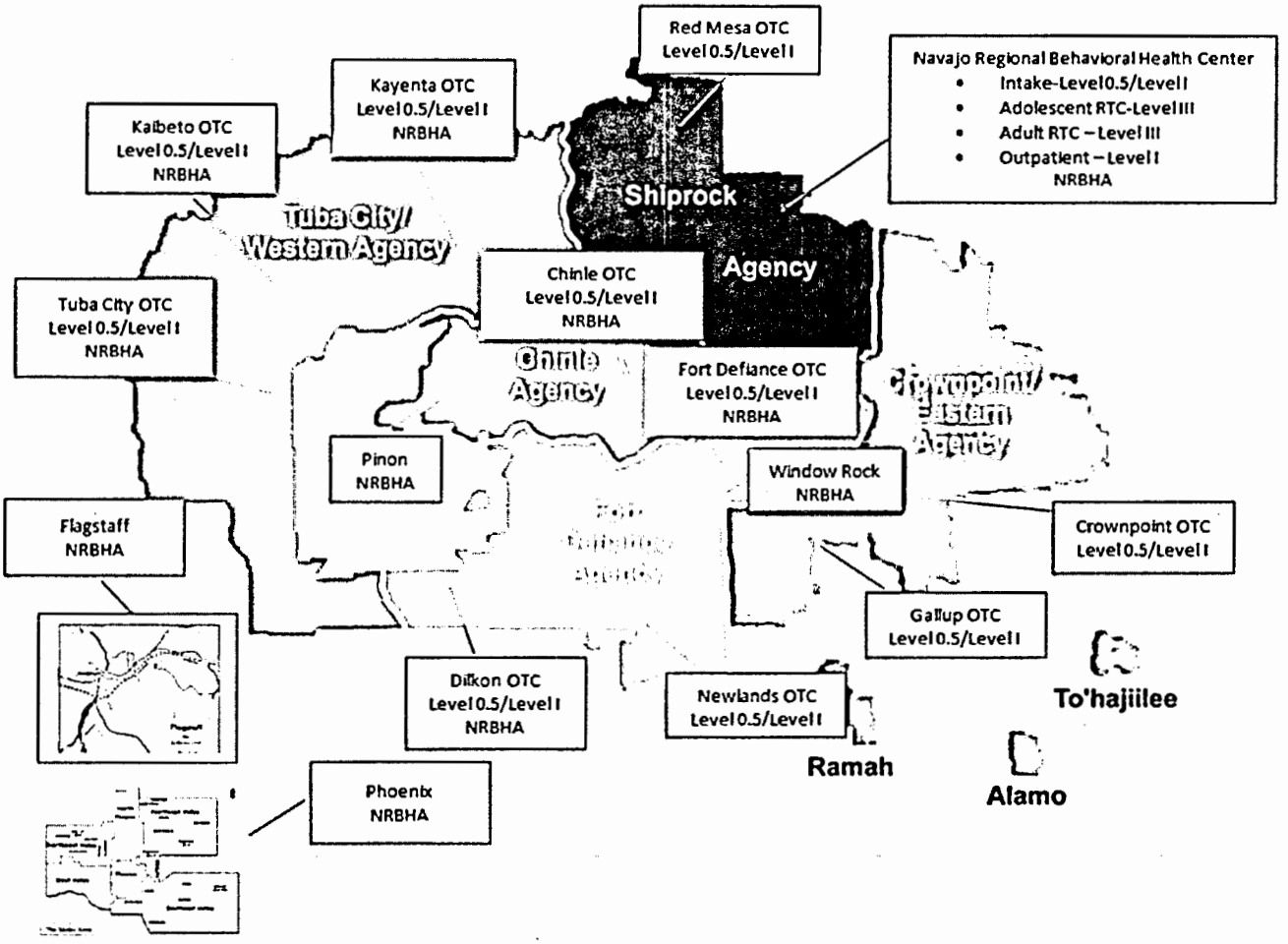
Services

NRBHA provides care coordination services for federally recognized Native American tribe members with a serious mental illness and/or substance abuse disorder that impairs their ability to function in the community. NRBHA offices are located in each DBMHS Outpatient Treatment Center in all regions of the Navajo Nation. NRBHA collaborates with member's AHCCCS health plans for placement in Behavioral Health Residential Facilities when that level of care is recommended. NRBHA members have access to clinical services that address health and wellness in a holistic approach.

DBMHS clinical services include screening/assessments, treatment planning, individual and group therapy, family therapy, crisis counseling and intervention services, follow-up, residential care, case management/care coordination and case staffing/consultation. Unique to DBMHS are the cultural and pastoral services through Traditional Practitioners and Faith-Based services.

NRBHA Map of Services

Navajo Regional Behavioral Health Authority (NRBHA) has eight (8) offices in Arizona and two (2) in New Mexico. Offices are located in Crownpoint, Chinle, Shiprock, Kayenta, Kaibeto, Tuba City, Dilkon, Fort Defiance, Phoenix, and Flagstaff. NRBHA also has a central administration office in Window Rock, AZ.



Case Management Services

What is Managed Care?

In Arizona, behavioral health services are provided through a Managed Care model. This means that people getting behavioral health services choose a provider from within a network. (see appendix-registered providers) Navajo Regional Behavioral Health Authority ensures that behavioral health services are available to their members. Members are persons enrolled with Navajo Regional Behavioral Health Authority.

Case Management Defined

A collaborative process, which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's behavioral health needs through communication and available resources to promote quality, cost-effective outcomes.

Eligibility

NRBHA is to provide care coordination services solely for the benefit of individuals and families who:

- Are members of a federally recognized Native American Tribe and/or individuals who reside within the Navajo Nation; and
- Meet the qualifications for one of the following eligibility groups:
  - Individuals eligible for services under Titles XIX and XXI of the Social Security Act.
  - Regardless of Titles XIX or XXI eligibility, persons who, in accordance with state law and SMI Eligibility Determination policies, have been determined to be "Seriously Mentally Ill" as defined by A.R.S. § 36-550(4) (2016)

Case Management Functions

The workflow of a case management process can be broken down into eight steps *:

1. Referral
2. Screening
3. Assessing
4. Evaluation risks
5. Planning
6. Implementing
7. Follow Up
8. Evaluating outcomes

** These steps are not necessarily linear, which means that a case manager may revisit earlier steps when necessary. For example, if a new problem arises during implementation, then it is appropriate to return to planning. A case management process is robust enough to meet sudden changes in a complex case.*

Referral

Upload into member's file:

- ✓ NRBHA Referral Form
- ✓ Acute Referral (if applicable)
- ✓ Letter of Acceptance or Denial (collect from BHRF)
- ✓ Incoming/Outgoing Correspondence (if received)
- ✓ CRN SMI Referral (if applicable)

Screening - Intake & Enrollment Forms

The intake process includes collecting verifying documents from the members so that they can be enrolled with the Navajo Regional Behavioral Health Authority. Copy and upload to member's file. These documents include:

- ✓ Certificate of Indian Blood
- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ AHCCCS Eligibility
- ✓ Residential Map (complete with member)
- ✓ Consent for Treatment Services (complete with member)
- ✓ Release of Information (complete with member)
- ✓ Grievance & Appeal Notice (complete with member)
- ✓ Member Privacy Notice (HIPAA) (complete with member)
- ✓ Consent for Traditional /Faith Based Services (complete with member)

- ✓ PE/TB/Covid-19 with results (member must submit physical, TB and Covid results to NRBHA)
- ✓ Immunization Record (member must submit immunization to NRBHA)

Assessing – Assessment & Treatment Planning

a. CASII (complete for members 17 years old and younger)
b. Psychiatric Evaluation (includes LOC) (if applicable, help member get an appointment and upload)
c. Substance Abuse Evaluation (includes LOC) (if applicable, help member get an appointment & upload)
d. SMI Determination (if applicable, collect from the member and upload)
e. Clinical Assessment (if another type of assessment was completed, collect from the member and upload)
f. Initial Service Plan (complete with member and upload to member's file)
g. Service Plan Update (within 90 days) (complete with member and upload to member's file)
h. Crisis Plan (if applicable, complete with the member or collect this if done by another agency)
i. Strength Needs Cultural Diversity (if appropriate, complete with the member and upload)
j. Clinical Assessments (if applicable, complete other assessments with member and upload)
k. Wellness Recovery Plan (if appropriate, complete with the member and upload)

Member Progress

a. CFT/ART Meeting (schedule, hold the meeting and document meeting results)
b. Progress Notes (note all interactions with members and other agencies, communications, etc.)
c. Medical Necessity Report (collect from the BHRF monthly and upload into member's file) Provider Treatment Plan (collect BHRF/provider treatment plan and upload into member's file)

Discharge

a. Discharge Summary (once received from the BHRF, upload into the member's file)
b. Acute Discharge Summary (if applicable, upload acute summary into member's file)
c. Youth Services Survey/Adult Member Survey (CA note member completed survey in file)

Case Management Specialists & Case Assistant Duties

The workflow of a case management process can be broken down into following steps after member is referred to RBHA:

**When there is not a Case Assistant at RBHA site, Case Management Specialist will be responsible for all duties.*

Steps	Responsible Person
1) Check referral packet for: a. completed referral form, C.O.N. (if applicable), b. physical examination with PPD testing, c. psychiatric/substance abuse evaluation, and treatment plan.	Case Assistant
2) Verify AHCCCS eligibility and check for: a. Behavioral Health Sites (must be under Navajo Nation Site 14) b. Must have American Indian Health Plan c. Third-party insurances d. When members will need to re-apply for benefits.	Case Assistant
3) Call member to schedule an intake (within 7 days of receiving referral)	Case Assistant
4) Conduct intake and obtain the following identification documents from member: a. State Driver's License, ID Card b. Social Security Card c. Certificate of Indian Blood d. AHCCCS Card (if applicable) e. Court/Legal documents (child protective services, probation, social services)	Case Assistant
5) Enroll members into RBHA's electronic health record, write a progress note documenting intake and upload all documents into the member's file. a. Member to complete referral, enrollment, and demographics portion. b. Case Assistant to complete insurance portion.	Case Assistant
6) Review the following forms with member: a. Consent for treatment b. Release of information c. Confidentiality (HIPAA) form d. SUD form e. Transportation waiver f. Map (home location, to be drawn by member)	Case Assistant

g. Client Handbook with authorization form	
7) Complete Intake and refer to Case Management Specialist (or schedule an assessment appointment)	Case Assistant
8) Begin assessment with member	Case Management Specialist
9) Complete assessment, create service plan and have member sign service plan.	Case Management Specialist
10) Refer member out to appropriate providers (BHRF's)	Case Management Specialist
11) Member accepted by BHRF. a. BHRF will issue an acceptance letter. b. Upload acceptance letter into member's file. c. Notify Case Management Specialist	Case Assistant
12) A provider (BHRF) accepted document member.	Case Management Specialist
13) Upon approval, contact home or facility and notify of member's arrival.	Case Management Specialist
14) Arrange transportation services with authorized non-emergency medical transportation provider for member to go to facility.	Case Assistant
15) Set-up appointments for Child/Family Team meetings, Adult/Family meetings and other meetings pertaining to the member.	Case Assistant
16) Make follow up calls to BHRFs, hospitals, members, members' families, etc. to assist the Case Management Specialist in completing RBHA duties that allow for successful entry of members into treatment, continued member progress in treatment, and member exit out of treatment.	Case Assistant
17) Contact a member or guardian to ask member to complete NRBHA adult/youth survey, before discharged from facility. a. If declines, write a progress note to document. b. If not able to complete before discharge, contact member to complete within 30 days.	Case Assistant
18) Arrange transportation services with authorized non-emergency medical	Case Assistant

transportation provider for member to return home.

Member Documentation

Service Plan (Also known as Treatment Plan)
The Case Management Specialist meets with the member to complete their service plan to help the member to engage in recommended treatment services with care coordination, for example substance use or mental health treatment services. A service plan includes the goals they want to accomplish; identify their strengths and needs; provide case management to support treatment services and maximize personal and family voice and choice. The Service Plan Update will be completed within 90 days of the original Service Plan, or when needed to continue treatment services that meet the member's needs.

Progress Notes
The on-going record of a member's diagnosis and treatment. Progress notes will include treatment providers input, documentation regarding member. Progress notes will be written within 24 hours. It is important that each note be clearly written, the date and time recorded, and the note signed. Below is the Data, Assessment, and Plan (DAP) format that will be used:

DAP Format - DAP is an acronym for Data, Assessment, and Plan. It is a simple and comprehensive template to help organize your notes:

Data - The data component of DAP notes includes everything you heard and observed in the session. It is a review of all the information gathered. This information is member self-report, but clinician observations also provide valuable information. Although most of the data will be objective, the clinician, at times, may inject some subjectivity into the process. For example, they may note that a member "appears agitated." An overall question that summarizes this section is "what did I see?"

Assessment - The assessment portion of the DAP note reflects the providers' interpretation. Here are some important questions to answer in the assessment section: Is the member making an effort to address their issues? How does the data reflect attention to their treatment goals? Are they making progress? Does the data indicate a particular diagnosis or issue to be addressed? In other words, "what does the data mean?"

Plan - The final portion of the DAP note is the plan for future treatment. It may involve member activities identified to accomplish. For instance, you may write that the member is to complete the task of contacting their psychiatrist about their medication. Keep in mind, the plan is to document the goal and care coordination from one session to the next. It may include changes or new directions to the overall treatment plan. It answers the question, what will I do next?

Timelines

Document/Process	Timeline from referral/admit/enrollment	Responsible Person

Referral/Request for Service	Immediate to 7-days	CMS &/or CA
AHCCCS Eligibility Verification	Immediate to 7-days; every 30-days	CMS &/or CA
Intake (Screening)	Upon referral	CMS &/or CA
Collect Identifying Documents	Within 7-days of enrollment	CMS &/or CA
NRBHA Enrollment Packet	Within 7-days of enrollment	CMS &/or CA
Service Plan (assessing, planning & implementing)	Within 7-days of enrollment; every 90-days	CMS
Crisis Plan (evaluating risks)	Upon referral	CMS
Strengths, Needs, and Culture Discovery – Child/Family (planning)	Within 7 days of enrollment as needed to reflect feedback.	CMS
Member Survey (follow up and evaluating outcomes)	30-days after receiving behavioral health services, and/or 2 weeks before discharge	CMS &/or CA
Discharge Planning (follow up)	Within 7-days; every 90-days	CMS &/or CA
*Case Management Chart Review Form	Begin at referral	CMS/CA/CD

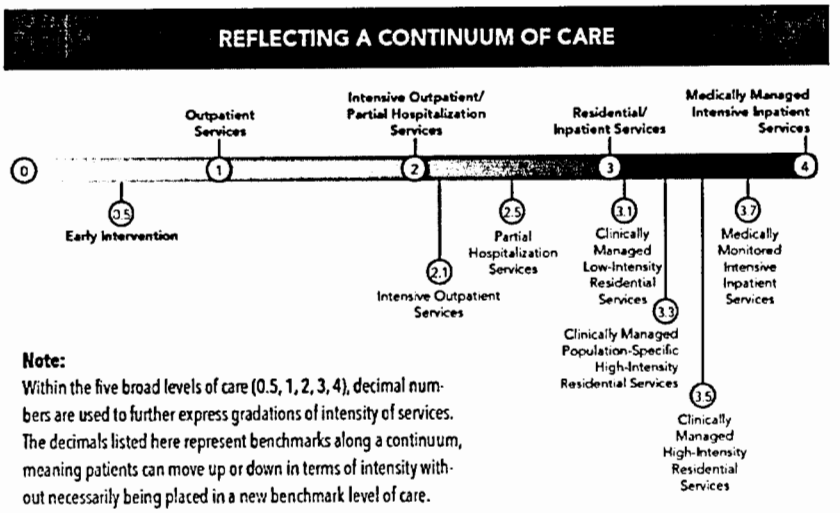
Types of Care Coordination/Collaboration

Least Restrictive Care Coordination & Environment

This type of care coordination and collaboration ensures the least restrictive type of treatment for the member and their family or natural supports. Least restrictive environment means a member should have the opportunity and, as necessary, active support and encouragement, to participate in mainstream community services and activities to the greatest extent possible as they work towards their recovery goals before they are placed in an out-of-home setting.

Level of Care Coordination

This type of care coordination and collaboration assesses a member's situation and makes support services available in their immediate community to address their mental and behavioral health service needs. Level of care coordination follows the American Society of Addiction Medicine (ASAM) continuum of care, see figure.



The best example is caring coordinating with local agencies, like DBMHS Outpatient Treatment Centers, AHCCCS Contract Mental Health Services, Indian Health Service Mental Health Departments, tribal /city courts, tribal/state/federal probation offices, local schools, tribal social services, and other state agencies.

High Needs High Cost (HNHC) Care Coordination, Collaboration & Process

HNHC is a care coordination strategy by the AHCCCS Division of Fee-For-Service Management (DFSM) care management systems that addresses the following:

- Ensure that regional partnerships occur with the appropriate hospital system, IHS/638 facility and/or TRBHA.
- Improve information sharing capabilities through partnerships with facilitated monthly staffing.

HNHC Care Coordination Activities

- Health Information Exchange (HIE) notifications that report member ED visits, in-patient stays, hospital discharges and crisis notifications.
- Coordinate with TRBHA to identify, select, and monitor members for HNHC inclusion.
- Internally automate claims and encounter data reports.
- Update member's care plan with claims and encounter data, and member demographics
- Identify members to include in the preferred pharmacy.

HNHC Process

- HNHC Monthly Meeting – occurs on the first Thursday of each month.
- AHCCCS – creates an HNHC agenda, which can be found in SharePoint.
- RBHA – Clinical director will assign a new member to the appropriate Case Management Specialist
- RBHA staff go into SharePoint to learn who will be staffed at the next HNHC meeting *If a Case Management Specialist is newly hired, they can work with AHCCCS to gain access to SharePoint.
- Master Action List/Meeting Notes – This includes the staffing date, meeting participants, meeting notes, action items, notes entered by and date.
- In SharePoint – Case Management Specialists can find Progress toward Medical Treatment Goals (left side of the note) typed by AHCCCS staff, while RBHA Case Management Specialists add member progress in the Progress toward Behavioral Health Treatment Goals found on the right side of the note. The Case Management Specialist indicates kinds of contact with the member, their communication with the member, events, incidents, etc.
- To save added information – CMS goes into Navajo RBHA SharePoint, go to a member's name and click on the 3 ellipses, click open, "Open in app," go to top of the document and click "Check Out," click on the next staffing date, next go to file, info, click "Check In," version comments comes up and check okay. Once note is added, click on "check in" again making the member's document available to the next person. By not checking in after writing the note, your note will be lost. *If you see a red arrow, it means that the member is checked out to someone else. Contact that person.

Crisis Care Coordination

Provided to a member who is not emotionally and/or mentally stable due to a sudden, unanticipated, or dangerous event. NRBHA local case management staff work with crisis resources, local outpatient treatment center and/or hospital behavioral health to coordinate care to stabilize the member. NRBHA will inform the member to always call 911 or go the nearest hospital emergency room for any life-threatening situations.

Behavioral Health In-Patient Facility (BHIF) Care Coordination

NRBHA staff provides care coordination with BHIF as defined in A.A.C. R9-10-101, a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes that individual to:

1. Have a limited or reduced ability to meet the basic physical needs,
2. Suffer harm that significantly impairs the judgment, reason, behavior, or capacity to recognize reality,

3. Be a danger to self,
4. Be a danger to others,
5. Be persistently or acutely disabled as defined in A.R.S. §36-501, or
6. Be gravely disabled.

Behavioral Health Residential Facility (BHRF) Care Coordination

NRBHA staff provides care coordination with BHRF, as specified in A.A.C. R9-10-101, is a health care institution that provides treatment to an individual experiencing a behavioral health issue that: Limits the individual's ability to be independent or causes the individual to require treatment to maintain or enhance independence.

Services to Members Determined to have Serious Mental Illness

What is a Serious Mental Illness?

A Serious Mental Illness (SMI) is a chronic and long-term mental health condition which impacts a person's ability to perform day-to-day activities or interactions.

What is the SMI Determination?

The SMI determination is the process individuals go through to receive an SMI designation. An individual can request to be evaluated/considered for services through:

- Their provider.
- An AHCCCS health plan.
- A Tribal Regional Behavioral Health Authority (TRBHA).
- Arizona Department of Corrections Rehabilitation and Reentry (ADOCRR).
- Arizona Department of Juvenile Corrections (ADJC).
- Solari Crisis & Human Services.

Timeline/Steps of SMI Determination

Solari Crisis & Human Services, Inc. is responsible for reviewing all applications for SMI services and making these determinations for the state of Arizona. All information in this section has been retrieved from Solari's website at https://community.solari-inc.org.

Step 1: Request

A person can request to be evaluated/considered for SMI services. The person must make a request through their healthcare provider or their AHCCCS provider.

Step 2: Evaluation

When a request is made, the provider will then complete an evaluation and an SMI Assessment Packet for each person.

The provider must complete an assessment within seven (7) days after the request is made.

Step 3: Send

The Provider will then send the completed SMI Assessment Packet to Solari. Solari will then review the packet and determine whether the individual is eligible for SMI services by following the State's guidelines/criteria.

The provider sends the completed packet to Solari within one (1) business day.

Step 4: Review
Solari follows the State's guidelines/criteria to determine SMI eligibility:

- The person has a qualifying diagnosis (mental illness) as described in the AMPM 320-P SMI Qualifying Diagnosis section; and
- The person experiences serious functional dysfunction as a result of that diagnosis (the person has trouble with day-to-day activities or interactions). This includes the social, occupational, and psychological functioning of adults, e.g., how well or how flexible a person is when meeting different day-to-day problems.
- The person does not currently experience serious functional dysfunction but may be expected to deteriorate to such a level without treatment.

Step 5: Final Decision
Solari has three (3) days after receiving the packet and all the information they need to review and make a decision (determination) about whether the person is eligible for SMI services. Solari must decide based on the information we get from the provider. This means that if information is missing or a packet is not complete Solari may determine that you are not eligible for SMI services (this mostly happens when Solari does not receive records from past providers).

Step 6: Choose to Forfeit Right to a Decision
You can choose to forfeit your right to a decision in three (3) days to give providers more time to send Solari all of the information we need to make the best decision. You have two choices:

- Pending (or extending) the SMI eligibility determination for 20 days. Solari can still make the decision before the 20 days once we receive all the necessary information.
- If you agree to it, the SMI eligibility determination process can be extended up to 30 or 60 (calendar) days for an Extended Evaluation Period (EEP): This is a 30 or 60 day period of abstinence or reduced use of drugs and alcohol in order to help the reviewing psychologist make an informed decision regarding SMI eligibility.

Solari will send you a letter by mail to let you know what the final decision on your SMI determination is. This letter is called a Notice of Decision.

If Solari finds that you are not eligible for SMI services, the letter will tell you why. If you do not get the letter/notice by the end of the time you agreed to (three (3), 20 or 30/60 days), please call Solari at 855-832-2866.

If your letter says that you DO qualify for SMI services, Solari will notify Arizona Health Care Cost Containment System (AHCCCS), the T/RBHA and your provider.

What is looked at (criteria/qualifications) to diagnose someone or determine if they qualify for SMI services?
To be eligible for SMI services (to get an SMI determination) a person must have both an SMI diagnosis and functional impairment caused by the qualifying diagnosis.

An individual may be appropriate for an SMI evaluation if the person may:

- Be unable to feed, clothe or bathe themselves, find a safe place to live, or get needed healthcare.
- Not understand that they need to or may refuse to take care of their health. Other people might have to do any of these things for them.
- Have trouble in roles with others including having problems in their relationships.
- Have a tough time getting and/or staying in school or getting and/or keeping a job.
- (In the past or currently) be thinking about or actually be hurting or harming themselves or others.
- Be thinking about dying or killing themselves.
- Have used crisis services like going to the emergency room or calling the crisis line.
- Have needed to go into the hospital one or more times because of mental illness.
- Feel out of control, have a tough time following laws or rules, or have a challenging time acting in ways that a lot of people would consider "normal."
- Be using drugs or alcohol to deal with mental or physical conditions.

Other qualifications include:

- The person should be at least 17.5 years old and live in Arizona or plan to live in Arizona.
- The person has been diagnosed with one or more SMI eligible conditions (see SMI form)
- The person can have both an SMI and non-SMI diagnosis, and still be SMI eligible.
- The person may have a history of mental health treatment, like outpatient medication management, counseling, or inpatient psychiatric hospitalization.
- The person has severe problems functioning in one or more areas, because of the SMI eligible conditions (Solari psychologists determine if this is due to the SMI diagnosis or a different condition)

What is a SMI Designation?

This designation is for adults ages 18 and older. SMI eligibility assessments and designations are available to all individuals regardless of AHCCCS eligibility. Serious Mental Illness (SMI) is a designation used in Arizona to identify adults who need additional support because mental illness severely impacts their ability to function. A co-occurring substance use disorder does not automatically disqualify a person from receiving a SMI evaluation and/ or designation.

The Serious Mental Illness must result in either:

- An inability to live independently without adequate support.
- A risk of serious harm to self or others.
- A dysfunction in role performance.
- A risk of deterioration if adequate support and services are not provided.

Criteria must be met for 12 months or be present for six months with an expected continued duration of an additional six months. NRBHA collaborates with members who have mental health and substance abuse diagnoses. This does not mean that having these kinds of diagnoses makes someone seriously mentally. ill.

What are the benefits of an SMI Designation?

With an SMI designation, an individual who is 18 years or older has access to services that may help improve the quality of life and the ability to live independently. SMI is a designation not a diagnosis.

Designated Representative

What is a designated representative?

Advocating for member rights can be demanding work. Sometimes it helps to have a person with the members to support their point of view. If the member has been determined to have a Serious Mental Illness, the member has the right to have a designated representative helping the member in protecting their rights and voicing their service needs.

Who is the designated representative?

A designated representative may be a parent, guardian, friend, peer advocate, relative, human rights advocate, member of a Human Rights Committee, advocate from the State Protection and Advocacy system or any other person who may help the members protect their rights and voice their service needs.

When can a designated representative help the members?

The member has the right to have a designated representative help them protect their rights and voice their service needs during any meetings about their Service Plan or In-patient Treatment and Discharge Plan. The member designated representative must also receive written notice of the time, date and location of Service Plan and In-patient Treatment and Discharge Plan meetings, and their designated representative must be invited to the Individual Treatment and Discharge Plan meetings.

The member has the right to have a designated representative help them in filing an appeal of the treatment the member received, their Service Plan, In-patient Treatment, Discharge Plan or attend the informal conference or administrative hearing with the member to protect their rights and voice their service needs.

The member has the right to have a designated representative help them in filing a grievance. A designated representative may also go to the meeting with the investigator, the informal conference, or an administrative hearing with the members to protect their rights and voice their service needs.

Arizona State Hospital

The Arizona State Hospital (ASH) is the only long-term in-patient psychiatric facility in Arizona. Before ordering that a person receive treatment at the ASH, the court must order that person to receive at least 25 days of treatment at a local facility. The only exceptions to this rule are if a person would not benefit from local treatment, or if the State Hospital has a special treatment program that is not available locally, or there is no local treatment available. If a person is found to be persistently and acutely disabled, the court cannot ignore or waive the local treatment rule, unless the State Hospital accepts a person for treatment.

NRBHA care coordination with ASH:

- Coordinate admission process with the ASH Admissions Office (602) 220-6500 or send an email to admissions.office@azdhs.gov.
- SMI determination before or at the time of admission
- Non-Title XIX member will be referred for AHCCCS benefits if eligible.
- Attendance at all staffing to review clinical progress and transition/re-integration to the tribal community.

Court Ordered Treatment

To be able to order involuntary mental health treatment, the court must find by clear and convincing evidence that—because of a mental disorder—a person is a danger to self, a danger to others, persistently or acutely disabled, or gravely disabled. Additionally, treatment can only be court-ordered if the court believes the person is unable or unwilling to accept voluntary treatment. The court must order that treatment be provided in the least restrictive setting possible. This means time in the hospital (in-patient) must be avoided or kept to a minimum. The court can order in-patient treatment, outpatient treatment, or both. The total length of ordered treatment cannot be more than one year.

Member Complaints, Grievances, and Appeals

NRBHA adheres to the policy of DBMHS to treat all clients with fairness and professionalism and to strive for excellence in providing services to clients. The purpose is to provide a means for clients, their families, and other agencies serving DBMHS to bring a grievance or complaint to the attention of DBMHS and to reach a resolution.

What is a grievance?

Any expression of dissatisfaction related to the delivery of one's health care is not defined as an appeal. A grievance is also called a complaint. An accusation, charge, or allegation, either written or oral.

What is an appeal?

A formal procedure to review the grievance again and confirm if the final decision was correct.

Grievance and Appeals Procedures

NRBHA follows the DBMHS Grievance and Appeals procedures as follows:

Procedures

A. All complaints received will be managed in the following manner:

1. The client (or other complainant) will make a complaint to the individual person(s) violating their right with the aim of resolution.

B. Grievances or a request for investigation must be submitted to DBMHS, orally or in writing, no later than 12 months from the date the alleged violation or condition requiring investigation occurred. This period may be extended for good cause as determined by the DBMHS Behavioral Health Director/Clinical Director before whom the grievance or request for investigation is pending.

C. All written or verbal grievance(s) shall be submitted in writing for proper documentation and will be reviewed and acknowledged within 7 days of the date received. If appropriate, an investigator will be assigned to research the matter.

D. The investigator e.g. Behavioral Health Director or designee will attempt to resolve all appeals within seven (7) days through an informal process. If the grievance/complaint cannot be resolved, the matter will be forwarded for further investigation.

1. If unresolved the complaint will be mediated with the primary counselor. If the complaint is with the primary counselor the Clinical Specialist will mediate the complaint.
2. If the complaint cannot be resolved at the lower level the complaint will be submitted to the Clinical Specialist who will review the complaint within five business days and provide a written response.
3. If the complaint warrants investigation, it will be investigated within ten business days and a written report will be provided thereafter. The report will include:
    i. A summary of findings.
    ii. Steps taken to respond initially to the complaint/grievance findings.
    iii. Suggested resolutions and any preliminary actions taken to resolve the issue.

E. In the event that the complaint is not resolved, the Health Services Administrator will investigate within ten (10) business days and a written response will be completed for the final decision.

F. Clients can request assistance in writing the complaint from the Clinical Specialist, who will ensure that assistance is given when requested, and will ensure that the complaint is written in the client's own words.

G. If the complaint is against a program other than DBMHS, the Clinical Director or Clinical Specialist will forward the complaint to the appropriate program.

H. Client satisfaction surveys will be conducted as part of regular discharge procedures or at other regular intervals.

I. A suggestion box will be maintained for the purpose of obtaining consumer feedback and suggestions to be considered for program improvement purposes.

J. Clients have the right to remain anonymous when providing feedback.

K. Unsigned complaints or suggestions will be considered for program improvement purposes, but no formal response will be issued.

L. Clients shall not be terminated from services, or their treatment plans altered without their consent as a result of any complaint or suggestion they have submitted.

M. If a client is not satisfied with the outcome through the above outlined process, he/she has the option to pursue further remedies at his/her own discretion.

N. Clients who receive services funded through the Arizona Health Care Cost Containment System (AHCCCS) may at their discretion register their complaint with any of the following offices:

AZ Dept. of Health Services, Division of Behavioral Health Services 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 542-1025	AZ Dept. of Health Services Division of Residential Licensing 150 N. 18th Ave. Phoenix, Arizona 85007 Phone: (602) 364-2639	AHCCCS Office of Human Rights 801 E. Jefferson St Phoenix, AZ 85034 Phone: 602-417-4000

NM Behavioral Health Services Division P.O. Box 2348 Santa Fe, New Mexico 87504 Phone: (505) 476-9266	Navajo Division of Behavioral & Mental Health Services Health Services Administrator P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6240	Navajo Nation Regional Behavioral Health Authority P.O. Box 709 Window Rock, AZ 86515 Phone: (928) 871-6877 Phone: (928) 871-7619

AHCCCS Concerns, Grievance and Appeals

Report Concerns About the Quality of Care Received

AHCCCS is committed to ensuring that all members receive quality health care and are able to access services. If you or any AHCCCS member has experienced a barrier to getting health care services or have concerns about the quality of services received, please report it to Clinical Quality Management (CQM) by completing the form online at Report Concerns About the Quality of Care Received (azahcccs.gov), calling (602) 417-4885 or by emailing CQM@azahcccs.gov. Submit concerns that include (but are not limited to): the inability to receive health care services; concerns about the quality of care received; issues with health care providers or health plans; or timely access to services.

Grievance and Appeals

All applicants, members, or their authorized representatives, including those enrolled in an AHCCCS Health Plan or fee-for-service program may file a grievance or appeal a decision. Representatives must be authorized by the member in writing.

What is a grievance?

Applicants, members, and/or their authorized representatives can file a grievance when they have a complaint about anything that does not involve appealing a decision, such as a denial or discontinuance of services or benefits.

What is an appeal?

An appeal is a request from an applicant, member, provider, health plan, or other approved entity to reconsider or change a decision, also known as an action.

An action includes any denial, reduction, suspension, or termination of a service or benefit, or a failure to act in a timely manner.

How applicants can file a grievance/appeal:

Applicants have the right to make a complaint, file a grievance, or appeal a decision.

Type	How to File	Examples	Definition
Grievance or Complaint	Contact the office manager where the occurrence took place.	• General Complaints • Environmental conditions (dirt or clutter, unsanitary practices, overcrowded waiting areas) • Impoliteness or rudeness of providers (doctors, doctor's office staff, hospital personnel, etc.) • Impoliteness or rudeness of office staff (eligibility offices, AHCCCS Offices, Department of Economic Security Offices, or Department of Health Services Offices)	A *grievance* is a complaint an individual wants to make; including applicants and/or their caregivers (ex. parent, loved one, or client). Applicants and/or caregivers can file a grievance when they have a complaint about anything that does <u>not</u> involve appealing a decision such as denied services or benefits.
Appeal	If benefits or services were denied, and you want to appeal your eligibility denial, you must appeal orally or in writing to the agency that made the determination or decision. (DES or AHCCCS)	• Denied services • Denied benefits	An *appeal* is a request for someone or an organization to reconsider or change a decision, often called an "action".

How members with a SMI can file a grievance/appeal:

SMI Grievance/Request for Investigation

Any person may file an SMI grievance or request an investigation alleging that a rights violation or a condition requiring investigation has occurred or currently exists. (Please note: allegations about the need for, or appropriateness of behavioral health services should not be considered an SMI grievance but should be addressed through the appeal process described below.) The request may be verbal or written and must be initiated no later than one year after the date of the alleged rights violation or condition requiring investigation. Forms for filing are available at AHCCCS, the Arizona State Hospital, the T/RBHAs, case management sites and at all provider sites.

Allegations of rights violations by a TRBHA or their providers or SMI grievances/requests for investigation related to physical or sexual abuse or death will be addressed by AHCCCS. All other SMI grievances/requests for investigation must be filed with and addressed by the appropriate RBHA. Within 7 days of the date received, you will be sent an acknowledgment letter and, if appropriate, an investigator will be assigned to research the matter. When a decision is reached, you will receive a written response.

SMI Appeal

Any person, age 18 or older, his or her guardian, or designated representative, may file an appeal related to services applied for, or services the person is receiving. Matters of appeal are related to a denial of services; disagreement with the findings of an evaluation or assessment; any part of the Individual Service Plan; the Individual Treatment and Discharge Plan; recommended services or actual services provided; barriers or unreasonable delay in accessing services under Title XIX; and fee assessments. Appeals must be filed with the RBHA (or AHCCCS for the TRBHAs) and must be initiated no later than 60 days after the decision or action being appealed. Appeal forms are available at AHCCCS, the T/RBHAs, case management sites and at all provider sites.

The RBHA (or AHCCCS for TRBHA appeals) will attempt to resolve all appeals within seven days through an informal process. If the problem cannot be resolved, the matter will be forwarded for further appeal. If the RBHA will not accept your appeal or dismisses your appeal without consideration of the merits, you may request an Administrative Review by AHCCCS of that decision.

For SMI grievances/requests for investigation and appeals, to the greatest extent possible, please include:

1. Name of person filing the SMI grievance/request for investigation or appeal
2. Name of the person receiving services, if different.
3. Mailing address and phone number.
4. Date of issue being appealed or incident requiring investigation.
5. Brief description of issue or incident.
6. Resolution or solution desired.

For either process above, you may represent yourself, designate a representative, or use legal counsel. You may contact the State Protection and Advocacy System, the Arizona Center for Disability Law 1-800-922-1447 in Tucson and 1-800- 927-2260 in Phoenix. You may also contact the Office of Human Rights at (602) 364-4585, or 1-800-421-2124 for assistance. If your complaint relates to a licensed behavioral health agency, you may contact the Office of Behavioral Health Licensure, 150 N. 18th Avenue, Phoenix, Arizona 85007, (602) 364-2595.

HIPAA

What is HIPAA?

HIPAA (the Health Insurance Portability and Accountability Act) addresses issues regarding the privacy and security of member confidential information. The United States Department of Health and Human Services established the HIPAA Privacy Regulation in December 2000, which took effect on April 14, 2003. The Privacy Rule, as it is called, provides for the protection and privacy of individually identifiable health information. It also guards against the misuse of this information. The Privacy Rule sets forth administrative requirements, privacy and security requirements, and individual rights regarding the use and disclosure of protected health information. The rule also establishes penalties for the misuse or disclosure of protected health information.

Agency Privacy Officer

The HIPAA regulations require the AHCCCS Administration to assign an Agency Privacy Officer. The AHCCCS Administration's Assistant Director of the Office of Administrative Legal Services (OALS) is the Agency's Privacy Officer. Questions, concerns, and complaints about HIPAA Privacy matters can be sent to the following address:

AHCCCS Administration Attention: Privacy Officer
801 E. Jefferson, MD 6200
Phoenix, AZ 85034

AHCCCS Patient Privacy (HIPAA) Forms (found on AHCCCS website):

- Authorization for AHCCCS to Disclose Protected Health Information
  This form is intended for use by members who want AHCCCS to disclose their protected health information to another person or entity.

- Authorization for AHCCCS to Disclose Psychotherapy Notes
  This form is intended for use by members who want AHCCCS to disclose their psychotherapy notes to another person or entity.

- Authorization to Disclose Protected Health Information to AHCCCS
  This form is intended for use by members and applicants who want a doctor or other entity to give AHCCCS their protected health information.

- Authorization to Disclose Psychotherapy Notes to AHCCCS
  This form is intended for use by members and applicants who want a doctor or other entity to give AHCCCS their psychotherapy notes. This authorization remains in effect until the member's application for assistance through AHCCCS is withdrawn, denied, or when the member's AHCCCS eligibility ends.

- Revocation of Authorization
  This form is intended for use by AHCCCS members who want to revoke (take back or cancel) their previously submitted authorization to release health information. This revocation does not apply to any information already released while the authorization form signed earlier was valid and in effect. The member may select one or several of the authorization forms to revoke or may select the ANY and ALL revocation option.

Is the member's behavioral health information private?
There are laws about who can see a member's behavioral health information. Substance abuse treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without the member's written permission. As a NRBHA staff member, you must have a member sign an Authorization for the Release of Information Form, which states that their medical records, or certain limited portions of their mental health/medical records, may be released to and/or from the individuals or agencies that the member names on the form.

Exceptions to Confidentiality

There are times when we cannot keep information confidential. The following information is not protected by the law:

- If the member commits a crime or threatens to commit a crime at the program or against any person who works at the program, we must call the police.
- If the member is going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.

- We must also report suspected child abuse to local authorities.
- If there is a danger that the member might hurt himself or herself, we must try to protect them. If this happens, we may need to talk to other people in the member's life or other service providers (e.g., hospitals and other counselors) to protect the member. Only necessary information to keep the member safe is shared.)

Crisis Services

Navajo Nation Mental Health Helplines

Monday to Friday, 8:00 a.m. to 5:00 p.m.

Navajo Division of Behavioral and Mental Health Services - Mental Health Helplines at:

- Chinle: (928) 674-2190
- Dilkon: (928) 657-8000
- Fort Defiance: (928) 729-4012
- Kaibeto: (928) 673-3267
- Kayenta: (928) 697-6777
- Newlands: (928) 688-3475
- Red Mesa: (505) 368-1438
- Tuba City: (928) 283-3346
- Crownpoint Region: (505) 786-2111
- Gallup Region: (505) 722-9470
- Navajo Regional Behavioral Health Center: (928) 551-0508

After 5:00 p.m. or during the weekend:

- Chinle: (928) 551-0247
- Dilkon: (928) 551-0624
- Fort Defiance: (928) 551-0247
- Kaibeto: (928) 551-0624
- Newlands: (928) 551-0247
- Red Mesa: (505) 551-0394
- Tuba City: (928) 551-0624
- Crownpoint Region: (928) 797-3413
- Gallup Region: (505) 551-0566
- Navajo Regional Behavioral Health Center: (928) 551-0508

Crisis Hotlines

Crisis services are available to any Arizona resident, regardless of health insurance coverage. If you or someone you know is experiencing a behavioral health crisis, please call one of these national or local crisis lines:

National 24-Hour Crisis Hotlines

Phone

- 988 Suicide & Crisis Lifeline:
  988 (call or text)
- National Substance Use and Disorder Issues Referral and Treatment Hotline:

1-800-662-HELP (4357)

Text

- Text the word "HOME" to 741741
-

Arizona Statewide Crisis Hotline Phone:

- 1-844-534-4673 (HOPE)

Suicide and Crisis Hotlines by County and Tribal Nation

- Apache Country: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Cochise County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Coconino County: Health Choice Arizona
  1-877-756-4090
- Gila County: Mercy Care
  1-800-631-1314
- Graham County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Greenlee County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- La Paz County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Navajo County: Health Choice Arizona:
  1-877-756-4090
- Maricopa County: Mercy Care
  1-800-631-1314
- Mohave: Health Choice Arizona:
  1-877-756-4090
- Pima County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Pinal County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Santa Cruz County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Yuma County: Arizona Complete Health - Complete Care Plan
  1-866-495-6735
- Yavapai County: Health Choice Arizona
  1-877-756-4090
- Ak-Chin Indian Community:
  1-800-259-3449
- Gila River Indian Community:
  1-800-259-3449
- Salt River Pima Maricopa Indian Community:
  1-855-331-6432

- Tohono O'odham Nation:
  1-844-423-8759

Especially for Teens

- Teen Lifeline phone or text:
  602-248-TEEN (8336)

Especially for Veterans

- Veterans Crisis Line:
  988 (press 1)
- Be Connected:
  1-866-4AZ-VETS (429-8387)

Solari 2-1-1

What is 2-1-1 Arizona?

The 2-1-1 Arizona Information and Referral Services program was founded in 1964 as Community Information and Referral Services and incorporated as a private, nonprofit 501(c)(3) organization in 1979. Solari acquired the program in 2017.

2-1-1 Arizona Information and Referral Service operates 24 hours per day, seven days per week and every day of the year. Live-operator service is available at all times in English and Spanish and assistance is available in other languages via real-time interpreter services.

2-1-1 Arizona operators will help individuals and families find resources that are available to them locally, throughout the state, and provide connections to critical services that can improve – and save – lives, including:

- Supplemental Food and Nutrition Programs
- Shelter and Housing Options
- Utilities Assistance
- Emergency Information and Disaster Relief
- Employment and Education Opportunities
- Services for Veterans
- Healthcare, vaccination, and health epidemic information
- Addiction Prevention and Rehabilitation Programs
- Re-entry help for ex-offenders.
- Support groups for individuals with mental illnesses or special needs
- A safe, confidential path out of physical and/or emotional domestic violence
-

Website: 2-1-1 Arizona - A Program of Solari - 2-1-1 Arizona (211arizona.org)

National 9-8-8

About 988

988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress. That could be:

- Thoughts of suicide
- Mental health or substance use crisis, or
- Any other kind of emotion distress

People can call or text 988 or chat 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support.

988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

Office Operations

Key Personnel and Staff Requirements

Key Personnel:

Health Services Administrator (HSA), DBMHS, is responsible to oversee the administrative and operational management of the NRBHA program with the Inter-Governmental Agreement with AHCCCS.

Clinical Director (CD) is responsible for clinical program development and oversight of personnel and services to members. CD must meet the qualifications of a Behavioral Health Professional as defined in the Arizona Administrative Code and is responsible for overseeing case management, clinical documentation, and care coordination functions.

Administrative Service Officer (ASO) assists the program and central operating officials in performing administrative and operational functions. ASO provides a variety of management services essential to obtaining optimal performance.

Senior Accountant provides a wide range of professional accounting work requiring application of a number of accounting principles, practices, and techniques, and performs related work as assigned.

Information Systems Technician is responsible for oversight of the management information systems required by the program's Inter-Governmental Agreement. Performs routine duties involving the installation and maintenance of information systems hardware, software and peripherals including help desk support, and performs related work as assigned.

Computer Operator performs entry-level computer operations, scans document historical data/file and prepare for destruction/purging, provides technical assistance and training to RBHA Staff and Administration, and related work as assigned.

Quality Management (QM) Contact or Quality Assurance Manager (QAM) reviews and assess policy measures to strengthen/improve program and/or inter-governmental services and operations, and related work as required.

Traditional Practitioner performs spiritual counseling services to members and their families utilizing Navajo traditional healing modalities to address behavioral and mental health disorders, and related work as assigned.

Case Management Specialist (CMS) provides care coordination of considerable difficulty in the delivery of service plans based on assessments and diagnosis of health professional/case management team, participates in case staffing, maintains professional documentation, and related work as assigned.

Case Assistant (CA) enrolls referred members with updated eligibility documentation, track CMS caseload, maintain professional documentation, schedule appointments, meetings, and related work as assigned.

On-Boarding & Off-Boarding

NRBHA administration identify the training needs and enhance the knowledge and skills of its qualified personnel, behavioral health recipients, and family members.

NRBHA in collaboration with AHCCCS provide trainings such as behavioral health system orientation, ongoing education, and technical assistance (e.g. HIPAA, Program Integrity, Grievance and Appeal Standards, Customer Service, Member's Rights, etc.) to support personnel in successfully fulfilling the requirements of their position and the Arizona System Principles, Arizona Children's Vision and Principles, and Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems.

NRBHA provides to AHCCCS-DFSM a list of trainings provided to staff, behavioral health recipients, and family members. The list of trainings shall be supported by documentation of the content of the trainings, the names of educators and the names of attendees.

NRBHA staff are also required to attend training and orientation to provide program information, expectations, functions, and skills necessary to carry out their job duties. This includes DBMHS conducted employee orientation and training documented on each employee's IDP to ensure employee competency.

The following are required training:

- Administrative Site Orientation
- Navajo Nation Defensive Driving Course
- First Aid/CPR
- Food Handlers Permit
- DBMHS Code of Ethics
- Continuing Education training to maintain licensure or certification.
- Suicide Prevention/Question, Persuade, Refer (QPR)
- Mental Health First Aid (MHFA)
- Sexual Harassment Training
- Crisis Prevention Institute Training

General Services Administration (GSA)Vehicle

- The Vehicle Mileage Log, Emergency Kit Inventory Form, and DBMHS Vehicle Inspection Report will be submitted monthly to DBMHS Property Section.

- The GSA Vehicle Operator will maintain the Vehicle Mileage Log, Emergency Kit Inventory Form, and DBMHS Vehicle Inspection Report. A copy of the NRBHA employee's Insurance Purpose Only (IPO) memorandum must be in the GSA vehicle at all times.
- GSA vehicles involved in an incident or accident must be reported as soon as possible by NRBHA employee operating the vehicle. The following actions shall be followed:
  - Notify Navajo Nation, state, county, or local authorities.
  - Do not move vehicle(s).
  - Do not sign or make a statement regarding who was at fault.
  - Obtain information including name, address and phone number of each person involved, and extent of injury, if any.
  - Obtain the name, address and phone number of the company insuring other vehicles and insurance policy numbers.
  - Inform supervisor immediately of the incident.
  - If possible, take pictures of the incident or accident scene and any damage to the vehicles involved.
  - Submit all of the following documents within one working day to immediate supervisor, and within 24 hours to Navajo Nation Risk Management, and within 5 days to GSA Accident Management Center:
    - GSA Standard Form 91
    - GSA Standard Form 94 completed by witness.
    - Police Report or Police Report number
    - Navajo Nation Employee Vehicle Accident/Incident Report Form
    - DBMHS Incident Report Documentation Form
    - Detailed justification memorandum explaining the incident/accident.

Information Technology & Data Management

Electronic Health Record-NetSmart NX

An Electronic Health Record (EHR) is a digital version of a member's paper chart. EHRs are real-time, member-centered records that make information available instantly and securely to authorized users. NRBHA program uses NetSmart NX EHR Software, which is an integrated electronic health record (EHR) and database management system designed for behavioral and mental health facilities and human services. It is up-to-date, member-centered digital records that are easily accessible and available to authorized users.

Computer Use & Maintenance

NRBHA follows DBMHS Computer Use & Maintenance Policy and Procedures

Internet Access & Electronic Mail

NRBHA follows DBMHS Internet Access & Electronic Mail Policy and Procedures

SharePoint

SharePoint is an AHCCCS document management and collaboration tool developed by Microsoft. It is an intranet and content management system that is used for internal purposes to assist with bringing an organization together. SharePoint can be accessed at https://ahcccs.sharepoint.com/sites/NavajoRBHA

SharePoint is used for HNHC care coordination by the AHCCCS Division of Fee-For-Service Management (DFSM) care management systems with NRBHA. Access to NRBHA staff is available through the

AHCCCS Care Management Project Specialist of the American Indian Health Program with assistance by NRBHA IT Coordinator.

Quality Management & Improvement Program

The IGA Agreement with AHCCCS requires an Operational Review Audit every two years. The Health Services Administrator, NRBHA Central Staff, and Case Management Specialists/Assistants will prepare by conducting an internal monthly review.

Standard IGA 1 – Case Management Services
Standard IGA 2 – Care Coordination and Collaboration Activities
Standard IGA 3 – Services for Enrolled Persons with Serious Mental Illness
Standard IGA 4 – Grievances and Appeals
Standard IGA 5 – Crisis Services
Standard IGA 6 – Key Personnel and Staff Requirements
Standard IGA 7 – Quality Management and Improvement
Standard IGA 8 – Submission of Data
Standard IGA 9 – Financial Reporting and Reconciliation

NRBHA will follow the IGA, Section 7 Quality Management and Improvement Program which includes reports in the QM Portal and completion of adult/youth member surveys.

To ensure continuous improvement for NRBHA, each Case Management Specialist and Clinical Director will actively participate in a monthly case review. Member files will be randomly selected from each Case Management Specialist caseload and reviewed against the Case Management Chart Review Form for quality assurance in meeting AHCCCS timelines. Any findings will be reviewed with the Case Management Specialist to be resolved within ten (10) working days.

NRBHA also uses the Adolescent/Adult Survey to survey member satisfaction. (see Appendix) Survey results are provided to AHCCCS annually with a plan for improvement of care coordination services.

Navajo Regional Behavioral Health Authority
QUALITY ASSURANCE
CASE MANAGEMENT CHART REVIEW
FORM

NetSmart #:_____ Sex:_____ DOB:_____ Site:_____

Provider:_____

D/C:_____

ITEMS	DATE	P/N Date	Timeline Met? Y/N	Comments
Intake/Verifying Documents				
Certificate of Indian Blood				
Birth Certificate				
Social Security Card				
AHCCCS Eligibility				
Residential Map				
Consent for Treatment Services				
Release of Information Consent				
Grievance & Appeal Notice				
Client Privacy Notice (HIPAA)				
NRBHA Member Rights & Responsibilities Acknowledgement Form				
Consent for Traditional/Faith Based Services				
PE/TB/Covid-19 with Results				
Immunization Record				
Service Authorization Approval Checklist				
Welcome RHBA Handbook Acknowledgement				
Assessment & Service Planning				
CASII				
Psychiatric Evaluation (includes LOC)				
Substance Abuse Evaluation (includes, AMC or Bio-psychosocial)				
SMI Determination				
Clinical Assessment (AMC)				
- initial assessment was arranged 7 days after referral?				
Service Plan				
-behavioral health services within 23 days from initial assessment?				
Service Plan Update (within 90 days)				
Client Safety Plan				
Client Progress				
CFT/ART Meeting				
Progress Notes				
Medical Necessity Report (BHRF) Monthly				
Provider Treatment Plan				
Referral				
NRBHA Referral Form				
Action Taken Notice				
NRBHA Referral Letter (Contact)				
Acute Referral				
Letter of Acceptance or Denial				
Incoming/Outgoing Correspondence				
Solari SMI Referral				
Discharge				
Discharge Summary				
Acute Discharge Summary				
Youth Services Survey/Adult Member Survey				

EOC:_____

Data Submission

NRBHA completes the DUGless form in accordance with AHCCCS which is available online at https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/ .

Traditional Healing Services

NRBHA follows DBMHS Traditional Healing Methods Policy and Procedures. (see Appendix)

Fraud, Waste & Abuse

What is fraud, waste, and program abuse?

Fraud is defined by Federal law (42 CFR 455.2) as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law." Members need to use behavioral health services properly. It is considered fraud if a member or provider is dishonest in order to:

-Get a service not approved for the member
-Get AHCCCS benefits for which they are not eligible.

Waste is defined (per the Centers for Medicare & Medicaid Services) as the "...overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is not considered to be caused by criminally negligent actions but rather the misuse of resources." Program abuse is defined by Federal law (42 CFR 455.2) as "provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program."

Program abuse happens if a member causes unnecessary costs to the system on purpose, for example:

- Loaning an AHCCCS card or the information on it to someone else
- Selling an AHCCCS card or the information on it to someone else.

Provider fraud and program abuse happens if a provider:

-Falsifies claims/encounters, such as double billing or submitting false data, or
-Performs administrative/financial actions, such as kickbacks or falsifying credentials, or
-Falsifying services, such as billing for services not provided, or substituting services.

Misuse of your AHCCCS identification card, including loaning, selling, or giving it to others, could result in your loss of AHCCCS eligibility. Fraud and program abuse are felony crimes and are punishable by legal action against the member or provider.

For all AHCCCS members who have an Arizona driver's license, or a State issued

Identification (ID) card, AHCCCS will get their picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). When providers use the online member verification tool and enter a member's social security number, the member's picture, if available from MVD, will be shown on the verification screen along with other AHCCCS coverage information. The picture will help providers to quickly confirm the member's identity.

Arizona

***How to Report Fraud, Waste or Abuse of the* Program (as referenced on the AHCCCS website)**

The Office of Inspector General (OIG) provides a way for members, plans, providers, and the public to report all forms of suspected fraud, waste, or abuse of the program. Report Member, Provider, or Contractor Suspected Fraud or Abuse of the Program (Online Form)

Who Can Report Fraud or Abuse?

Absolutely anyone can report fraud, abuse, or member abuse. There are no restrictions.

Contacts

Provider Fraud

If you want to report suspected fraud by medical provider, please call the number below:
In Maricopa County: 602-417-4045
Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686

Member Fraud

If you want to report suspected fraud by an AHCCCS member, please call the number below:
In Maricopa County: 602-417-4193
Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686

Questions

If you have questions about AHCCCS fraud, abuse of the program, or abuse of a member, please contact the AHCCCS Office of Inspector General (OIG).
Email: AHCCCSFraud@azahcccs.gov

New Mexico (N.M. Code R. § 8.308.22.9)

HSD is committed to aggressive prevention, detection, monitoring, and investigation to reduce provider or member fraud, waste, and abuse. This rule applies to all individuals and entities participating in or contracting with HSD or a MCO for provision or receipt of Medicaid services. If fraud, waste, or abuse is discovered, HSD shall seek all remedies available to it under federal and state statutes, regulations, rules.

> A. Program integrity requirements: the MCO shall have a comprehensive internal program integrity and overpayment prevention program to prevent, detect, preliminarily investigate, and report potential and actual program violations including detecting potential overutilization of services, drugs, medical supply items and equipment. The MCO shall:
>
> > (1) be responsible for preventing and identifying overpayments or improper payments made to its providers.

(2) have specific internal controls for prevention, such as claim edits, prepayment and post-payment reviews, and provider profiling; and

(3) verify that services are actually provided utilizing "explanation of Medicaid benefits" (EOB) notices and performing audits, reviews, and preliminary investigations.

B. Investigations and referrals: The MCO shall perform preliminary investigations of alleged fraud. The MCO shall:

(1) after conducting its preliminary investigation, submit to HSD for review all facts, supporting documentation and evidence of alleged fraud.

(2) upon request from MFEAD, release its preliminary investigation, including all supporting documentation and evidence to MFEAD and cease its investigation until otherwise advised by HSD or MFEAD.

(3) upon receipt of notification by HSD, and as directed, impose a suspension of payments to providers pending investigations of credible allegations of fraud and non-release the payment suspension until notified in writing by HSD.

C. Overpayments: Are funds that a person or entity receives or retains in excess of the Medicaid allowable amount; however, for purposes of this rule, an overpayment does not include funds that have been subject to a payment suspension or that have been identified as third-party liability.

(1) An overpayment shall be deemed to have been identified by a provider when:

(a) the provider reviews billing or payment records and learns that it incorrectly coded certain services or claimed incorrect quantities of services, resulting in increased reimbursements.

(b) the provider learns that a recipient's death occurred prior to the service date on which a claim that has been submitted for payment.

(c) the provider learns that services were provided by an unlicensed or excluded individual on its behalf.

(d) the provider performs an internal audit and discovers that an overpayment exists.

(e) the provider is informed by a governmental agency or its designee of an audit that discovered a potential overpayment.

(f) the provider is informed by the MCO of an audit that discovered a potential overpayment.

(g) the provider experiences a significant increase in Medicaid revenue and there is no apparent reason for the increase, such as a new partner added to a group practice or new focus on a particular area of medicine.

(h) the provider has been notified that the MCO or a governmental agency or its designee has received a hotline call or email; or

(i) the provider has been notified that the MCO or a governmental agency or its designee has received information alleging that a member had not received services or been supplied goods for which the provider submitted a claim for payment.

(2) The MCO shall require its contracted providers to report to their MCO by the later of:

(a) the date which is 60 calendar days after the date on which the overpayment was identified, or

(b) the date any corresponding cost report is due, if applicable.

(3) The MCO shall require its providers to complete a self-report of the overpayment within 60 calendar days from the date on which the provider identifies an overpayment and require that the provider send an "overpayment report" to the MCO and HSD which includes:

(a) the provider's name;(b) the provider's tax identification number and national provider number.

(c) how the overpayment was discovered.

(d) the reason(s) for the overpayment.

(e) the health insurance claim number, as appropriate.

(f) the date(s) of service.

(g) the Medicaid claim control number, as appropriate.

(h) the description of a corrective action plan to ensure the overpayment does not occur again.

(i) whether the provider has a corporate integrity agreement (CIA) with the United States department of health and human services (HHS) office of inspector general (OIG) or is under the HHS/OIG self-disclosure protocol.

(j) the specific dates (or time span) within which the problem existed that caused the overpayments.

(k) whether a statistical sample was used to determine the overpayment amount and, if so, a description of the statistically valid methodology used to determine the overpayment; and

(l) the refund amount.

(4) The MCO shall notify its providers of the provision that overpayments identified by a provider but not self-reported by a provider within the 60-day period are presumed to be false claims and are subject to referrals as credible allegations of fraud.

(5) The MCO shall report claims identified for overpayment recovery:

(a) in a format requested by HSD; and

(b) make 837 encounter adjustments with an identifier specified by HSD for recoveries identified by a governmental entity or its designee.

(6) Provide all records pertaining to overpayment recovery efforts as requested by HSD.

D. Refunds of overpayments:

(1) All self-reported refunds for overpayments shall be made by the provider to his or her MCO and are property of the MCO, unless:

(a) a governmental entity or its designee independently notified the provider that an overpayment existed; or

(b) the MCO fails to initiate recovery within 12 months from the date the MCO first paid the claim.

(c) the MCO fails to complete the recovery within 15 months from the date it first paid the claim; or

(d) provisions in the HSD agreement with the MCO otherwise provide for all or part of the recovery to go to MAD or HSD.

(2) In situations where the MCO and a governmental entity, or its designee, jointly audit its provider, the MCO and the governmental entity or designee shall agree upon a distribution of any refund.

(3) Unless otherwise agreed to by the MCO and HSD, the MCO shall not be entitled to any refund or recovery if the refund or recovery is part of a resolution of a state or federal investigation, lawsuit, including but not limited to False Claims Act cases.

E. Member fraud, abuse, and overutilization:

(1) Cases involving one or more of the following situations constitute sufficient grounds for a member fraud referral:

(a) the misrepresentation of facts in order to become or to remain eligible to receive benefits under New Mexico Medicaid or the misrepresentation of facts in order to obtain greater benefits once eligibility has been determined.

(b) the transferring by a member of a Medicaid member identification (ID) card to a person not eligible to receive services under New Mexico Medicaid or to a person whose benefits have been restricted or exhausted, thus enabling such a person to receive unauthorized medical benefits; and

(c) the unauthorized use of a Medicaid member ID card by a person not eligible to receive medical benefits under a medical assistance program or is a high utilizer of services without apparent medical justification.

(2) HSD and the MCO shall possess the authority to restrict or lock-in a member to a specified and limited number of providers if he or she engages in potentially fraudulent activities or is identified as abusing services provided under his or her Medicaid program.

(a) Prior to placing a member on a provider lock-in, the MCO shall inform him or her of the intent to lock-in, including the reasons for imposing the provider lock-in.

(b) The restriction does not apply to emergency services furnished to this member.

(c) The MCO's grievance procedure shall be made available to the member disagreeing with the provider lock-in.

(d) The member shall be removed from provider lock-in when his or her MCO has determined that the member's utilization problems or detrimental behavior has ceased, and that recurrence of the problems is judged to be improbable.

(e) HSD shall be notified of provider lock-ins and provider lock-in removals.

Principles

The New Mexico Department of Health operates under these principles:
Confidentiality — Protected Health Information (PHI) is accessed only by authorized people and processes.
Integrity — Processes for the transfer and storage of all PHI are secure, ensuring that information is not altered, destroyed, or used/disclosed inappropriately.
Availability — PHI can be accessed as needed by an authorized person.

Policy

The New Mexico Department of Health is required by law to keep your health information private and to tell you our legal duties and privacy practices. Our Health Information Privacy Policy explains what kinds of information we collect, what we do with the information, who else can see your information, what your rights are, how to register a complaint, and more.

Authorization to Disclose Health Information

NMDOH only keeps health records for facilities and Public Health Offices (contact your healthcare provider for all other records). Please use the following HIPAA form to allow the NMDOH to disclose confidential health information about you: *Authorization to Disclose Health Information Form* For questions about disclosure of your health information, contact the NMDOH Chief Records Custodian:

Chief Records Custodian
New Mexico Department of Health
PO Box 26110, Santa Fe, NM 87502
Phone: 505-827-2997 Fax: 505-827-2930 Email: doh-ipra@state.nm.us

Glossary

638 Tribal Facility- means a facility operated by an Indian tribe authorized to provide services pursuant to Public Law 93-638, as amended.

Action - is the denial or limited approval of a requested service, including the type or level of service, a reduction, suspension or termination of a service someone has been receiving, the denial, in whole or part of payment for a service, the failure to provide services in a timely manner, the failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties, and the denial of the Title 19/21 eligible person's request to get services outside the network when services are not available within the provider network.

Advance Directive - is a written instruction telling your wishes about what types of care you do or do not want.

Appeal - is a formal request to review an action or decision related to your behavioral health services which you can file if you are not happy with an action, or adverse decision for persons determined to have a Serious Mental Illness, taken by a provider, ADHS or Gila River Behavioral Health Services.

Approval of services - is the process used when certain non-emergency services have to be approved before you can get them.

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) - is the state agency that oversees the use of federal and state funds to provide behavioral health services.

Arizona Health Care Cost Containment System (AHCCCS) - Arizona's Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29. It is the state agency that oversees the Title 19 (Medicaid), Title 21and Arizona Long Term Care Services (ALTCS) programs.

Behavioral health provider - is whom you choose to get behavioral health services from. It can include providers, counselors, other behavioral health professionals/technicians and behavioral health treatment centers.

Clinical Team - is a Child and Family Team or Adult Recovery Team.

Complaint - is the expression of dissatisfaction with any aspect of your care that is not an action that can be appealed.

Consent to treatment - is giving your permission to get services.

Cost sharing - refers to a RBHA's responsibility for payment of applicable premiums, deductibles and co-payments

Cultural Competence - A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals, which enables that system, agency, or those professionals to work effectively in cross-culture situations. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. This includes consideration of health status, national origin, sex, gender, gender identity, sexual orientation, and age.

Emergency Medical Condition - is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: a) placing the member's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment to bodily functions; or c) serious dysfunction of any bodily organ or part.

Enrolled - is the process of becoming eligible to receive public behavioral health services.

Expedited appeal - is an appeal that is processed sooner than a standard appeal in order to not seriously jeopardize the person's life, health, or ability to attain, maintain or regain maximum functioning.

Grievance/Request for Investigation - is for persons determined to have a Serious Mental Illness when they feel their rights have been violated.

Health Information Exchange - The Health Information Exchange (HIE) connects the Electronic Health Record (EHR) systems of providers and clinicians allowing them to securely share health information with other providers and better coordinate care. In the past, doctors used paper medical records. Now, doctors are keeping your medical records electronically. The HIE allows doctors, nurses, pharmacists, and other health care providers to access and share member medical information electronically. Members include all AHCCCS members.

Health Insurance Portability and Accountability Act (HIPAA) - Also known as the Kennedy-Kassebaum Act, signed August 21, 1996, as amended, and as reflected in the implementing regulations as specified in 45 CFR Parts 160, 162, and 164.

Health Insurance Portability and Accountability Act (HIPAA) - Privacy Rule- The Rule establishes national standards to protect individuals' medical records and other individual health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of individual health information and sets limits and conditions on the uses and disclosures that may be made of such information without member authorization. The Rule also gives members' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

Health Insurance Portability and Accountability Act (HIPAA) – Security Rule - Established national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and

technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

Indian Health Service (IHS) - means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians and Alaskan Natives throughout the country. The federal government has direct and permanent legal obligation to provide health services to most American Indians according to treaties with Tribal Governments.

Medical Necessity Report – NRBHA uses this form as a comprehensive review of a member's stay in a BHRF. The form allows the process of reviewing an BHRF stay at admission and throughout the stay to determine medical necessity for an institutional Level of Care (LOC). Reviewers assess the appropriate use of resources, LOC, and service, according to professionally recognized standards of care. Concurrent review validates the medical necessity for admission and continued stay and evaluates quality of care.

Member - is a person enrolled with a T/RBHA to get behavioral health services. Notice of Action is the notice you get of an intended action or adverse decision made by the T/RBHA or a provider regarding services.

Power of Attorney - is a written statement naming a person you choose to make health care or mental health decisions for you if you cannot do it.

Provider Network - is a group of providers that contract with the T/RBHAs to provide behavioral health services. Some counties may have a limited number of providers in their provider network to choose from.

Provider Preventable Conditions - are complications or mistakes caused by hospital conditions, hospital staff, or a medical professional that negatively affect the health of a member. These conditions are listed in the AHCCCS Medical Policy and Manual, Chapter 1000.

Referral - is the process (oral, written, faxed or electronic) by which your provider will "refer" you to a provider for specialized care.

Regional Behavioral Health Authority (RBHA) - is the agency under contract with ADHS to deliver or arrange behavioral health services for eligible persons within a specific geographic area.

Restraint - means personal restraint, mechanical restraint or drug used as a restraint. Personal restraint is the application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body. Mechanical restraint is any device, article, or garment attached to or adjacent to a behavioral health recipient's body that the person cannot easily remove and that restricts the person's freedom of movement or normal access to the person's body. Drug used as a restraint is a pharmacological restraint that is not standard treatment for a behavioral health recipient's medical condition or behavioral health issue and is administered to manage the behavioral health recipient's behavior in a way that reduces the safety risk to the person or others or temporarily restrict the behavioral health recipient's freedom of movement.

Seclusion - is the involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave or which a person believes prevents him/her from leaving.

Serious Mental Illness (SMI) - is a condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. § 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long -term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, selfcare, employment and recreation.

Service Plan - A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, peer-and-recovery support, care coordination activities and strategies to assist the member in achieving an improved quality of life. Serious Emotional Disturbance (SED)- Children from birth up to age 18; Child currently or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria; and the mental, behavioral or emotional disorder has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

Service Prioritization - is the process by which the T/RBHAs must determine how available state funds are used.

Title 19 (Medicaid; may also be called AHCCCS) - is medical, dental, and behavioral health care insurance for low-income persons, children, and families.

Title 21 (May also be called AHCCCS) - is medical, dental, and behavioral health care insurance for children under 19 years of age with low income, no other insurance and who are not eligible for Title 19 (Medicaid).

Traditional Healing Services - for mental health or substance abuse problems are provided by qualified traditional healers. These services include the use of routine or advanced techniques aimed at relieving the emotional distress that may be evident by disruption of the person's functional ability.

Tribal Regional Behavioral Health Authority (TRBHA) - is an American Indian tribe under contract with ADHS to deliver or arrange for behavioral health services for eligible persons who are residents of the Federally recognized Tribal Nation.

Appendix A

Care Coordination for AIMH and TRBHA Members

AIMH	Point of Contact	Title/Position	Contact Information
Chinle Comprehensive	Jessica Weeks	Interim Clinical Director	Jessica.Weeks@ihs.gov
Health Care	Savanah Begay	Internal Med Prim Care Clinic CM	Savanah.Begay@ihs.gov

	Tammy Roane	Internal Med Prim Care Clinic CM	Tammy.Roane@ihs.gov
	Henry Samson	Family Pract Prim Care Clinic CM	Henry.Samson@ihs.gov
	Joni Todechine	Family Pract Prim Care Clinic CM	Jonica.Todechine@ihs.gov
	Sarah House	SMI CM	Sarah.House@ihs.gov
Fort Yuma Health Ctr	Yvonne Galvan	Member Business Office Supervisor	Yvonne.Galvan@ihs.gov
Phx Indian Med Ctr	Cheryle L King	Billing Supervisor	CheryleLynn.King@ihs.gov
San Carlos Apache HC	Pam Huelskamp	Act Nurse Manager for Prim CM	Pamla.huelskamp@scahealth.org
Whiteriver Ind Hospit	Tammy Lawrence	Clinical Care Coordinator	Tammy.Lawrence2@ihs.org
Winslow Indian HC	Peter Vermilyea	CAPT, U.S. Public Health Service	Peter.vermilyea@wihcc.org
TRBHA	Point of Contact	Title/Position	Contact Information
Gila River	Kerry Van Volkinburgh	Behavioral Health Director	kvanvolkinburgh@grhc.org
	Nikia Meekins	Assist Director, Behavior Health	Nmeekins@grhc.org
Navajo Nation	Dr. Michelle Brandser	Health Services Administrator	mbrandser@navajo-nsn.gov
	Karen Johnson	Clinical Director	karenkjohnson@navajo-nsn.gov
Pascua Yaqui	Yoendry Torres	Director of Behavioral Health	Yoendry.Torres@pascuayaqui-nsn.gov
	Clara Cory, PhD	Associate Director	Clare.Cory@pascuayaqui-nsn.gov
	Dr. Sue Tham	Deputy Dir of Behavior Health	sue.tham@pascuayaqui-nsn.gov
White Mountain Apache	Ryan Johnson	Clinical Director	ryanj@wmabhs.org
	Aldo Revilla	Associate Clinical Director	aldo.revilla@wmabhs.org

Appendix B

Local and National Resources for Behavioral Health Communities

There are local and national organizations that provide resources for persons with behavioral health needs, family members, and caretakers of persons with behavioral health needs.

Adult Protective Services (APS)

Department of Economic Security Aging and Adult Administration
1789 W. Jefferson Street
Site Code 950A
Phoenix, AZ 85007
Phone: (602)-542-4446

Web site: https://www.azdes.gov/aaa/programs/aps/

People can report abuse, neglect, and misuse of Arizona's vulnerable or incapacitated adults, 24 hours a day, 7 days a week at the state's hotline, 1-877- SOS-ADULT (1-877-767-2385); 1-877-815-8390 (TDD).

Arizona Center for Disability Law-Mental Health

Phone: (602) 274-6287 (Phoenix/voice or TTY); 1-800-927-2260 (statewide except Phoenix) Web site: http://www.acdl.com/mentalhealth.html

The Arizona Center for Disability Law is a federally designated Protection and Advocacy System for the State of Arizona. Protection and Advocacy Systems throughout the United States assure that the human and civil rights of persons with disabilities are protected. Protection and Advocacy Systems can pursue legal and administrative remedies on behalf of persons with disabilities to insure the enforcement of their constitutional and statutory rights.

Arizona Department of Child Safety (DCS)

P.O. Box 44240
Phoenix, AZ 85064-4240
Hotline: 1-888-SOS-CHILD (1-888-767-2445); (602) 530-1831 (TDD)
Website: https://dcs.az.gov/

The Arizona Department of Child Safety receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

Arizona Health Care Cost Containment System (AHCCCS)

801 E. Jefferson, MD 3400
Phoenix, AZ 85034
Phone: (602) 417-7000
Website to apply for AHCCCS coverage: Health-e-Arizona PLUS www.healthearizonaplus.gov

The Arizona Health Care Cost Containment System (written as AHCCCS and pronounced 'access') is Arizona's Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. AHCCCS also contracts with the Division of Behavioral Health Services for behavioral health service coverage.

AZ Links.gov - Department of Economics Security

Web site: www.azlinks.gov

The website of Arizona's Aging and Disability Resource Consortium (ADRC). AZ Links helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.

Arizona Smokers Helpline (ASHLine)

ASHLine: (800) 55-66-222
Web site: www.ashline.org and www.azdhs.gov

Division of Behavioral Health Services (DBHS)

150 N. 18th Avenue, 2nd Floor
Phoenix, AZ 85007
Phone: (602)-364-4558
Toll-free: 1-800-867-5808
Hearing impaired individuals may call the Arizona Relay Service at 711 or 1-800- 367-8939 for help contacting the Division of Behavioral Health Services.
Email: dbhsinfo@azdhs.gov
Web site: http://www.azdhs.gov/bhs/

The Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is the state agency that oversees the use of federal and state funds to provide behavioral health services. Some offices within DBHS may be of additional help to you:

DBHS Member Services: (602)-364-4558 or 1-800-421-2124

Office of Human Rights*: Maricopa, Pinal, or Gila County: (602)-364-4585 or 1-800-421-2124.Pima, Santa Cruz, Cochise, Graham, Greenlee County, Yuma, or La Paz County: (520)-770-3100 or 1-877-524-6882 Mohave, Coconino, Yavapai, Navajo, or Apache County: (928)-214-8231 or 1-877-744-2250

Human Rights Committee Coordinator: (602)-364-4577 or 1-800-421-2124 *

NOTE: Tribal members should contact the Office of Human Rights location that provides services to their county of residence.

Division of Licensing Services

150 N. 18th Avenue
Phoenix, AZ 85007
Phone: (602)-364- 2536

Tucson Office
400 W. Congress, Suite 100
Tucson, AZ 85701
(520) 628-6965
Web site: http://www.azdhs.gov/als/residential/index.htm

The Division of Licensing Services licenses and monitors behavioral health facilities statewide. They investigate complaints against behavioral health facilities and conduct inspections of facilities.

Family Service Agency (FSA)

1530 E. Flower Street, Phoenix, AZ 85014
(602)-264-9891
www.fsaphoenix.org

Mentally Ill Kids in Distress (MIKID)

Phone: (602) 253-1240 (Maricopa) (520) 882-0142 (Pima); (928)-775-4448 (Yavapai); (928)-726- 1983 (Yuma); (928)-245-4955 (Navajo and Apache counties)
Web site: http://www.mikid.org/

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday, and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

NAMI Arizona - National Alliance on Mental Illness

Phoenix Area Phone: (602) 244-8166
Tempe Area Phone: (480) 277-6628
Outside Phoenix Area: 1-800-626-5022
Web site: http://www.namiaz.org

NAMI Arizona has a help line for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness.

NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment)

Phone: 928-224-4506 (Winslow); 928-213-0742 (Flagstaff); 928-793-4514 (Globe). 520-876-0004 (Casa Grande); 928-532-3108 (Show Low); 928-783-4253 (Yuma). 928-758-3665 (Bullhead); 928-753-1213 (Kingman); 928-442-9205 (Prescott); 928-333-3036 (Eagar); 928-575-4132 (Parker); 928- 634-1168 (Cottonwood); 520-586-8567 (Benson)
Website: http://www.nazcare.org/

NAZCARE is a peer-orientated agency that uses an integrated approach to recovery and wellness by addressing the whole person in mind, body, and spirit. NAZCARE provides services in Wellness Planning with a Wellness Coach to assist you on your journey to better wellness.

Tobacco Free Arizona

Website: www.azdhs.gov/tobaccofreeaz

Many people have quit smoking through programs by the Arizona Smokers Helpline (ASHLine) and other resources available at Tobacco Free Arizona. The ASHLine has several valuable and no cost resources. If you want more information to help quit tobacco, please call the Arizona Smokers Helpline (ASHLine) at

(800) 55-66-222, or visit www.ashline.org or talk to your PCP. ASHLine also offers information to help protect you and your loved ones from secondhand smoke.

Wellness Connections
Phone: 520-452-0080
Website: http://wellness-connections.org/

Based in Southeast Arizona, Wellness Connections uses a peer-run model. Through a large number of programs, activities, training and rehabilitation services, Wellness Connections empowers its members to lead healthy and fulfilling lives.

Appendix C

Division of Behavioral and Mental Health Services Administration & Locations
Mailing Address: P.O. Drawer 709 Window Rock, Arizona 86515
Physical Address: 48 B AZ-264 Quality Inn Building #1, Window Rock, Arizona
Telephone: (928) 871-6240 Fax: (928) 810-8502

Location	Phone Number	Fax	Mailing Address	Physical Address
Chinle DBMHS	(928) 674-2190	Not Listed	PO Box 777 Chinle, AZ 86503	East of Chinle Chevron Station, off of Navajo Route 7 & BIA Road 102-1. Building # c012118
Crownpoint DBMHS	(505) 786-2111	(505) 786-5442	PO Box 1144 Crownpoint, NM 87313	2314 Southwest Highland Drive Crownpoint, NM 87313

Dilkon DBMHS	(928) 657-8000	(928) 657-8009	PO Box 7072Teesto CPU Winslow, Arizona 86047	¼-mile northwest of Bashas' Supermarket Dilkon, Arizona 86047
Fort Defiance DBMHS	(928) 729-4012	(928) 729-4200	PO Box 1490 Fort Defiance, AZ 86504	¼-mile Southwest of Judd Avery Window Rock High School Field House off of Kit Carson Drive, Navajo Nation Building #6905 (Yellow Building)
Gallup DBMHS	(505) 722-9470	(505) 722-9570	300 Nizhoni Blvd, Suite A Gallup, NM 87301	300 Nizhoni Blvd, Suite A Gallup, NM 87301
Kaibeto DBMHS	(928) 673-3267	(928) 673-3269	PO Box 2147 Kaibeto, AZ 86053	¼-mile South of Kaibeto Market, Bldg. #7986 Kaibeto, AZ 86053
Kayenta DBMHS	(928) 697-3766	(928) 697-3777	PO Box 487 Kayenta, AZ 86033	The Kayenta OTC is temporarily located at the old DBMHS site due to Covid-19. 1 mile north on highway 163
Newlands DBMHS	(928) 688-3475	(928) 688-3478	PO Box 1086 Sanders, AZ 86512	6909 Red Sand View St., Chih-Toh Blvd Sanders, AZ 86512
Red Mesa DBMHS	(505) 368-1438	(505) 368-1437	PO Box 1830 Shiprock, NM 87420	The Red Mesa OTC is located within the Four Corners Regional Health Center at the northeastern corner at the junction of US Highway 160 & Navajo Route 35
				Teec Nos Pos, AZ 86514

Shiprock DBMHS	(505) 368-1438	(505) 368-1437	PO Box 1830 Shiprock, NM 87420	Located in Northern Navajo Medical Center Office located west of the junction of US Highway 491 & Pinon Dr. Shiprock, NM 87420
Tuba City DBMHS	(928) 283-3346	(928) 283-3039	PO Box 1350 Tuba City, AZ 86045	25 N. Main St. Tuba City, AZ 86045

Appendix D

Navajo Regional Behavioral Health Authority Administration & Locations
Mailing Address: P.O. Drawer 709, Window Rock, Arizona 86515
Physical Address: 48 B AZ-264 Quality Inn Building #1, Window Rock, Arizona
Telephone: (928) 871-6877, Administration: (928) 871-7814 and Clinical Fax: (928) 871-6201 (Secure)

Location	Phone Number	Fax	Physical Address
Chinle RBHA	(928) 674-2195 (928) 674-2577 (928) 674-2272	(928) 674-2198	East of Chinle Chevron Station, off of Navajo Route 7 & BIA Road 102-1. Building # c012118
Dilkon RBHA	(928) 657-8105 (928) 657-8113 (928) 657-8110	(928) 657-8062	¼-mile northwest of Bashas' Supermarket Dilkon, Arizona 86047
Flagstaff RBHA			
Fort Defiance RBHA	(928) 729-4480 (928) 729-4408 (928) 729-4409	(928) 729-4097	¼-mile Southwest of Judd Avery Window Rock High School Field House off of Kit Carson Drive, Navajo Nation Building #6905 (Yellow Building)
Kaibeto RBHA	(928) 673-5890 (928) 673-3230	(928) 673-3031	¼-mile South of Kaibeto Market, Bldg. #7986 Kaibeto, AZ 86053

Kayenta RBHA	(928) 697-5634 (928) 697-3764	(928) 697-5632	1 mile north on Highway 163
Phoenix RBHA	(928) 551-3472	(928) 871-6201	
Shiprock RBHA	(505) 368-1450 (505) 368-1479	(505) 368-1437	Located in Northern Navajo Medical Center Office located west of the junction of US Highway 491 & Pinon Dr. Shiprock, NM 87420
Tuba City RBHA	(928) 283-3348 (928) 283-3365 (928) 283-3034	(928) 283-3367	25 N. Main St. Tuba City, AZ 86045

Appendix E

NRBHA Adult Services Survey

Please help our agency make services better by answering some questions about the services you received OVER THE LAST 6 MONTHS.

On a scale of 1 to 5, with 1 meaning STRONGLY DISAGREE and 5 meaning STRONGLY AGREE, please rate the following the statements.

If you have a question while filling out the survey please reach out to your Case Manager for assistance.

* Indicates required question

1. ID Number *

_____

NRBHA Services

2. I liked the Case Management services that I received here at NRBHA . *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

3. Staff were willing to see me as often as it was necessary. *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

4. **Staff returned my call within 24 hours. ***

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

5. **I was able to get all the services I thought I needed. ***

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

6. **Staff here believe that I can grow, change, and recover. ***

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

7. **I felt comfortable asking questions about my treatment and medication. ***

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

8. **I was given information about my rights and responsibilities. ***

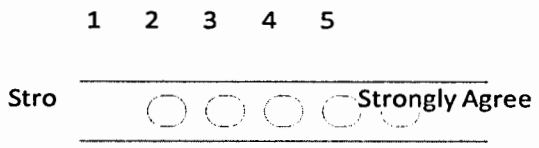
Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

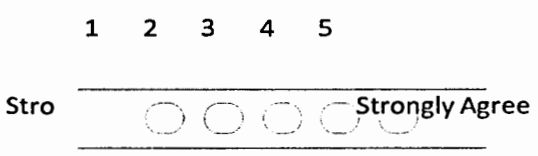
9. Staff encouraged me to live a healthy life using the coping skills I've learned. *

Mark only one oval.



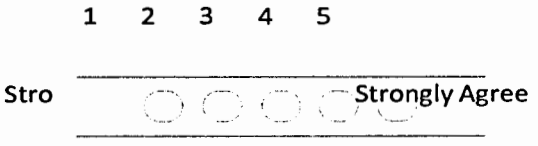
10. Staff have informed me the importance of taking my medication, as prescribed. *

Mark only one oval.



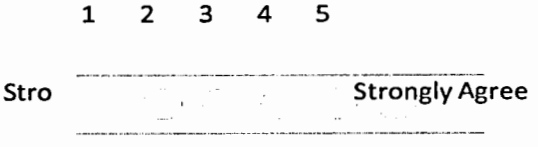
11. Staff have helped me to understand the importance of keeping my medication management appointments. *

Mark only one oval.



12. Staff respected my wishes about who is and who isn't given information about my treatment. *

Mark only one oval.



13. I decided my treatment goals and not the staff. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

14. Staff were sensitive to my cultural background (i.e., values traditions, beliefs, race, language, etc.) *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

15. Staff helped me obtain the information I needed so that I could take charge of my illness. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

16. I was encouraged to use community-based programs (i.e., support groups, outpatient treatment centers, crisis phone lines, etc.) *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

Post-Treatment: As a direct result of the services I received...

17. I deal more effectively with problems. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

18. I am better able to deal with a crisis by implementing my crisis plan. *

Mark only one oval.

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly Agree
- ◯ N/A

19. I am able to handle things better now when they go wrong. *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

20. I get along better with family members, friends, and other people. *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

21. Being in social situations are now easier for me to deal with. *

Mark only one oval.

	1	2	3	4	5	
Stro						Strongly Agree

22. My symptoms are not bothering me as much. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

23. I participate and focus more on activities that bring me joy than I did before. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

24. I am better able to take care of my needs. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

25. My relationships (with family, friends, and others) has improved since leaving treatment. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

26. I have gained coping skills to maintain my sobriety. *

Mark only one oval.

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly Agree
- ◯

N/A

Case Management Coordination

27. My Case Manager maintained communication with me on a consistent basis (by phone, Zoom, or in-person)? *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

28. NRBHA Staff maintained contact with me in a timely manner. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

29. NRBHA staff coordinated Adult Recovery Team meetings every 90-days. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

30. NRBHA Staff contacted me when I was in acute care at the hospital. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

31. NRBHA staff contacted me to see how I was/am doing while in treatment. *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

32. NRBHA Staff setup aftercare for me before I was discharged from treatment. *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

33. NRBHA Staff contacted me to see how I was/am doing when I left the treatment facility. *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

Other Comments

Please feel free to use the space provided to comment on any of your previous answers. Also, if there were any areas which were not covered by this questionnaire which you feel should have been, please write them in the comments section.

34. What have been some of the most helpful things about the services you received over the last 6 months? Please put N/A if no comment. *

35. What would improve the services that you receive here? Please put N/A if no comment. *

36. Please list any other comments you may want to share. Please put N/A if no comment. *

NRBHA Youth Services Survey

Please help our agency make services better by answering some questions about the services your child received OVER THE LAST6 MONTHS.

On a scale of 1 to 5, with 1 meaning STRONGLY DISAGREE and 5 meaning STRONGLY AGREE, please rate the following the statements.

If you have a question while filling out the survey please reach out to your Case Manager for assistance.

* Indicates required question

1. ID Number *

_____

NRBHA Services

2. Overall, I am satisfied with the services my child received. *

Mark only one oval.

	1	2	3	4	5	
Stro	◯	◯	◯	◯	◯	Strongly Agree

3. I helped to choose my child's services. *

Mark only one oval.

	1	2	3	4	5	
Stro						Strongly Agree

4. I helped to choose my child's treatment goals. *

Mark only one oval.

	1	2	3	4	5	
Stro						Strongly Agree

5. The people helping my child stuck with us no matter what. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

6. I felt my child had someone to talk to when he/she was troubled. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

7. I participated in my child's treatment. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

8. The services my child and/or family received were right for us. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

9. NRBHA services were available at times that were convenient for us. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

10. My family got the help we wanted for my child. *

Mark only one oval.

1 2 3 4 5

Stro ○ ○ ○ ○ ○ Strongly Agree

11. My family got as much help as we needed for my child. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

12. Staff treated me with respect. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

13. NRBHA staff spoke with me in a way that I understood. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

14. NRBHA staff were sensitive to my cultural/ethnic background (i.e., values, tradition, religious or spiritual beliefs, * race, language, etc.)

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

15. My child is better at handling daily life.

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

Post-Treatment: As a direct result of the services my child received...

16. My child gets along better with family members, friends, and other people. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

17. My child is doing better in school and/or work. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

18. My child is better able to cope when things go wrong. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

19. My child is better able to do things he or she wants to do. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

21. In a crisis, I would have the support I need from family or friends. *

Mark only one oval.

1 2 3 4 5

Stro Strongly Agree

Case Management Coordination

22. My Case Manager maintained communication with me regarding my child on a consistent basis (by phone, Zoom, or in-person)? *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

23. NRBHA Staff maintained contact with me regarding my child in a timely manner. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

24. NRBHA staff coordinated Child Family Team meetings every 90-days. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

Agree

26. NRBHA staff contacted me to see how my child was/am doing while in treatment. *

Mark only one oval.

1 2 3 4 5

Stro Strongly Agree

27. NRBHA Staff setup aftercare for my child before they were discharged from treatment. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

28. NRBHA Staff contacted me to see how my child was/am doing when they left the treatment facility. *

Mark only one oval.

1 2 3 4 5

Stro ◯ ◯ ◯ ◯ ◯ Strongly Agree

Comments

Please feel free to use the space provided to comment on any of your previous answers. Also, if there were any areas which were not covered by this questionnaire which you feel should have been, please write them in the comments section.

29. What has been the most helpful thing about the services you and your child received over the last 6 months? *

Please put N/A if no comment.

30. What would improve the services here? Please put N/A if no comment. *

31. Please list any other comments you may want to share. Please put N/A if no comment. *

Division of Behavioral and Mental Health Services

TRANSPORTATION WAIVER AND RELEASE FORM

I hereby grant permission for The Division of Behavioral and Mental Health Services (DBMHS) and its authorized representative(s) to provide non-emergency client transportation services for myself and/or my minor child for whom I have legal guardianship. I assume all risks and hazards incidental to the activities normally associated with non-emergency client transportation. I further release, absolve, indemnify, and hold harmless DBMHS and its authorized transportation representative(s). In case of injury, I hereby waive all claims against DBMHS and its authorized representative(s), and I likewise release from responsibility all person(s) transporting me and/or my minor child to/from scheduled appointments.

I further consent to the rendering of emergency medical treatment for myself and/or my minor child as deemed necessary by DBMHS and its authorized representative(s). If the injury or illness is life threatening or in need of emergency treatment, I authorize DBMHS and its authorized representative(s) to summon any and all professional emergency personnel to transport and assure the referral to hospital medical treatment by licensed professionals as needed. I agree to assume fiscal responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of DBMHS and its authorized representative(s) in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

In addition, I hold DBMHS and its authorized representative(s) harmless for any lost personal items. I also understand that I and/or my minor child may be denied transportation services if DBMHS and/or its authorized representative(s) deem my behavior or that of my minor child inappropriate or unsafe to themselves, the driver, and/or other passengers.

☐ I have read this form and certify that I understand and agree to its contents.

Signed this _____ day of, _____20____.

This authorization is effective through ____/____/_____.

Printed Name of Client: _____

Client Signature: _____

Printed Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____

Printed Name of Witness: _____

Witness Signature: _____

Division of Behavioral and Mental Health Services

Navajo Regional Behavioral Health Center

Application Checklist

The following documents will need to be submitted to determine appropriateness for treatment. Any missing documents will be considered an ***incomplete*** application packet and will not be considered. Completed referral forms will be presented on a ***first come first serve basis.*** Please call if you should have any questions.

☐ Applicant Form ***Completed by Referring Agency and/or Parent/Legal Guardian***

Any evaluations completed within past 6 months

☐ Psychological/Psychiatric/Mental Health Evaluation (*see page 8 for outline*)

☐ Discharge summary of past/current outpatient or residential treatment (*if applicable*)

Medical History

☐ Physical Exam (*using attached form*)

☐ Immunization Record (*current*)

☐ Lab test (*recent, if applicable*)

☐ PPD (*Tuberculosis Skin Test within the past year*)

☐ COVID-19 Test Result

Legible copies of the following for client records:

☐ Social Security card

☐ Birth Certificate

☐ Certificate of Indian Blood (CIB)

☐ Medicaid or other insurance card

☐ Guardianship papers (*if applicable*)

☐ Court documents (*copy of court order, probation agreement, etc.*)

☐ Chronological Legal History (*if on formal probation*)

☐ Copy of most recent school transcript

Completely filled in and signed release of information (ROI) to the following:

☐ Referral Agency (*if applicable – Page)*

☐ Probation/Parole Officer (*if applicable*)

☐ Last/Current school attended

Please ensure your ROI's are completely filled in. Any missing information may delay your application.

Referral ID: _____

Revised 9/8/2022

PO Box 1830 Shiprock NM 87420 (505)368-1438 Fax (505)368-1452

Division of Behavioral and Mental Health Services

Referral Form

To be completed by the Referral and/or Parent/Legal Guardian

Please **completely** fill out the following form to the best of your knowledge. The information provided will give our staff an assessment of the youth you are referring, so we can determine if placement at NRBHC YRTC is in the best interest of the adolescent. Use "*N/A*" if not applicable.

Referral Information

Date: _____
Referring Agency: _____
Contact Name and Title: _____
Address: _____
Phone #: _____ Fax #: _____

Applicant Information

Applicant Name: _____
Date of Birth: _____ Age: _____ Gender (Circle one): M or F
Ethnicity/Tribe: _____ Spiritual Practice: _____
Mailing Address: _____
Physical Address: _____
Circumstances leading to referral at this time:

_____
_____
_____
_____
_____

Family

Bio Mother's Name: _____ Bio Father's Name: _____
Contact #: _____ Contact #: _____
Mother's Occupation: _____ Father's Occupation: _____
Ethnicity/Tribe: _____ Ethnicity/Tribe: _____
Spiritual Practice: _____ Spiritual Practice: _____

Sibling's Name	Age	Living at home?	Sibling's Name	Age	Living at home?
_____		Yes *or* No	_____		Yes *or* No
_____		Yes *or* No	_____		Yes *or* No
_____		Yes *or* No	_____		Yes *or* No
_____		Yes *or* No	_____		Yes *or* No

Marital status of the parents: _____

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Who does the applicant currently live with? _____

Primary figures/caretakers in applicant's life:_____

☐ Adoption ☐ Court Appointed ☐ Power of Attorney ☐ Other:_____

Relationship of primary caretaker to applicant:_____

Are stepparents involved with applicant's life? ☐ Yes☐ No ☐Other:_____

Name of stepparents involved with applicant's life: _____

Where is the applicant currently at? ☐ Home ☐ Detention ☐ Other:_____

Substance Abuse/Mental Health History

Does the applicant have an alcohol and/or other substance abuse problem? ☐ Yes ☐ No

Chemical type	Age First Used	Frequency	Amount	Date Last Use
Alcohol				
Marijuana/Hash				
Methamphetamine				
Cocaine/Crack				
Heroin				
Hallucinogens (Acid, Mushrooms)				
Prescription Drugs (Oxycodone, etc.)				
Inhalants				
Other Stimulants				
Other Opiates				
Other (such as Tobacco?)				

If yes, please complete the substance abuse history chart:

Drug of choice? _____

Has the applicant had any prior substance abuse treatment? ☐ Yes ☐ No

If yes, please list treatment facility:

Name of Facility (In/Out Patient) Dates Type of Discharge

- _____
- _____
- _____
- _____

Does the applicant have any mental health concerns? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has the applicant had any prior treatment for any mental health concerns? ☐ Yes ☐ No

If yes, please list treatment facility: _____

Name of Facility/Provider (In/Out Patient) Dates Discharge or Ongoing

- _____
- _____
- _____
- _____

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Present Behavior

List of behaviors displayed by the applicant:
Please indicate on line: 1 – Not true, 2 – Sometimes True, or 3 – Always True

____ Physically violent to people
____ Burglary, robbery w/ victim present
____ Has forced someone into sexual activity
____ Property destruction
____ Deliberately starts fires
____ Theft/Stealing
____ Stays out late at night
____ Runs away from home
____ Truant from school
____ Anxiety/ fear
____ Trouble sleeping
____ Low energy
____ Low self-esteem
____ Disordered thinking
____ Hallucinations
____ Feelings of hopelessness
____ Self-injury
____ Short attention span
____ Hyperactive
____ Impulsive
____ Loses temper
____ Argues with adults
____ Angry and resentful
____ Blames others for own mistakes
____ Poor interactions w/ others
____ Poor hygiene
____ Self-restriction of food intake
____ Self-induced vomiting or purging
____ Physical complaints
____ Poor appetite

Has applicant had any suicidal ideations? ☐ Yes ☐ No
If yes, please explain: _____

Has applicant made an attempt to commit suicide? ☐ Yes ☐ No
If yes, please explain: _____

Has the applicant had any homicidal ideations? ☐ Yes ☐ No
If yes, please explain: _____

Has the applicant committed any acts of violence? ☐ Yes ☐ No
If yes, please explain: _____

Has the applicant purposely hurt himself/herself (cutting, burns, etc.)? ☐ Yes ☐ No
If yes, please explain: _____

Legal History

Is the applicant currently on probation? ☐ Formal ☐ Informal ☐ Pending ☐ None
If on formal/informal/pending case, please list legal history:

Charge (Current-Past)	Date	Outcome
•		
•		
•		
•		

Had the applicant been involved with a gang? ☐ Yes ☐ No

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If yes, please explain: _____

Educational History

Current/Last School: _____ Grade Level: _____
Address: _____
Phone #: _____ Fax #: _____
Contact Person: _____ Relationship: _____
Is the applicant currently enrolled in school? ☐ Yes ☐ No

If no, please indicated: ☐ Suspension ☐ Expulsion ☐Other: _____
Explain situation leading to dismissal/including dates and last time in school: _____

_____

_____

Has the applicant received Special Education Services? ☐ Yes ☐ No
If yes, please explain: _____

_____

Is the applicant behind in school because of academic problems? ☐ Yes ☐ No
If answered yes please explain: _____

_____

Is the applicant behind in school because of behavior problems? ☐ Yes ☐ No
If answered yes please explain: _____

_____

Is applicant interested in a GED program? ☐ Yes ☐ No
Is applicant interested in Vocational development? ☐ Yes ☐ No

Major Life Events

Has the applicant ever been abused (Emotionally, Verbally, Physically, or Sexually?): ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

_____

Had the applicant experienced any significant losses (i.e. death/divorce/separation/moving within the past 5 years)? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

Has applicant experienced any domestic violence? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

Has the applicant ever been placed in foster care? ☐ Yes ☐ No
If yes, please explain: _____

_____

Has the applicant experienced any other traumas? ☐ Yes ☐ No
If yes, please explain: _____

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Medical History

Any developmental problems before, at birth, or current? ☐ Yes ☐ No
If yes, please explain: _____
Has the applicant experienced any serious illnesses/accidents/injuries? ☐ Yes ☐ No
If yes, please explain: _____
Does the applicant have any allergies? ☐ Yes ☐ No
If yes, please explain: _____
Does the applicant have any medical or traditional dietary restrictions? ☐ Yes ☐ No
If yes, please explain: _____
Is applicant on any current prescribed medication? ☐ Yes ☐ No
If yes, please explain: _____
Is the applicant physically challenged (not related to substance abuse)? ☐ Yes ☐ No
If yes, please explain: _____
If female, is the applicant pregnant? ☐ Yes ☐ No Receiving prenatal care? ☐ Yes ☐ No
What month of pregnancy is applicant in? ☐ 0-3 months ☐ 4-6 months ☐ 7-9 months

Family Involvement/Assessment of Problems

How does the parent/legal guardian feel about the applicant entering residential treatment?_____

_____

Is the family willing to participate in "Family Day" during residential treatment? ☐ Yes ☐ No
Who will be the family members participating in the applicant's treatment?_____

_____

Where do you think the applicant will live after treatment?_____

_____

Use the scale below to rate the parent and youth's motivation:

Parent/Legal Guardian	No motivation	1	2	3	4	5	6	7	8	9	10 Very Motivated
Youth (applicant)	No motivation	1	2	3	4	5	6	7	8	9	10 Very Motivated

Referring Provider/Parent-Legal Guardian Notes: _____

_____

I authorize the disclosure of information on this form and attached documents to DBMHS Youth Residential Treatment program for case consultation and consideration of substance abuse residential treatment as the applicant's personal representative(s):

_____ _____
Parent/Legal Representative Date

_____ _____
Witness/Referring Agency Date

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Division of Behavioral and Mental Health Services

Mental Health/Psychological/Psychiatric Evaluation

This must be completed prior to admission by a Psychiatrist, Psychologist, or independently licensed Masters Level Clinician (e.g., LPCC, LPC, LMFT, LISW, LCSW). In your evaluation please address significant issues in each of the following areas.

1. Description of Present Problems/Symptoms
2. Psychiatric History
3. Medical and Neurological History
4. School History
5. Developmental History
6. Legal History
7. Family History
8. Child/Family Interview
9. Diagnostic Formulation
10. Treatment Recommendations

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Division of Behavioral and Mental Health Services

History and Physical Examination

Clients must have a complete History and Physical Examination completed prior to admission.

To be completed by a Licensed Physician, Physician's Assistant, or a Nurse Practitioner.
(A Comprehensive Physical Exam Form may be Substituted)

Applicant Name: _____ Date:_____

Date of Birth:_____ Gender:_____ Ethnicity/Tribe:_____

Presenting Complaint *(To be filled out by client)*

Current Medical Problems: _____
Other Medical Complaints: _____
Current Medications & Dose:_____
Substance Use History:_____
_____
_____
_____

Nicotine Use: (Smoking/Chewing Tobacco/Vaping): _____

Family History *(To be filled out by client)*

Medical:_____
_____

Psychiatric:_____

Past Medical History *(to be filled out by physician)*

Medical:

HIV Tested? ☐Yes ☐No Date & Results:_____

HIV Risk Factors: (*circle*) IV Drug Use Unprotected Sex Blood Transfusion

If client is sexually active, is safe sex practiced routinely? ☐Yes ☐No

History of Hepatitis? ☐No ☐Yes Type of Hepatitis: _____
Allergies:_____
Hospitalizations:_____
Last dental visit:_____
Any surgeries: _____

Referral ID: _____ Revised: 9/9/2022

Division of Behavioral and Mental Health Services

History and Physical Examination

OB-GYN: Menarche:_____Menstrual History/Problems:_____

_____

LMP:_____Last PAP_____Gravida:_____Para:_____

Contraception Used:_____

Other:_____

Physical Examination *(to be filled out by physician)*

Vital Signs: P_____T_____R_____BP_____

HT_____WT_____

General:_____

Speech Impairment: No_____Yes_____ Describe:_____

Last Eye Doctor Visit: _____

Vision: Left _____Right_____

Hearing Left _____Right_____

Head:	☐Normal ☐Abnormal	Neck/Thyroid:	☐Normal ☐Abnormal
Eyes:	☐Normal ☐Abnormal	Breasts:	☐Normal ☐Abnormal
Ears:	☐Normal ☐Abnormal	Lungs:	☐Normal ☐Abnormal
Nose:	☐Normal ☐Abnormal	Heart:	☐Normal ☐Abnormal
Throat:	☐Normal ☐Abnormal	Pulses:	☐Normal ☐Abnormal
Teeth/Gums:	☐Normal ☐Abnormal	Abdomen:	☐Normal ☐Abnormal
Back/Spine:	☐Normal ☐Abnormal	Extremities:	☐Normal ☐Abnormal
Genitalia:	☐Normal ☐Abnormal	Rectum:	☐Normal ☐Abnormal
Skin/Hair/Nails:	☐Normal ☐Abnormal	Crania Nerves II-XII:	☐Normal ☐Abnormal
Motor Strength:	☐Normal ☐Abnormal	Cerebellar:	☐Normal ☐Abnormal
Gail:	☐Normal ☐Abnormal	Deep Tendon Reflexes:	☐Normal ☐Abnormal

_____Immunizations (*Attach a copy of the adolescent's up to date immunization record*).

_____COVID-19 Testing (*Attach a copy of current vaccination record*).

_____PPD (*Attach a copy of the adolescent's PPD results within the past years*).

_____Labs (*Attach copies of any most recent lab reports)*

Nutrition Pre-screening

Current BMI? _____

Has the client had any unexplained weight loss/gain? ☐ Yes ☐No

If yes, please explain: _____

Has the client's food intake been reduced significantly in the past three months? ☐Yes ☐No

If yes, please explain: _____

Referral ID: _____ Revised: 9/9/2022

Division of Behavioral and Mental Health Services

History and Physical Examination

Diagnosis requiring diet modifications: ☐Yes ☐ No If yes, please explain: _____
Foods to be omitted from client's diet: _____
Foods to be substituted: _____
Any other special considerations (i.e. eating disorders): _____

Assessment & Plan

☐Yes ☐No Fit for a residential treatment program
☐Yes ☐No Fit for exercise? Note any restrictions: _____
☐Yes ☐No Free of evidence of any significant communicable disease
☐Yes ☐No Able to participate in cultural sweat lodge

Any Significant Medical Diagnosis: _____
Any Medical Recommendations: _____
_____

_____ _____
Medical Provider Signature Medical Provider's Name (Print)

Name of Clinic/Facility: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone #: (____) _____ Fax#: (____) _____

Note: If the adolescent is accepted, they are scheduled to participate in 3 months of residential treatment. Please schedule any critical appointments before treatment and other appointments after treatment.

Referral ID: _____ Revised: 9/9/2022

Division of Behavioral and Mental Health Services

Consent for the Release of Information

I, _____, authorize the Division of Behavioral & Mental Health Services to:
☐ RECEIVE information from: ☐RELEASE information to:

Name of Agency: Division of Behavioral and Mental Health Services
Contact Person: NRBHC Intake-CMS, NRBHC Counselors
Address of Agency: P.O. Box 1830, Shiprock, NM 87420
Telephone & Fax #: (505) 368-1438 (505) 368-1452 (f)

The following information regarding _____(Name of Client)

☐Medical Records – Specify:
_____
☐Treatment Admission/Attendance
☐Psychiatric and/or Psychological Evaluation
☐Verification of Treatment Dates & Completion
☐Behavioral Health Admission/Discharge
☐Treatment Plan
☐Evaluations/Assessments
☐Legal/Judicial System Records
☐Consultations
☐School attendance, transcripts and records
☐Other:
_____
_____
_____
☐Special Education IEP and Assessments

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a client in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to my authorization, and that the recipient of the information may not be regulated by the HIPAA privacy law. However, the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, will continue to protect the confidentiality of information that identifies me as a client in an alcohol/drug program and prevent re-disclosure of my information.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken on the consent. If no revocation date is specified, this Consent for Release is valid for one year (12 months) from client discharge.

_____ _____
Client Signature Date Legal Guaridan/Authorized Representative Date

_____ _____
DBMHS Staff/Clinical Staff Date Revocation Date

NOTICE PROHIBITING REDISCLOSURE

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65

CRN: _____ Revised 9/9/2022

Division of Behavioral and Mental Health Services

Consent for the Release of Information

I, _____, authorize the Division of Behavioral & Mental Health Services to:
☐ RECEIVE information from: ☐RELEASE information to:

Name of School: _____
Contact Person: _____
Address of Agency: _____
Telephone & Fax #: _____

The following information regarding _____(Name of Client)

☐Medical Records – Specify:
_____
☐Treatment Admission/Attendance
☐Psychiatric and/or Psychological Evaluation
☐Verification of Treatment Dates & Completion
☐Behavioral Health Admission/Discharge
☐Treatment Plan
☐Evaluations/Assessments

☐Legal/Judicial System Records
☐Consultations
☐School attendance, transcripts and records
☐Other:
_____
_____
_____
☐Special Education IEP and Assessments

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a client in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to my authorization, and that the recipient of the information may not be regulated by the HIPAA privacy law. However, the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, will continue to protect the confidentiality of information that identifies me as a client in an alcohol/drug program and prevent re-disclosure of my information.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken on the consent. If no revocation date is specified, this Consent for Release is valid for one year (12 months) from client discharge.

_____ _____
Client Signature Date Legal Guaridan/Authorized Representative Date

_____ _____
DBMHS Staff/Clinical Staff Date Revocation Date

NOTICE PROHIBITING REDISCLOSURE

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65

CRN: _____ Revised 9/9/2022

Division of Behavioral and Mental Health Services

Consent for the Release of Information

I, _____, authorize the Division of Behavioral & Mental Health Services to:
☐ RECEIVE information from: ☐RELEASE information to:

Name of Probation Agency: _____
Contact Person: _____
Address of Agency: _____
Telephone & Fax #: _____

The following information regarding _____(Name of Client)

☐Medical Records – Specify:
_____
☐Treatment Admission/Attendance
☐Psychiatric and/or Psychological Evaluation
☐Verification of Treatment Dates & Completion
☐Behavioral Health Admission/Discharge
☐Treatment Plan
☐Evaluations/Assessments
☐Legal/Judicial System Records
☐Consultations
☐School attendance, transcripts and records
☐Other:
_____
_____
_____
☐Special Education IEP and Assessments

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a client in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to my authorization, and that the recipient of the information may not be regulated by the HIPAA privacy law. However, the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, will continue to protect the confidentiality of information that identifies me as a client in an alcohol/drug program and prevent re-disclosure of my information.

I understand that I may revoke this authorization at any time, except to the extent that action has already been taken on the consent. If no revocation date is specified, this Consent for Release is valid for one year (12 months) from client discharge.

_____ _____
Client Signature Date Legal Guaridan/Authorized Representative Date

_____ _____
DBMHS Staff/Clinical Staff Date Revocation Date

NOTICE PROHIBITING REDISCLOSURE

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65

CRN: _____ Revised 9/9/2022

Division of Behavioral and Mental Health Services

Navajo Regional Behavioral Health Center

Referral Checklist

The following documents will need to be submitted to determine appropriateness for treatment. Any missing documents will be considered an ***incomplete*** referral packet and will not be considered. Completed referrals forms will be presented on a ***first come first serve basis***. Please call if you should have any questions.

☐ Referral Form ***Completed by Referring Agency and/or Parent/Legal Guardian***

Any evaluations completed within past 6 months

☐ Psychological/Psychiatric/Mental Health Evaluation (*see page 8 for outline*)

☐ Discharge summary of past/current outpatient or residential treatment (*if applicable*)

Medical History

☐ Physical Exam (*using attached form*)

☐ Immunization Record (*current*)

☐ Lab test (*recent, if applicable*)

☐ PPD (*Tuberculosis Skin Test within the past year*)

☐ COVID-19 Test Result

Legible copies of the following for client records:

☐ Social Security card

☐ Birth Certificate

☐ Certificate of Indian Blood (CIB)

☐ Medicaid or other insurance card

☐ Guardianship papers (*if applicable*)

☐ Court documents (*copy of court order, probation agreement, etc.*)

☐ Chronological Legal History (*if on formal probation*)

☐ Copy of most recent school transcript

Completely filled in and signed release of information (ROI) to the following:

☐ Referral agency (*if applicable – Page)*

☐ Probation/Parole Officer (*if applicable*)

☐ Last/Current school attended

Please ensure your ROI's are completely filled in. Any missing information may delay your referral.

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Division of Behavioral and Mental Health Services

Referral Form

To be completed by the referral and/or Parent/Legal Guardian

Please **completely** fill out the following form to the best of your knowledge. The information provided will give our staff an assessment of the youth you are referring, so we can determine if placement at NRBHC YRTC is in the best interest of the adolescent. Use "*N/A*" if not applicable.

Referral Information

Date: _____
Referring Agency: _____
Contact Name and Title: _____
Address: _____
Phone #: _____ Fax #: _____

Adolescent's Information

Adolescent's Name: _____
Date of Birth: _____ Age: _____ Gender (Circle one): M or F
Ethnicity/Tribe: _____ Spiritual Practice: _____
Mailing Address: _____
Physical Address: _____
Circumstances leading to referral at this time:

_____
_____
_____
_____
_____

Family

Bio Mother's Name: _____ Bio Father's Name: _____
Contact #: _____ Contact #: _____
Mother's Occupation: _____ Father's Occupation: _____
Ethnicity/Tribe: _____ Ethnicity/Tribe: _____
Spiritual Practice: _____ Spiritual Practice: _____

Sibling's Name	Age	Living at home?	Sibling's Name	Age	Living at home?
_____		Yes *or* No	_____		Yes *or* No
_____		Yes *or* No	_____		Yes *or* No
_____		Yes *or* No	_____		Yes *or* No
_____		Yes *or* No	_____		Yes *or* No

Marital status of the parents: _____
Who does the referral currently live with? _____

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Primary figures/caretakers in referral's life:_____

☐ Adoption ☐ Court Appointed ☐ Power of Attorney ☐ Other:_____

Relationship of primary caretaker to referral:_____

Are stepparents involved with referral's life? ☐ Yes ☐ No ☐Other:_____

Name of stepparents involved with referral's life: _____

Where is the referral currently at? ☐ Home ☐ Detention ☐ Other:_____

Substance Abuse/Mental Health History

Does the referral have an alcohol and/or other substance abuse problem? ☐ Yes ☐ No

Chemical type	Age First Used	Frequency	Amount	Date Last Use
Alcohol				
Marijuana/Hash				
Methamphetamine				
Cocaine/Crack				
Heroin				
Hallucinogens (Acid, Mushrooms)				
Prescription Drugs (Oxycodone, etc.)				
Inhalants				
Other Stimulants				
Other Opiates				
Other (such as Tobacco?)				

If yes, please complete the substance abuse history chart:

Drug of choice? _____

Has the referral had any prior substance abuse treatment? ☐ Yes ☐ No

If yes, please list treatment facility:

Name of Facility (In/Out Patient) Dates Type of Discharge

- _____
- _____
- _____
- _____

Does the referral have any mental health concerns? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has the referral had any prior/current treatment for any mental health concerns? ☐ Yes ☐ No

If yes, please list treatment facility: _____

Name of Facility/Provider (In/Out Patient) Dates Discharge or Ongoing

- _____
- _____
- _____
- _____

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Present Behavior

List of behaviors displayed by the referral:
Please indicate on line: 1 – Not true, 2 – Sometimes True, or 3 – Always True

____ Physically violent to people
____ Burglary, robbery w/ victim present
____ Has forced someone into sexual activity
____ Property destruction
____ Deliberately starts fires
____ Theft/Stealing
____ Stays out late at night
____ Runs away from home
____ Truant from school
____ Anxiety/ fear
____ Trouble sleeping
____ Low energy
____ Low self-esteem
____ Disordered thinking
____ Hallucinations
____ Feelings of hopelessness
____ Self-injury
____ Short attention span
____ Hyperactive
____ Impulsive
____ Loses temper
____ Argues with adults
____ Angry and resentful
____ Blames others for own mistakes
____ Poor interactions w/ others
____ Poor hygiene
____ Self-restriction of food intake
____ Self-induced vomiting or purging
____ Physical complaints
____ Poor appetite

Has referral had any suicidal ideations? ☐ Yes ☐ No
If yes, please explain: _____

Has referral made an attempt to commit suicide? ☐ Yes ☐ No
If yes, please explain: _____

Has the referral had any homicidal ideations? ☐ Yes ☐ No
If yes, please explain: _____

Has the referral committed any acts of violence? ☐ Yes ☐ No
If yes, please explain: _____

Has the referral purposely hurt himself/herself (cutting, burns, etc.)? ☐ Yes ☐ No
If yes, please explain: _____

Legal History

Is the referral currently on probation? ☐ Formal ☐ Informal ☐ Pending ☐ None
If on formal/informal/pending case, please list legal history:

Charge (Current-Past)	Date	Outcome
•		
•		
•		
•		

Had the referral been involved with a gang? ☐ Yes ☐ No
If yes, please explain: _____

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Educational History

Current/Last School:_____ Grade Level:_____
Address: _____
Phone #: _____ Fax #: _____
Contact Person:_____ Relationship:_____
Is the referral currently enrolled in school? ☐ Yes ☐ No

If no, please indicated: ☐ Suspension ☐ Expulsion ☐Other:_____
Explain situation leading to dismissal/including dates and last time in school: _____

_____

_____

Has the referral received Special Education Services? ☐ Yes ☐ No
If yes, please explain: _____

_____

Is the referral behind in school because of academic problems? ☐ Yes ☐ No
If answered yes please explain: _____

_____

Is the referral behind in school because of behavior problems? ☐ Yes ☐ No
If answered yes please explain: _____

_____

Is referral interested in a GED program? ☐ Yes ☐ No
Is referral interested in Vocational development? ☐ Yes ☐ No

Major Life Events

Has the referral ever been abused (Emotionally, Verbally, Physically, or Sexually?): ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

_____

_____

Had the referral experienced any significant losses (i.e. death/divorce/separation/moving within the past 5 years)? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

Had referral experienced any domestic violence? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

Had the referral ever been placed in foster care? ☐ Yes ☐ No
If yes, please explain: _____

_____

Had the referral experienced any other traumas? ☐ Yes ☐ No
If yes, please explain: _____

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Medical History

Any developmental problems before, at birth, or current? ☐ Yes ☐ No
If yes, please explain: _____
Has the referral experienced any serious illnesses/accidents/injuries? ☐ Yes ☐ No
If yes, please explain: _____
Does the referral have any allergies? ☐ Yes ☐ No
If yes, please explain: _____
Does the referral have any medical or traditional dietary restrictions? ☐ Yes ☐ No
If yes, please explain: _____
Is referral on any current prescribed medication? ☐ Yes ☐ No
If yes, please explain: _____
Is the referral physically challenged (not related to substance abuse)? ☐ Yes ☐ No
If yes, please explain: _____
If female, is the referral pregnant? ☐ Yes ☐ No Receiving prenatal care? ☐ Yes ☐ No
What month of pregnancy is referral in? ☐ 0-3 months ☐ 4-6 months ☐ 7-9 months

Family Involvement/Assessment of Problems

How does the parent/legal guardian feel about the referral entering residential treatment?_____

_____

Is the family willing to participate in "Family Day" during the adolescent's treatment? ☐ Yes ☐ No
Who will be the family members participating in the referral's treatment?_____

_____

Where do you think the referral will live after treatment?_____

_____

Use the scale below to rate the parent and child's motivation:

Parent/Legal Guardian	No motivation	1	2	3	4	5	6	7	8	9	10	Very Motivated
Child (referral)	No motivation	1	2	3	4	5	6	7	8	9	10	Very Motivated

Referring Provider/Parent-Legal Guardian Notes: _____

_____

I authorize the disclosure of information on this form and attached documents to DBMHS Adolescent Residential Treatment program for case consultation and consideration of substance abuse residential treatment as the referral's personal representative(s):

_____ _____
Parent/Legal Representative Date

_____ _____
Witness/Referring Agency Date

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Division of Behavioral and Mental Health Services

Mental Health/Psychological/Psychiatric Evaluation

This must be completed prior to admission by a Psychiatrist, Psychologist, or independently licensed Masters Level Clinician (e.g., LPCC, LPC, LMFT, LISW, LCSW). In your evaluation please address significant issues in each of the following areas.

1. Description of Present Problems/Symptoms
2. Psychiatric History
3. Medical and Neurological History
4. School History
5. Developmental History
6. Legal History
7. Family History
8. Child/Family Interview
9. Diagnostic Formulation
10. Treatment Recommendations

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DBMHS

Case Management Referral/Intake Notes	Name:_____ Level of Care: [ ] YRTC 3.5 [ ] ARTC 3.1 [ ] OTC _____ [ ] Other _____ Referral:_____ Date: _____ Time:_____ CMS Name:_____
Dimension I **Acute intoxication and/or Withdrawal Potential**	
Dimension 2 **Biomedical Conditions and Complications**	
Dimension 3 **Emotional, Behavioral, or Cognitive Conditions and Complications**	
Dimension 4 **Readiness to Change**	
Dimension 5 **Relapse, Continued Use, or Continued Problem Potential**	
Dimension 6 **Recovery/Living Environment**	

Prior Diagnosis: _____

SNAP: S: _____ N:_____

A: _____ P: _____

Please Circle: Accepted Not Accepted/Referred elsewhere: _____

Assigned Counselor: _____

Further Recommendation(s): _____

_____

Signature/Credential: _____ Signature/Credential: _____

Signature/Credential: _____ Signature/Credential: _____

Signature/Credential: _____ Signature/Credential: _____

Signature/Credential: _____ Signature/Credential: _____

Signature/Credential: _____ Signature/Credential: _____

Signature/Credential: _____ Signature/Credential: _____

CRN: _____

Revised: 9/1/2022

Division of Behavioral and Mental Health Services

Client Face Sheet

Client Identifying Information

Client Name:_____ Today's Date: _____

Date of Birth:_____ Gender: _____M____F

Ethnicity: _____ Census#:_____

Contact Phone#:_____ SSN: ###-##-_____

Address:_____

Lives with:_____Address:_____
(Name & Relationship to Client)

Emergency Contact

Name: _____Relationship to Client:_____

Address/City/State/Zip Code: _____

_____

Home Phone#: _____Work Phone#:_____

Message Phone#:_____

Probation Officer (if applicable)

Name:_____Agency: _____

Address/City/State/Zip Code: _____

_____

Contact Phone#: _____ Fax#_____

Division of Behavioral and Mental Health Services

Client Face Sheet

Medical Emergency Information

Physician:_____ Chart#:_____

Facility:_____

Address/City/State/Zip Code:_____

Phone#:_____ Fax:_____

Insurance:_____

Prescribed Medication:_____

_____

Allergies:_____

CRN: _____

Division of Behavioral and Mental Health Services

Consent to Haircut

I, _____ (client/parent/legal guardian) give consent for NRBHC Residential Treatment Center staff to arrange for a haircut. It will be my responsibility to cover the expense. I do not hold NRBHC Residential Treatment Center responsible for any injuries, haircut imperfections or mishaps. It is understood that this consent may be subject to revocation by the undersigned at any time except to the extent that action has already been taken on that consent.

_____ _____

Client Signature Date

_____ _____

Parent/Legal Guardian Signature (if applicable) Date

_____ _____

DBMHS Staff/Clinical Staff Date

CRN: _____

Revised: 4.10.2023nb

Division of Behavioral and Mental Health Services

ATTEMPT TO LOCATE

This document authorizes the Division of Behavioral and Mental Health Services to place an "ATTEMPT TO LOCATE" report with the Navajo Nation Police Department for _____.

In the event that the client leaves the Center without permission and does not return within four (4) hours, this is considered "client absent without leave," (AWOL). Upon AWOL the parent/legal guardian/ and referring agency will be notified by DBMHS Treatment Center staff in accordance with documented releases of information. It is the responsibility of the referring agency or his/her guardian(s) to file a formal missing person report, if the client is missing over a period of 24 hours. If there is reason to believe that the individual may have left the area, the following individuals shall be contacted immediately:

a) Parent/Guardian/Family Member:_____
   Home:_____Mobile:_____Work:_____

b) Other Emergency Contact:_____
   Home:_____Mobile:_____Work:_____

c) Referring Agency:_____
   Work:_____Mobile:_____Other:_____

(Every attempt will be made to inform the above individuals)

_____ _____
Client Signature Date

_____ _____
Parent/Legal Guardian/Family Member Signature *(if applicable)* Date

_____ _____
DBMHS Staff/Clinical Staff Date

CRN: _____
Revised: 9/1/2022

Division of Behavioral and Mental Health Services

ATTEMPT TO LOCATE

This document grants permission to the Division of Behavioral and Mental Health Services to submit an "ATTEMPT TO LOCATE" report to the Navajo Nation Police Department. If the client, _____, leaves the Center without permission and doesn't return within four (4) hours, it will be considered "client absent without leave" (AWOL). In such cases, the DBMHS Treatment Center staff will notify the parent/legal guardian and referring agency as per documented Release of Information. It's the responsibility of the referring agency or guardian(s) to report the client as a missing person if they're absent for more than 24 hours. If there's reason to believe the client may have left the area, the following individuals will be contacted immediately:

a) Parent/Guardian/Family Member:_____
   Home:_____Mobile:_____Work:_____

b) Other Emergency Contact:_____
   Home:_____Mobile:_____Work:_____

c) Referring Agency:_____
   Work:_____Mobile:_____Other:_____

(Every attempt will be made to inform the above individuals)

_____ _____
Client Signature Date

_____ _____
Parent/Legal Guardian/Family Member Signature *(if applicable)* Date

_____ _____
DBMHS Staff/Clinical Staff Date

CRN: _____
Revised: 9/1/2022

Navajo Division of Behavioral and Mental Health Svcs
NNDBHS PHQ 9

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Test

Client	*Event*	*Actual Date*	*End date*
	PHQ-9		

Duration (hh:mm)	*Location*	*Title*	*Staff*

Test Information

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

Not at all Several days More than half the days Nearly every day

2. Feeling down, depressed, or hopeless

Not at all Several days More than half the days Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

Not at all Several days More than half the days Nearly every day

4. Feeling tired or having little energy

Not at all Several days More than half the days Nearly every day

5. Poor appetite or over eating

Not at all Several days More than half the days Nearly every day

6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down

Not at all Several days More than half the days Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

Not at all Several days More than half the days Nearly every day

8. Moving or speaking so slowly that other people could have noticed? Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual.

Not at all Several days More than half the days Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way

Not at all Several days More than half the days Nearly every day

If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult Somewhat difficult Very difficult Extremely difficult

Navajo Division of Behavioral and Mental Health Svcs
NNDBHS PHQ 9

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Domains

Domain	Score	Score Type	Interpretation	Problem Identified	Strength Identified	Manual?	Remarks

Entered With

Additional Information

Remarks

Participants

Relatives/Collaterals

Participant Role	Participant	Signature

Participating Organizations

Agency	Contact

Participating Staff/Notes

Notes

Staff	Staff Duration	System Entry Date	Note

Tasks/Schedules

Schedule Next

Next Scheduled Event

Navajo Division of Behavioral and Mental Health Svcs
NNDBHS PHQ 9

Patient Name	*Date of Birth*	*Gender*	*ID No.*	*Intake Date*

Event

Last Name	First Name	Event	Due Date/Time	Scheduled Date/Time	Staff

Service Related Encounter Information

Exempt from Billing	*Activity Type*	*Client Involved*	*Program Providing Service*
		Yes	

Facility Providing Service	*Encounter With*	*Service Authorization*	*Is Telehealth?*
			No

Test Link

Test Data

Test

Treatment Context

Treatment Areas

Treatment Link	Additional Treatment Detail	Notation	Client Participation Response	Cue Number	Cue Type

Division of Behavioral and Mental Health Services

Client Satisfaction Survey

Thank you for participating in our survey. Your feedback is crucial in helping us improve our behavioral health outpatient program. Please take a few minutes to answer the following questions honestly.

Section 1: General Information

1.1. Demographics:

- Age:_____

- Gender: _____

1.2. How did you learn about our behavioral health program?

☐ Online search

☐ Referral from a healthcare professional

☐ Word of mouth

☐ Other (please specify):_____

Section 2: Program Accessibility

2.1. Rate the ease of access to our behavioral health program?

☐ Very easy

☐ Somewhat easy

☐ Somewhat difficult

☐ Very difficult

2.2. Please assess your satisfaction with the appointment scheduling process.

☐ Very satisfied

☐ Satisfied

☐ Dissatisfied

☐ Very dissatisfied

Section 3: Program Experience

3.1. On a scale of 1 to 5, how would you rate the overall quality of care provided?

1 (Poor) 2 3 4 5 (Excellent)

3.2. Did the program meet your expectations?

☐ Yes

☐ No

3.3. How would you rate the effectiveness of the treatment and interventions you received?

☐ Very effective

☐ Effective

☐ Ineffective

☐ Very ineffective

3.4. Were your treatment goals discussed and established in collaboration with you?

☐ Yes

☐ No

☐ Somewhat

3.5. Were staff supportive and willing to see you as often as it was necessary?

☐ Yes

☐ No

☐ Somewhat

3.6. Were staff sensitive to your cultural/spiritual background?

☐ Yes

☐ No

3.7. Was the sweat lodge effective in meeting your recovery needs?

☐ Very effective

☐ Effective

☐ Ineffective

☐ Very ineffective

☐ Not applicable

3.8. Were Traditional services effective in meeting your recovery needs?

☐ Very effective

☐ Effective

☐ Ineffective

☐ Very ineffective

☐ Not applicable

3.9. Were Faith-based services effective in meeting your recovery needs?

☐ Very effective

☐ Effective

☐ Ineffective

☐ Very ineffective

☐ Not applicable

3.10. How effective was Navajo Wellness in teaching you about Navajo traditional and cultural ways?

☐ Very effective

☐ Effective

☐ Ineffective

☐ Very ineffective

3.11. Are you doing better in school or work as a result of the services you received at DBMHS?

☐ Yes

☐ No

☐ Somewhat

☐ Not applicable

3.12. Are you better able to deal with crisis as a result of the services you received at DBMHS?

☐ Yes

☐ No

☐ Somewhat

Section 4: Communication and Support

4.1. How satisfied are you with the communication between you and your provider(s) (i.e., Counselor, Case Management Specialist, Traditional Practitioner)?

☐ Very satisfied

☐ Satisfied

☐ Dissatisfied

☐ Very dissatisfied

4.2. Were you provided with sufficient information about your treatment plan and progress?

☐ Yes

☐ No

☐ Partially

4.3. Did you feel supported by the staff throughout your treatment?

☐ Strongly supported

☐ Supported

☐ Unsupported

☐ Strongly unsupported

Section 5: Facilities and Environment

5.1. How would you rate the cleanliness and comfort of our facilities?

☐ Excellent

☐ Good

☐ Fair

☐ Poor

5.2. Were the facilities conducive to your well-being and recovery?

☐ Yes

☐ No

Section 6: Overall Satisfaction and Recommendations

6.1. On a scale of 1 to 10, how likely are you to recommend our behavioral health program to others?

1 (Not likely at all) to 10 (Extremely likely)

1 2 3 4 5 6 7 8 9 10

6.2. Please share any additional comments or suggestions for improvement.

Thank you for completing our satisfaction survey. Your feedback is invaluable to us. If you have any further concerns or would like someone from our team to contact you, please provide your contact information below (optional).

Contact Information (optional):

- Name:

- Phone:

- Email:

DIVISION OF BEHAVIORAL AND MENTAL HEALTH SERVICES
PROPERTY SECTION
MAINTENANCE REQUEST FORM

Requester's Name:	**Date:**
Site/Section:	**Phone:**
Maintenance Request:	

Requester's Signature: _____

DBMHS Property Staff Only	
Completed By:	**Date:**
Comments:	

Navajo Suicide Surveillance System

Crisis Response Team Policies and Procedures

1. INTRODUCTION

1.1 The aim of the Navajo Suicide Surveillance System (NSSS) instrument is to identify the risk factors of suicide, to monitor and implement controls, to evaluate the effectiveness of the prevention programs, and to observe the target and focus of these programs.

1.2 Preventing a public health emergency which depends upon prompt recognition of one or more risk factors, which could be identified using the NSSS instrument.

1.3 Collection of accurate data allows for comparison with other areas and provides further opportunity to assess the responses to changes in current evidence-based practices.

1.4 The Navajo Suicide Surveillance Advisory (NSSA) workgroup was formed in collaboration with the Navajo Nation programs and other partnering entities. To ensure that public health surveillance efforts meet the highest scientific standards, to use the most effective and cost-effective approaches, and to produce valid and reliable data and results.

1.5 A combination of surveillance systems is usually needed to form an effective surveillance program that meets local and national needs.

2. PURPOSE & SCOPE

2.1 Surveillance is the systematic, ongoing collection, management, analysis, and interpretation of data followed by the dissemination of these data to public health programs to stimulate public health action.[10.1]

2.2 Suicide Surveillance is the collecting of information to determine the rates of suicidal behaviors. This can include the collection of information about individuals who attempt or die by suicide, their circumstances, and the effects on others.

2.3 Data on suicidal behavior is available from the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/nchs/fastats/suicide.htm. [10.2]

3. OBJECTIVES

3.1 Define public health surveillance and describe its components.

3.2 Demonstrate understanding of the purposes of surveillance and how it relates to public health action.

3.3 The prevention and early detection of public health emergencies in order to allow for timely investigation and control.

3.4 The assessment of suicide risk factors and rates over time in order to determine the need and to measure the effect of preventative or control measures.

3.5 To evaluate and improve the NSSS instrument over time.

4. DUTIES AND RESPONSIBLITIES

4.1 Collect surveillance of suicides, suicidal ideations, including suicidal behavior and/or preparatory acts, and self-directed violence.

4.2 Collect data using the ICD-10-CM Diagnosis Codes as follows:

- **4.2.1** Suicide, Suicidal Acts and Behaviors (ICD-10-CM T14.91, R45.851, Z91.5)
- **4.2.2** Intentional Self-harm (ICD-10-CM codes X74.01-X75.XXD, X78.2XXD, X83.0XXA, X83.0XXD, T36.0X2A, T36.0).

4.2.3 Injury Undetermined (ICD-10-CM codes T39.4X4, T40.904, T40.994, T44.1X4, Y24.0).

4.3 Enter collected surveillance data into the NSSS instrument using the CommCare mobile application.

4.4 Provide support to clinical, behavioral health and emergency responders in adhering to policies relating to the containment of individual.

4.5 Notify internal or external providers/agencies as required.

4.6 Disseminate data to public health officials, Navajo Nation leadership and the Health, Education and Human Services committee.

5. DEFINITIONS

5.1 Suicidal behaviors: A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and death by suicide.

5.2 Self-Directed Violence: behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-directed violence is categorized into the following:

5.2.1 Non-suicidal: behavior that is self-directed and deliberately results in injury or the potential for injury to one-self. *There is no evidence, whether implicit or explicit, of suicidal intent.*

5.2.2 Suicidal: behavior that is self-directed and deliberately results in injury or the potential for injury to one-self. *There is evidence, whether implicit or explicit, of suicidal intent.*

5.3 Undetermined Self-Directed Violence: behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. *Suicidal intent is unclear based on the available evidence.*

5.4 Suicide Attempt: a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. *A suicide attempt may or may not result in injury.*

5.5 Risk factors: make it *more* likely individuals will develop a disorder; they may include biological, psychological, or social factors in the individual, family, and environment.

5.6 Protective factors: that make it *less* likely individuals will develop a disorder; they may include biological, psychological, or social factors in the individual, family, and environment.

6. TRAINING REQUIREMENTS

6.1 NSSS users, Crisis Response Teams (CRT), providers and emergency responders will be required to attend training with the Navajo Epidemiology Center to use the NSSS instrument.

6.2 Supplements used in addition to the NSSS version, will be the CDC Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements.[10.3]

6.3 Users will also be trained to enter into the NSSS instrument using the Dimagi CommCare mobile application system. To populate the instrument CRT can take the set of questions to their respective organization and provide/collect the data.

6.4 Each CRT will be given two (2) Android tablets at the completion of their training to aid in entering data into the NSSS instrument.

7. PROTOCOL

7.1 General Protocol for Data Query at Navajo Nation DBMHS, NDSS, NDOH.

- **7.1.1** See DBMHS Policies and Procedures
- **7.1.2** Data can be collected on site, at resolution meetings, CRT meetings or at DBMHS.
- **7.1.3** The Navajo DBMHS staff will query the Inpatient Behavioral Health database for patients who also received a behavioral health consultation on the same day using ICD-10-CM codes listed in Section 4.2:
  - **7.1.3.1** Enter NSSS information that DBMHS will provide.
- **7.1.4** See Navajo Suicide Surveillance System Policies and Procedures
  - **7.1.4.1** Additional information will be queried from other emergency response entities as Memorandum of Agreements are developed and implemented.

8. DATA ELEMENTS

8.1 Each of the sections to follow describes specific recommended data elements that are included in the NSSS instrument designed to collect information on suicide attempts, ideations, or death by suicide.

8.2 For each data element some, or all, of the following categories of information are listed:

- **8.2.1** Name of the data element.
- **8.2.2** Description or Definition of the data element.
- **8.2.3** Uses of the data element.
- **8.2.4** Discussion of relevant conceptual or operational issues.
- **8.2.5** Data Standards or Guidelines used to define the data elements and their field values.
- **8.2.6** Multiple Response Option or Repetition, an indication of where it is appropriate to include more than one response, e.g., appropriate to code all answers or response options that apply.
- **8.2.7** Other References consulted in developing the data elements.
- **8.2.8** Depending on the relevance of the information for a specific data element some of the previous categories (e.g., uses, discussion, etc.) may be marked as not applicable.

8.3 Data Elements

- **8.3.1 Registration Form**
  - **8.3.1.1 Identifying Information:**
    - 8.3.1.1.1 Case ID:
      - 8.3.1.1.1.1 Eleven (11) Character Identifier
        - 8.3.1.1.1.1.1 Two (2) Character Agency
          - 8.3.1.1.1.1.1.1 CH-Chinle
          - 8.3.1.1.1.1.1.2 CR-Crownpoint
          - 8.3.1.1.1.1.1.3 FD-Fort Defiance
          - 8.3.1.1.1.1.1.4 SR-Shiprock

8.3.1.1.1.1.5 TC-Tuba City
8.3.1.1.1.2 Eight (8) Character Date (e.g., 01012001)
8.3.1.1.1.3 One (1) Character Sex
8.3.1.1.1.3.1 M-Male
8.3.1.1.1.3.2 F-Female

8.3.1.2 Data Elements
8.3.1.2.1 Did the Individual attempt suicide?
8.3.1.2.2 Was this a death by suicide?

8.3.1.3 Data Source
8.3.1.3.1 Data Source
8.3.1.3.2 Police Report Case Number

8.3.1.4 Sociodemographic Information
8.3.1.4.1 Date of Birth
8.3.1.4.2 Birthday
8.3.1.4.3 Age
8.3.1.4.4 Sex
8.3.1.4.5 Relationship Status
8.3.1.4.6 Sexual Preference
8.3.1.4.7 Race
8.3.1.4.8 Tribal Affiliation
8.3.1.4.9 Ethnicity

8.3.1.5 Contact Information
8.3.1.5.1 Individual's Address
8.3.1.5.2 Next Kin Address

8.3.1.6 Socioeconomic Factors
8.3.1.6.1 Highest Level of Education
8.3.1.6.2 Occupation
8.3.1.6.3 Military Status
8.3.1.6.4 Post-Traumatic Stress Disorder

8.3.2 Event Information Form
8.3.2.1 Date of Injury
8.3.2.2 Time of injury
8.3.2.3 Place of occurrence
8.3.2.4 Activity

8.3.2.5 Injury Description
8.3.2.5.1 Manner of injury
8.3.2.5.2 Nature of injury
8.3.2.5.3 Mechanism
8.3.2.5.4 Injury severity

8.3.2.6 Substance Abuse
8.3.2.6.1 Alcohol use
8.3.2.6.2 Drug use

8.3.2.7 Disposition
- 8.3.2.7.1 Medical care
- 8.3.2.7.2 Disposition

8.3.2.8 Self-Directed Violence Category
- 8.3.2.8.1 Suicidal thoughts at time of injury
- 8.3.2.8.2 Self-Directed Violence Assessment
- 8.3.2.8.3 Family Reporting Self-Directed Violence

8.3.3 Risk-Rescue rating

8.3.4 Individual Medical/Psychiatric History Form

8.3.4.1 Individual Medical History
- 8.3.4.1.1 Diagnosed with Physical Illness or Injury
- 8.3.4.1.2 Describe Diagnoses
- 8.3.4.1.3 Treatment Being Received

8.3.4.2 Psychiatric History
- 8.3.4.2.1 Diagnosed with Mental Illness or Injury
- 8.3.4.2.2 Describe Diagnoses
- 8.3.4.2.3 Treatment Being Received

8.3.4.3 Self-Directed Violence History
- 8.3.4.3.1 Previous Non-Fatal Self-Directed Violence
- 8.3.4.3.2 Treatment Being Received
- 8.3.4.3.3 Hospitalization

8.3.4.4 Suicide Attempt History
- 8.3.4.4.1 Previous Suicidal Thoughts/Ideations
- 8.3.4.4.2 List Previous Attempt
- 8.3.4.4.3 List Plans to Attempt
- 8.3.4.4.4 Current Attempt Planned

8.3.5 Proximal Risk Factors and Protective Factors

8.3.5.1 Proximal Risk Factors
- 8.3.5.1.1 List Proximal Risk Factors

8.3.5.2 Protective Risk Factors
- 8.3.5.2.1 Personal Resources
- 8.3.5.2.2 Community Resources
- 8.3.5.2.3 Somatic
- 8.3.5.2.4 Mental
- 8.3.5.2.5 Previous Suicidal Behavior

8.3.6 Family Medical/Psychiatric History Form
- 8.3.6.1.1 Relationship to Individual

8.3.6.2 Medical History
- 8.3.6.2.1 Diagnosed with Physical Illness or Injury
- 8.3.6.2.2 Describe Diagnoses
- 8.3.6.2.3 Treatment Being Received

8.3.6.3 Psychiatric History

8.3.6.3.1 Diagnosed with Mental Illness or Injury

8.3.6.4 Suicidal History

8.3.6.4.1 Suicidal History

8.3.7 Friends/Acquaintance History Form

8.3.7.1.1 Relationship to Individual

8.3.7.2 Medical History

8.3.7.2.1 Diagnosed with Physical Illness or Injury

8.3.7.2.2 Describe Diagnoses

8.3.7.3 Psychiatric History

8.3.7.3.1 Diagnosed with Mental Illness or Injury

8.3.7.3.2 Describe Diagnoses

8.3.7.4 Suicidal History

8.3.7.4.1 Suicidal History

8.3.8 Incident Summary/Memo Form

8.3.9 Close Case

9. MONITORING COMPLIANCE AND EFFECTIVENESS

9.1 Overall monitoring will be conducted by the Navajo Epidemiology Center's Navajo Suicide Surveillance Advisory workgroup who will monitor incident reporting and surveillance.

9.2 They will meet quarterly to review the NSSS instrument and the items the items that are collected.

9.3 After data is cleaned it will be shared with leadership and tribal programs to improve effectiveness of program's objectives and implementation

10. References:

10.1 Thacker SB, Qualters JR, Lee LM. Public Health Surveillance in the United States: Evolution and Challenges, 61(03); 3-9. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2012. https://www.cdc.gov/mmwr/preview/mmwrhtml/su6103a2.htm?s_cid%3Dsu6103a2_

10.2 Crosby AE, Ortega L, Melanson C. Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2011. https://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf

10.3 Suicide and Self-Inflicted Injury. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2016. https://www.cdc.gov/nchs/fastats/suicide.htm

Emergency Testing

Date: _____ Location: _____

Time: _____

☐ Fire Drill ☐ Bomb Threat

☐ Natural Disaster ____Type_____ ☐ Utility Failure

☐ Medical Emergency ☐ Violent /Threatening Situation

☐ Technology Disaster Recovery

Drill Type

☐ Real/Actual ☐ Simulation

Results of Drill:

_____

_____

_____

Areas needing improvement:

_____

_____

_____

Actions to address the improvement needed:

_____

_____

_____

Implementation of the actions:

_____

_____

_____

Necessary education and training of personnel:

_____

_____

_____

Did actions taken accomplish the intended results:

_____

_____

_____

Additional Comments from Leadership:

_____

_____

_____ _____

Person completing form/Date Director/Leadership/Date

Organization Calendar

	January	February	March	April	May	June	July	August	September	October	November	December
Location	Drill type/date											
Location		Drill Type/Date										

obligations of the Government Services Committee to the Navajo Nation Council.

History

CF-10-58, February 12, 1958.

Note. Insertion of words "Government Services" pursuant CD-68-89, Resolve #10.

Chapter 13. Health Commitment Act of 2006

§ 2101. Policy

A. It is the policy of the Navajo Nation that any individual who, due to a physical or mental illness or disorder, is a threat to the health or safety of themselves or others, should receive appropriate treatment in the least restrictive environment.

B. This Act is part of a coordinated community response to care for members of the Navajo Nation, and others to whom the jurisdiction of the Navajo Nation extends, who are suffering from a physical or mental illness or disorder so that the individual and community can be restored to and live in harmony (hózhó).

C. The Navajo principle of k'é (respect, solidarity, compassion and cooperation) shall be applied at all steps of the civil commitment, evaluation, treatment processes, and reintegration of the afflicted person into the community.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

Note. Previous Chapter 13, "Tuberculosis or Other Contagious Diseases" enacted by CD-59-61, December 4, 1961, was deleted in its entirety by CJA-01-06, January 24, 2006.

§ 2102. Interpretation and application of the Act

A. The purpose and intent of the Navajo Nation Health Civil Commitment Act of 2006 is to balance the interests of the individual and the community where an individual is suffering from physical or mental illness(es) or disorder(s) and the untreated consequences of the physical or mental illness(es) or disorder(s) presents a reasonable likelihood of serious harm to the health or safety of the afflicted individual or the community, or both.

B. This Act shall be liberally construed to be consistent with the policy of the Navajo Nation expressed in 13 N.N.C. § 2101.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2103. Responsibilities in coordinating community response

A. The President of the Navajo Nation, and all divisions, departments, offices, programs, enterprises and entities of the Navajo Nation shall work together to develop a health civil commitment process that meets the needs of the Navajo people through the most effective and efficient use of health care resources available to the Navajo Nation.

B. The Executive Director of the Navajo Division of Health, or his or her designee, shall work with the divisions, departments, offices, programs, enterprises and entities of the Navajo Nation and with external agencies, enterprises and entities, including those of the states and their subdivisions, to ensure that the most urgent needs of the Navajo people are met with the highest quality health care available.

C. The Navajo Nation Rules of Civil Procedure and Rules of Evidence shall apply to all health civil commitment proceedings, unless they are inconsistent with this Act.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2104. Definitions

A. "Least restrictive treatment procedure" means a course of treatment that provides the maximum freedom to the individual while protecting that individual and others, or both, from the individual's behavior, illness or disorder. Treatment in the least restrictive environment does not include detainment in any correctional facility as a result of alleged or adjudicated criminal behavior. An individual shall receive treatment in a facility as close to his or her home as possible.

B. "Least restrictive environment" means that:

1. Each patient committed solely on the ground that there is a reasonable likelihood that he or she will cause harm to himself or herself, or to suffer substantial mental or physical deterioration shall be placed in the most appropriate and therapeutic setting available, that is, a setting in which treatment provides the patient with a reasonable opportunity to improve and which is no more restrictive of his or her physical or social liberties than is believed conducive to the most effective treatment for the patient, and

2. Each patient committed solely or in part on the ground that there is a reasonable likelihood that he or she will cause harm to others shall be placed in a setting in which treatment is available and the risks of physical injury or property damage posed by such placement are warranted by the proposed plan of treatment. Treatment in the least restrictive environment does not include detainment in any correctional

facility as a result of alleged or adjudicated criminal behavior. An individual shall receive treatment in a home or community setting or in a local medical or treatment facility as close to the individual's home as possible.

C. "Likelihood of serious harm" means:

1. A substantial risk of physical harm in the near future to the individual, as manifested by evidence of threats of, or attempts at, suicide or serious physical harm; or

2. A substantial risk of physical harm in the near future to other individuals as manifested by evidence of homicidal or other violent behavior, or evidence that others are placed in reasonable fear of violent behavior and serious harm; or

3. A substantial risk of physical impairment or injury in the near future to the individual as manifested evidence that such individual's judgment is so impaired that he or she is unable to protect himself or herself in the community; or

4. A substantial and serious threat of spread in the near future of an infectious illness which has life-threatening consequences for a significant number of people exposed, which spread can be prevented by reasonable precautions and illness management and where the infected individual either refuses, or is unable to comply with voluntary treatment or confinement procedures, as necessary to protect the public health; or

5. A pregnant woman whose ongoing substance abuse presents a substantial risk to the unborn child.

D. "Individual" or "person" means an adult or minor child under 18 years of age.

E. "Family member" means a blood relative to the third degree or the individual's spouse.

F. "Health care professional" means a health practitioner who has an active State or Navajo Nation license and who works in licensed health care delivery settings or programs, consistent with the training, experience and other requirements identified by their licensing body.

G. "Evaluation" means an assessment consisting of an individual patient's history, corroborating information, presenting signs and symptoms, and physical exam, to include a mental status assessment, as well as necessary laboratory or psychological testing, or both, which results in an opinion on a patient's condition and treatment recommendations by a health care professional.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

Note. The words "or her" were added following the word "his" at § 2104(B) for

purposes of statutory consistency.

§ 2105. Application for evaluation

Any adult family member, legal guardian, or employee of a governmental agency suspecting that an individual suffers from an illness or disorder, and as a result presents a reasonable likelihood of serious harm to himself or herself or the community because of an illness or disorder, may apply to the family court for an ex parte order requiring the individual to be held in the least restrictive environment and to undergo an evaluation, as defined in 13 N.N.C. § 2104(G).

A. Evaluation. The evaluation shall be completed within seven working days after the entry of the court order.

B. Application. The application shall contain such information and facts as shown by clear and convincing evidence that the individual's behavior(s), illness(es) or disorder(s) present a reasonable likelihood of serious harm to himself or herself or the community, and warrants an evaluation. Such information and facts shall include, but not be limited to:

1. A statement by the applicant that he or she believes, on the basis of personal observation, that the individual is, as a result of a physical or mental illness or disorder, a danger to himself or herself or the community, and that during the time necessary to complete the requested evaluation, the applicant presents a reasonable likelihood of serious harm; and

2. A statement of the specific nature of the serious harm; and

3. A summary of the observations upon which the statement of serious harm is based; and

4. The signature of the applicant.

C. Scheduled evaluation. The application shall identify one health care professional who will conduct the evaluation, a second health care professional who will concur in the evaluation, and shall include the date and location of the evaluation.

D. Use and protection of health information. Any evaluation conducted pursuant to 13 N.N.C. § 2105 may be used in a health civil commitment hearing held pursuant to 13 N.N.C. § 2106. Evaluation reports shall be maintained in a manner consistent with the Navajo Nation Privacy and Access to Information Act, 2 N.N.C. § 81 *et seq.*

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

Note. The complete name of the Navajo Nation Privacy and Access to Information Act was provided at § 2105(D).

§ 2106. Petition for treatment

Upon petition by any adult family member, legal guardian, or employee of a governmental agency, and after a hearing on the petition, if the traditional native healing methods are not a viable alternative, the Navajo Nation Family Court may then order an individual to undergo further medical evaluation or a course of treatment, or both.

A. Petition. The petition for treatment of any individual must contain the following information:

1. Name and address of the individual to be treated;

2. Name(s) and address(es) of the person(s) filing the petition;

3. The type of illness or disorder from which the individual suffers;

4. A brief statement of observations describing the individual's communications, behaviors, or actions occurring as a result of the illness or disorder which present a likelihood of serious harm;

5. A statement of the least restrictive treatment procedures available; and

6. A signed evaluation by one health care professional who has conducted the evaluation and a second health care professional who has concurred in the evaluation. In cases where an individual is a danger because of mental illness, one of the two health care professionals shall be a clinical psychologist or a psychiatrist. No liability will attach for any such evaluation statement so long as it is made in good faith and with reasonable professional judgment.

B. Scheduling Order. Upon receipt of the petition that meets the requirements of Subsection A, above, the family court shall schedule a hearing on the merits to be heard on an expedited basis. The family court may immediately order the individual to be held in the least restrictive environment in order to protect the public or individual from him or herself. This temporary holding order may be for a period of up to seven working days, and may be extended, as provided in this Act.

C. Notice to the individual. Upon scheduling of a hearing, and in any event at least 72 hours before the family court conducts the hearing on the petition for court-ordered treatment, the individual shall be served with the following documents:

1. A copy of the petition and evaluation in support thereof; and

2. Notice of the date, time and place of the hearing, which shall be held in the courtroom or other place on the Navajo Nation that the family court may designate to ensure humane treatment with due regard for the comfort and safety of the individual and others; and

3. Advice of individual rights in these proceedings, including, but not limited to:

a. The right to legal counsel, and that, if necessary, the family court will appoint counsel on the same basis as other pro bono appointments; and

b. Adequate time to prepare for the hearing, which time may, however, extend the time of any temporary hold ordered by the family court; and

c. The right to confront the witnesses against him or her; and

d. The right to present the testimony or evaluations of health care professionals on his or her behalf, at his or her own expense; and

e. The right to a fair and impartial hearing into the matter by the family court.

D. Petition hearing.

1. During the petition hearing, the petitioner shall have the burden of proving, through clear and convincing evidence, that the individual suffers from an illness or condition, and as a result presents a reasonable likelihood of serious harm.

2. The individual has the right to counsel during the petition hearing and, if necessary, the family court may appoint counsel on the same basis as other pro bono appointments.

3. The individual shall be present for the petition hearing, shall be afforded all due respect and dignity, and shall be entitled to participate in his or her best interest, unless the family court makes written findings that the individual would be disruptive or has a communicable disease, and no reasonable accommodation is available to facilitate his or her participation. The family court shall require clear and convincing evidence that the individual should not be present at the hearing for such reasons, and, upon making its written findings, may proceed with the hearing in the individual's absence.

4. Hearings on petitions for health treatment shall be closed to the public and court records shall be sealed at the discretion of the court. However, the court may permit the family members of the individual to be present.

E. Independent evaluation. If requested by the individual who is the subject of the petition, the family court may order the petition hearing stayed to allow an independent evaluation of the individual, as defined in 13 N.N.C. § 2104(G), at the individual's expense. The family court shall ensure that the individual is informed of available resources to pay for the independent evaluation. During the stay, the family court may extend its temporary holding

order to protect the individual or others, or both. During the period of the temporary holding order, the individual shall be held in the least restrictive environment.

F. The Navajo Nation Rules of Civil Procedure and Rules of Evidence shall apply to all health commitment proceedings, unless they are inconsistent with this Section.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2107. Health Commitment Order

A. After the petition hearing and upon a finding based on clear and convincing evidence that the individual is suffering from an illness or condition which causes the individual to present a reasonable likelihood of serious harm, the family court may order that the individual undergo a course of treatment.

B. The course of treatment ordered shall be the least restrictive treatment procedure available and include traditional native healing methods to the extent advisable. The commitment order shall comply with all certification requirements of the receiving facility or agency that are not inconsistent with the sovereignty of the Navajo Nation.

C. The order shall provide for transportation of the individual and the development of a long-term discharge or other treatment plan, which may include subsequent telephone conferences with the family court.

D. In issuing its order, the family court shall receive information from the Executive Director of the Navajo Division of Health and Executive Director of the Division of Social Services, or his or her designee, regarding available resources for the course of treatment developed by the Navajo Nation, other resources identified by the parties, and other agreements between the Navajo Nation and other governments, if the facility or agency of another government is to be used.

E. The order shall specify when it will be reviewed by the family court, but at a minimum every 120 days. The order shall not be in effect for longer than 120 days without review by the family court.

F. The family court's review must conform to the standards of the original petition hearing, and include a substantive review of treatment and the opinion(s) of the treating health care professional(s). Unless the family court is convinced upon clear and convincing evidence that the individual continues to present a reasonable likelihood of serious harm to himself or herself or others, the individual shall be released, despite the need for further treatment.

G. The individual can be released before the next regularly scheduled family court review upon the determination of the treating health care professional(s) that commitment is no longer necessary, or upon expiration of

the order. Upon such determination, the treating health care professional(s), the individual, or the individual's counsel shall inform the family court that the individual has been released and no further court proceedings are necessary to allow the release.

H. At any time, with or without the concurrence of the individual's guardian or conservator, the individual who is the subject of the health commitment order may petition the family court for release.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2108. Guardianship

A. The family court may, as part of a health commitment order, appoint an individual, preferably a person acceptable to the individual subject to the order or a willing family member, to serve as a guardian for the individual, or conservator for his or her property, upon a showing, by clear and convincing evidence, that the individual is no longer capable of protecting himself or herself, or his or her property.

B. The guardian or conservator shall act in a fiduciary capacity for the individual or property of the individual he or she has been appointed to serve, and shall take action for the individual's benefit. The family court may make either a general or limited appointment for a specific purpose, but shall limit the guardianship to the specific needs of the individual and require a regular accounting.

C. The family court shall specify a date on which the guardianship or conservatorship will expire. A guardianship or conservatorship ordered under this Section shall not extend beyond the period of commitment ordered under 13 N.N.C. § 2107.

D. The guardian shall be required to be involved in all medical discussions and decisions made for the individual's benefit.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2109. Emergency protective custody

A. In the event that an individual presents a reasonable likelihood of serious harm outside the regular hours of family court operations, or for emergency care, the individual may be held in protective custody by the Navajo Nation Division of Public Safety for a maximum of 72 hours excluding holidays and weekends, during which an application or petition must be filed and a temporary holding order issued pursuant to Sections 2105 and 2106.

B. Health care professionals may take appropriate actions, as necessary,

to safeguard an individual who comes to the emergency room or treatment room of a health care facility on their own, including actions that are necessary while waiting for appropriate law enforcement personnel to take custody of the individual. To the extent necessary to protect public safety, an individual held in law enforcement custody may be entrusted to appropriate health care professionals to take those actions that are professionally responsible and clinically appropriate.

C. Health care professionals shall not be held personally liable for actions taken when the actions are professionally responsible and clinically appropriate.

D. Emergency Involuntary Mental Health Admissions. A law enforcement officer may detain and transport a individual for emergency mental health evaluation and care in the absence of a family court order, only if:

1. The individual is otherwise subject to lawful arrest; or

2. There are reasonable grounds for the officer to believe that the individual has just attempted suicide; and

3. The officer, based on his or her own observation and investigation, has reasonable grounds to believe that the individual, as a result of a mental disorder, presents a likelihood of serious harm to himself or herself or to others, and requires immediate detention to prevent such harm; and

4. The officer, upon arrival at an evaluation facility is interviewed by the admitting physician or his or her designee, to provide information relative to the need for emergency protective custody; and

5. A health care professional has certified that the individual, as a result of a mental disorder, presents a reasonable likelihood of serious harm to himself or herself or to others, and requires emergency detention to prevent such harm.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2110. Minors

In all proceedings involving persons under the age of 18 years, the parent(s), guardian, or legal custodian shall be notified and have the right to be present.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2111. Severability

Should any provision of the Health Commitment Act of 2006 be found invalid by the Courts of the Navajo Nation, the remaining provisions which can be implemented without the invalid provision(s) will be given full force and effect. To this extent, the provisions of the Act are severable.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

§ 2112. Periodic review and amendments

The Health Commitment Act of 2006 may be amended from time to time by the Navajo Nation Council upon the recommendation of the Health and Social Services Committee and the Judiciary Committee of the Navajo Nation Council.

History

CJA-01-06, January 24, 2006. The Health Commitment Act of 2006.

Chapter 15. Child Day Care Centers

§ 2301. Definitions

For the purposes of this Chapter the following definitions shall apply:

A. "Child day care center" or "center' " shall mean child care agency and includes any person who maintains facilities for the purpose of providing care, supervision or training for five or more children not related to the proprietor under the age of 16 years for periods of more than one hour, but less than 24 hours per day, apart from their parents or guardians for compensation, excepting parochial and private educational institutions which are operated for the sole purpose of providing an education to children in substitution for an education in the public school system.

B. "Director" shall mean the person who is responsible for the operation of the child care agency.

C. "Health Advisor" shall mean the Director, Navajo Area Indian Health Service, or his authorized representative.

D. "Sanitation permit" shall mean a written permit issued by the Navajo Office of Environmental Health upon the recommendation of the Health Advisor, reflecting a day care center's director's compliance with these regulations.

E. "Infant" shall mean a child under 18 months or one who has not yet reached the steady walking stage, or who requires the use of diapers.

History

ACMY-192-71, May 12, 1971.

§ 2302. Permits—Requirement; display; application; failure to obtain

CAP-48-99

RESOLUTION OF THE
NAVAJO NATION COUNCIL

Adopting the Navajo Nation Privacy and Access to Information Act

WHEREAS:

1. Pursuant to 2 N.N.C. §102 (A) and (B), the Navajo Nation Council is the governing body of the Navajo Nation and all powers not delegated are reserved to the Navajo Nation Council; and

2. Pursuant to 2 N.N.C. §341, the Government Services Committee of the Navajo Nation Council is established and continued as a standing committee of the Navajo Nation Council with the authority to monitor and coordinate the activities of all divisions and departments of the Executive Branch. In addition, pursuant to 2 N.N.C. §343 (B)(5), the Committee is authorized to recommend legislation to the Navajo Nation Council on matters within the Committee's jurisdiction; and

3. The Government Services Committee of the Navajo Nation Council, by Resolution GSCAP-27-99, attached hereto and incorporated herein as Exhibit "B", has recommended that the Navajo Nation Council adopt the Navajo Nation Privacy and Access to Information Act, set forth at 2 N.N.C. Subchapter 4, §§81-91; and

4. Pursuant to 2 N.N.C. §571, the Judiciary Committee of the Navajo Nation Council is established and continued as a standing committee of the Navajo Nation Council with oversight responsibilities for the operation of the Judicial Branch. In addition, pursuant to 2 N.N.C. §574 (E)(2), the Committee is authorized to review legislation and make recommendations regarding any proposed or current laws, procedures and regulations affecting or creating any impact on the Judicial Branch; and

5. The Judiciary Committee of the Navajo Nation Council, by Resolution JCAP-4-99, attached hereto and incorporated herein as Exhibit "C", has recommended that the Navajo Nation Council adopt the Navajo Nation Privacy and Access to Information Act, set forth at 2 N.N.C. Subchapter 4, §§81-91; and

6. The Navajo Nation Council recognizes that a democratic form of government requires that information related to government operations be accessible to the public, while respecting individuals right to privacy. As such, a generally applicable Navajo Nation Privacy and Access to Information Act is necessary to provide the general public with a means to access records and information relating to the operation of the Navajo Nation while preserving the privacy interests of individuals and entities.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Navajo Nation Council hereby amends Title 2 of the Navajo Nation Code by adopting the Navajo Nation Privacy and Access to Information Act, as provided in Exhibit "A", attached hereto and incorporated herein.

2. The amendments contained in this resolution shall become effective upon the certification of this resolution by the Speaker of the Navajo Nation Council.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Nation Council at a duly called meeting at Window Rock, Navajo Nation (Arizona), at which a quorum was present and that same was passed by a vote of 61 in favor, 0 opposed and 0 abstained, this 23rd day of April 1999.

George Arthur, Speaker Pro Tem
Navajo Nation Council

APR 26 1999
Date Signed

Motion: Ralph Bennett
Second: Nelson Gorman, Jr.

ACTION BY THE NAVAJO NATION PRESIDENT:

1. I hereby give notice that I will not veto the foregoing legislation, pursuant to 2 N.N.C. §1005 (C)(10), on this 4th day of May 1999.

Kelsey A. Begaye, President
Navajo Nation

2. I hereby veto the foregoing legislation, pursuant to 2 N.N.C. §1005 (C)(10), this ___ day of _____, 1998 for the reason(s) expressed in the attached letter to the Speaker.

Kelsey A. Begaye, President
Navajo Nation

EXHIBIT "A"

Title 2. Navajo Nation Government
Chapter 1. Establishment

Subchapter 4. Privacy and Access to Information

§ 81. Short Title

This Act shall be referred to as the "Navajo Nation Privacy Act."

§ 82. Declaration of Public Policy

The Navajo Nation Council finds and declares it the policy of the Navajo Nation that a democratic form of government requires that information related to government operations be accessible to the public, while recognizing that individuals have a right to privacy. It is the intent of the law that the general public be provided a means to access records and information relating to the operation of the Navajo Nation while preserving the privacy interests of individuals and entities.

§ 83. Definitions

As used in this subchapter:

A. "Governmental entity" means any administrative, advisory, executive, judicial or legislative office or body of the Navajo Nation or its political subdivisions, including without limitation all commissions, corporations, and other instrumentalities whose boards of directors are appointed or elected by the Navajo Nation or it political subdivisions. Governmental entity includes all quasi-judicial bodies and all standing, special or advisory committees or subcommittees of, or appointed by, the Navajo Nation to carry out the public's business.

B. "Person" means any individual, nonprofit or profit corporation, partnership, sole proprietorship, or other type of business organization.

C. "Protected record" means any record containing data on persons or governmental entities that is private or otherwise protected as provided by 2 N.N.C. § 85.

D. "Public record" means any record that is not private or otherwise protected and that is not exempt from disclosure as provided in 2 N.N.C. § 84 .

E. "Record" means all books, letters, documents, papers, maps, plans, photographs, films, cards, tapes, recordings, electronic data, or other documentary materials regardless of physical form or characteristics which are prepared, owned, received, or retained by a governmental entity and where all of the information in the original is reproducible by photocopy or other mechanical or electronic means. "Record" does not mean:

1. Materials that are legally owned by an individual in his private capacity;

2. Materials to which access is limited by the laws of copyright or patent unless the copyright or patent is owned by a governmental entity;

3. Junk mail or commercial publications received by a governmental entity or an official or employee of a governmental entity;

4. Books an other materials that are cataloged, indexed, or inventoried and contained in the collections of libraries open to the public;

5. Daily calendars and other personal notes prepared by the originator for the originator's personal use or for the personal use of an individual for whom he is working;

6. Computer programs that are developed or purchased by or for any governmental entity for its own use; or

7. Notes or internal memoranda prepared as part of the deliberative process by a member of the judiciary or any other body charged by law with performing a quasi-judicial function.

B. "Right to Privacy" means the right of a person to be free from unwarranted intrusion by a governmental entity.

§ 84. Records that must be disclosed

A. The following records are public except to the extent they contain information expressly permitted to be treated as protected as provided for 2 N.N.C. § 85:

1. Laws;

2. Names, gender, job titles, job description, business addresses, business telephone numbers, number of hours worked per pay period, dates of employment, relevant education, previous employment, and similar job qualifications of the governmental entity's current and former employees and officers excluding:

a. Undercover law enforcement personnel; and

b. Investigative personnel if disclosure could reasonably be expected to impair the effectiveness of investigations or endanger any individual's safety;

3. Inter-office memoranda;

4. Final opinions, including concurring and dissenting opinions, and orders that are made by a governmental entity in an administrative, adjudicative, or judicial proceeding except that if the proceedings were properly closed to the public, the opinion and order may be withheld to the extent that they contain information that is protected;

5. Final interpretations of statutes or rules by a governmental entity;

6. Information contained in or compiled from a transcript, minutes, or report of the open portions of a meeting, excluding executive sessions, of a governmental entity, including the records of all votes of each member of the governmental entity;

7. Judicial records unless a court orders the record to be restricted under the rules of civil or criminal procedure or unless the records are protected under this subchapter;

8. Records filed with or maintained by governmental entities that give public notice of:

a. Titles or encumbrances to real property, including homesite permits, land use permits and grazing permits; or

b. Restrictions on the use of real property;

9. Records filed with or maintained by governmental entities that evidence incorporations, name changes, and uniform commercial code filings;

10. Documentation of the compensation that a governmental entity pays to a contractor or private provider; and

11. Data on individuals that would otherwise be protected under this subchapter if the individual who is the subject of the record has given the governmental entity written permission to make the records available to the public.

B. The following records are normally public, but to the extent that a record is expressly exempt from disclosure, access may be restricted under 2 N.N.C. § 85:

1. Administrative staff manuals, instructions to staff, and statements of policy;

2. Records documenting a contractor's or private provider's compliance with the terms of a contract with a governmental entity;

3. Contracts entered into by a governmental entity;

4. Any account, voucher, or contract that deals with the receipt or expenditure of funds by a governmental entity

5. Correspondence by and with a governmental entity in which the governmental entity determines or states an opinion upon the rights of the Nation, a political subdivision, the public, or any person;

6. Empirical data if contained in drafts if:

a. The data is not reasonably available to the requester elsewhere in similar form; and

b. The governmental entity is given an reasonable opportunity to correct any errors or make nonsubstantive changes before release;

7. Drafts that are circulated to anyone other than a governmental entity, a federal agency if the governmental entity and the federal agency are jointly responsible for implementation of a program, or a contractor or private provider;

8. Drafts that have never been finalized but were relied upon by the governmental entity in carrying out action or policy;

9. Arrest warrants afer issuance, except that, for good cause, a court may order restricted access to arrest warrants prior to service;

10. Search warrants after execution and filing of the return, except that, for good cause, a court may order restricted access to search warrants prior to trial;

11. Records that would disclose information relating to formal charges or disciplinary action against a past or present governmental entity employee if:

a. The disciplinary action has been completed and all time periods for administrative appeal have expired; and

b. The formal charges were sustained.

C. The list of public records in this section is not exhaustive and should not be used to limit access to records.

§ 85. Protected records

A. The following records are private or otherwise protected and shall not be considered public for purposes of required disclosure:

1. Records concerning an individual's eligibility for social services, welfare benefits, or the determination of benefit levels;

2. Records containing data on individuals describing medical history, diagnosis, condition, treatment, evaluation, or similar medical data, including psychiatric or

psychological data ;

3. Records concerning a current or former employee of, or applicant for employment with, a governmental entity that would disclose that individual's home address, home telephone number, social security number, insurance coverage, marital status, or payroll deductions;

4. Records concerning a current or former employee of, or applicant for employment with, a governmental entity, including performance evaluations and personal status information such as race, religion, or disabilities, but not including records that are public under 2 N.N.C. § 84(A)(2) or (B)(11);

5. Records describing an individual's finances, except that the following are public:

a. Records described in 2 N.N.C. § 84(A);

b. Navajo Nation Economic Disclosure Statements filed with the Ethics and Rules Office by elected public officials and candidates for elected public office, pursuant to 2 N.N.C. § 3762;

c. Loan applications for Navajo Nation loans to elected public officials and appointed public officials submitted to the Government Services Committee for approval, pursuant to Section 7(c) of the Personal Loan Operating Policies and Guidelines, approved by Resolution CLO-19-88; or

d. Records that must be disclosed in accordance with another statute or duly adopted rules and regulations of a governmental entity.

6. Attorney-client privileged information, materials, and work-products, including the mental impressions or legal theories of an attorney or other representative of a governmental entity;

7. The negotiating position of the Navajo Nation before a contract, lease, or other agreement is entered into;

8. Records prepared by or on behalf of a governmental entity solely in anticipation of litigation that are not available under the rules of discovery;

9. Information, research, and discussions conducted by the public bodies of the Navajo Nation during executive sessions;

10. Memoranda prepared by staff and used in the decision-making process by a judge or a member of any other body charged by law with performing a quasi-judicial function;

11. Information received in response to an invitation for bids or request for proposals before a contract is awarded. Such information will also remain unavailable to the general public after a contract is entered into provided that the information contained in the bid or proposals is proprietary in nature, or otherwise to remain confidential at the request of the person submitting the bid or proposal;

12. Information contained within or related to a contract, lease or other agreement which is proprietary in nature or otherwise to remain confidential at the request of any party to the contract, lease or other agreement;

13. Records of a governmental audit agency relating to an ongoing or planned audit until the final audit is released;

14. Records which are sealed or otherwise protected by court order due to the sensitive nature of the record in which the privacy interest of the person outweighs the public interest in the information;

15. Records to which access is restricted pursuant to court rule or as a condition of participation in a state or federal program or for receiving state or federal funds;

16. Drafts, unless otherwise classified as public;

17. Information related to the location of an individual member of any threatened or endangered species, such that that individual member could be placed further at risk;

18. Information which cannot be released without interfering with an individual's right to exercise or practice his chosen religion;

19. Information otherwise protected by applicable laws;

20. Other records containing data on individuals the disclosure of which constitutes a clearly unwarranted invasion of personal privacy.

B. Upon request, a governmental entity shall disclose a private or otherwise protected record as provided for in 2 N.N.C. § 86.

§ 86. Access to protected documents

Upon request, protected records will be available for disclosure as follows:

A. Information shall be available for criminal and civil law enforcement for prosecution purposes, internal audit, as a result of a court order, to further an individual's medical treatment, and to address public health needs.

B. Information relating to an individual shall be available to the individual who is the subject of the record, or if a minor, shall be available to the parent or guardian subject to any applicable court order.

C. Individual records may be released to third parties with the written permission, by means of a notarized release, of the individual who is the subject of those records, or his or her parent or legal guardian if a minor.

D. Individual records may be used for statistical and other purposes provided that any information which could be used to identify the individual specifically is removed or withheld.

E. Information about an individual will always be available to other Navajo Nation governmental entities subject to the general restrictions above.

F. Before releasing a protected record, the governmental entity shall obtain evidence of the requester's identity.

G. Before releasing a protected record, the governmental entity shall inform the requester that he or she is prohibited from disclosing or providing a copy of the protected record to any other person and shall obtain the requester's written acknowledgment of this prohibition.

§ 87. Segregation of records

A. Notwithstanding any other provision in this subchapter, if a governmental entity receives a request for access to a record that contains both information that the requester is entitled to inspect and information that the requester is not entitled to inspect, and, if the information the requester is entitled to inspect is intelligible and able to be segregated, the governmental entity:

1. Shall allow access to information in the record that the requester is entitled to inspect under this subchapter; and

2. May deny access to information in the record if the information is exempt from disclosure to the requester, issuing a notice of denial as provided in 2 N.N.C. § 89.

B. If there is more than one subject of a protected record, the portion of the record that pertains to another subject shall be segregated from the portion that the requester is entitled to inspect.

§ 88. Procedures

A. Every person has the right to inspect a public record free of charge, and the right to take a copy of a public record during normal working hours, subject to subsection (H).

B. All records are public unless otherwise expressly provided by statute.

C. A person making a request for a record shall furnish the governmental entity with a written request containing his name, mailing address, daytime telephone number, if available, and a description of the records requested that identifies the record with reasonable specificity. The request for information shall be addressed to the governmental entity primarily responsible for compiling such records.

D. A governmental entity is not required to create a record in response to a request. However, upon request, a governmental entity shall provide a record in a particular format if:

1. The governmental entity is able to do so without unreasonably interfering with the governmental entity's duties and responsibilities; and

2. The requester agrees to pay the governmental entity for its additional costs actually incurred in providing the record in the requested format.

E. Nothing in this section requires a governmental entity to fulfill a person's records request if the request unreasonably duplicates prior records requests from that person.

F. Within 90 days, the governmental entity shall respond to the request by:

1. Approving the request and providing the record;

2. Denying the request by providing a written explanation of why the record is protected from disclosure. In making such determinations, the governmental entity shall consult with the Department of Justice; or

3. Notifying the requester that it does not maintain the record and providing, if known, the name and address of the governmental entity that does maintain the record.

G. In the event that the governmental entity determines that the requested record is protected from disclosure, or fails to respond to the request within the 90 day period, the requesting party may make application to the District Court, as defined at 7 N.N.C. § 253, in accordance with the proper processes of the Court for an order compelling the release of the record.

1. This application must meet the notice and filing requirements of the Navajo Nation Sovereign Immunity Act, 1 N.N.C. § 551 et. seq.

2. Any person who may have an interest in maintaining the confidentiality of the record may appear and demonstrate the need for maintaining the confidentiality of such record.

3. In determining the availability of any record requested, the District Court shall

apply the standards set forth in 2 N.N.C. §§ 84 and 85.

H. The Navajo Nation may assess the reasonable costs for photocopying and other activities associated with providing the record against the person requesting the record.

I. The implementation of the Navajo Nation Privacy and Access to Information Act shall be subject to rules and regulations duly adopted by the Government Services Committee. Records released may be subject to reasonable restrictions on use, pursuant to such rules and regulations of the Government Services Committee.

§ 89. Denials

A. If the governmental entity denies the request in whole or in part, it shall provide a notice of denial to the requester either in person or by sending the notice to the requester's address.

B. The notice of denial shall contain the following information:

1. A description of the record or portions of the record to which access was denied, provided that the description does not disclose protected information;

2. Citations to the provisions of this subchapter, court rule or order, state or federal statute or regulation that exempt the record or portions of the record from disclosure, provided that the citations do not disclose protected information;

3. A statement that the requester has the right to make application to the District Court for an order releasing the record and the time limits for filing the application.

C. Unless otherwise required by a court of competent jurisdiction, a governmental entity may not destroy or give up custody of any record to which access was denied until the period for an appeal has expired or the end of the appeals process.

§ 90. Ordinances Adopted in Compliance with Subchapter

A. Each governmental entity may adopt an ordinance or a policy applicable throughout its jurisdiction relating to information practices including access, denials, segregation, and appeals.

B. If any governmental entity does not adopt and maintain an ordinance or policy, then that governmental entity is subject to this subchapter.

C. Notwithstanding the adoption of an ordinance or policy, each governmental entity is subject to 2 N.N.C. §§ 83, 84, and 85.

D. Each ordinance or policy shall establish access criteria, procedures, and response times for requests to inspect or obtain records of the governmental entity, and time limits for appeals.

E. Each ordinance or policy shall establish an appeals process for persons aggrieved by the access decisions, allowing petition for judicial review to the District Court as set forth at 2 N.N.C. § 88(G).

§ 91. Criminal Penalties

A. A public employee or other person who has lawful access to any protected record under this subchapter, who intentionally discloses or provides a copy of a protected record to any other person is guilty of an offense and upon conviction thereof shall be punished by a fine of not less than $1000 nor more than $5000.

B. It is a defense to prosecution under subsection (A) that the actor released protected information in the reasonable belief that the disclosure of the information was necessary to expose a violation of law involving government corruption, abuse of office, or misappropriation of public funds or property.

C. A person who by false pretenses, bribery, or theft, gains access to or obtains a copy of any protected record to which he is not legally entitled is guilty of an offense and upon conviction thereof shall be punished by a fine of not less than $1000 nor more than $5000. No person shall be guilty who receives the record, information, or copy after the fact and without prior knowledge of or participation in the false pretenses, bribery, or theft.

D. A public employee who intentionally refuses to release a record the disclosure of which the employee knows is required by law or by final unappealed order from a governmental entity or a court is guilty of an offense and upon conviction thereof shall be punished by a fine of not less than $1000 nor more than $5000.

§ 92. Civil Penalties

A. A non-Indian who has lawful access to any protected record under this subchapter, who intentionally discloses or provides a copy of a protected record to any other person is subject to civil penalties of not less than $1000 nor more than $5000.

B. It is a defense to a civil action under subsection (A) that the non-Indian actor released protected information in the reasonable belief that the disclosure of the information was necessary to expose a violation of law involving government corruption, abuse of office, or misappropriation of public funds or property.

C. A non-Indian person who by false pretenses, bribery, or theft, gains access to or obtains a copy of any protected record to which he is not legally entitled is subject to civil penalties of not less than $1000 nor more than $5000. No person shall be subject to civil penalties who receives the record, information, or copy after the fact and without prior knowledge of or participation in the false pretenses, bribery, or theft.

D. A non-Indian public employee who intentionally refuses to release a record the disclosure of which the employee knows is required by law or by final unappealed order from a governmental entity or a court is subject to civil penalties of not less than $1000 nor more than $5000.

E. Any non-Navajo person within the Navajo Nation's jurisdiction, as defined at 7 N.N.C. § 254, having been found to be in repeated violation of this subchapter may be subject to the exclusionary provisions of the Navajo Nation, as provided at 17 N.N.C. § 1901 et seq..

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Honorable Crystalyne Curley
Speaker
25th Navajo Nation Council

MEMORANDUM

TO: Honorable Dr. Andy Nez
25th Navajo Nation Council

FROM: KLowell
Kristen Lowell, Principal Attorney
Office of Legislative Counsel

DATE: April 16, 2024

RE: **AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE; AMENDING AND APPROVING THE NAVAJO DEPARTMENT OF HEALTH DIVISION OF BEHAVIORAL AND MENTAL HEALTH COMPREHENSIVE POLICES AND PROCEDURES**

Per your request, the Office of Legislative Counsel has prepared the above-reference proposed legislation and associated legislative summary sheet. Based on existing law, the legislation as drafted is legally sufficient. However, as with all legislation, the proposed resolution is subject to review by the courts in the event of a challenge.

The Office of Legislative Counsel recommends the appropriate standing committee(s) reviews based on the authority of the standing committees outlined in 2 N.N.C. §§ 301, 401, 501, 601, and 701. Nevertheless, "the Speaker of the Navajo Nation Council shall introduce [the proposed resolution] into the legislative process by assigning it to the respective oversight committee(s) of the Navajo Nation Council having authority over the matters for proper consideration. 2 N.N.C. § 164(A)(5).

Please review the proposed legislation to ensure it is drafted to your satisfaction. If you approve, please sign as "Primary Sponsor" and submit it to the Office of Legislative Services where the proposed legislation will be given a tracking number and referred to the Office of the Speaker. If the proposed legislation is unacceptable to you, please contact me at the Office of Legislative Counsel and advise me of any revisions requested.