Policy: It is the policy of the Division to determine the conditions in which consumers may or may not be issued facility ground privileges and passes.

Purpose: The purpose of this policy is to ensure consumers are provided treatment in the least restrictive environment, offering varying levels of structure commensurate with the consumers' needs and promoting ease of reentry into community living.

Definitions:

- Escorted Leave: A staff-authorized, time-limited consumer leave, including access to facility grounds, under the direct supervision of staff, guardian, or responsible relative.
- Grounds Privileges: A staff-authorized, unescorted consumer access to the grounds of the assigned treatment facility.
- Pass: A staff-authorized, time-limited leave from the facility without supervision.

Procedures:

I. Consumers committed to the Lake's Crossing facility by court order, including those committed under NRS 433, shall not be granted any leave or grounds privileges. These consumers may be transported into the community for medical, dental or other necessary services if Lake's Crossing Center security policies and procedures for consumer transport are followed.

II. Consumers committed to a Division agency other than Lake's Crossing Center under NRS 433 may be allowed escorted grounds privileges with the approval of the treatment team and the agency administrator and may be escorted into the community to receive medical or other essential treatment services.

III. If the consumer committed under NRS 433 has charges pending, the consumer is not allowed leave privileges or grounds privileges of any kind and may leave the facility only to be transported to medical, dental, or other necessary services following strict escort procedures.

IV. If a consumer is admitted to a Division facility under NRS 433 as a condition of parole or probation, any leave or grounds privileges requires the written permission of the Parole and Probation office. As a condition of admission, such a consumer must consent in writing to such communication with Parole and Probation.

V. A consumer who has been admitted or assessed as dangerous to self or others shall not be granted leave or grounds privileges until such a time as a formal determination has been made and documented by the treating psychiatrist and reviewed by the agency administrator that the consumer does not currently present a danger to self or others and the treatment team and agency administrator approves such leave or grounds privileges.

VI. A consumer determined not to be dangerous and not subject to the structures of this policy shall be allowed passes and grounds privileges deemed useful to his care and treatment subject to:

A. The treatment team psychiatrist conducting a risk assessment of his condition completed and placed in the chart; and

B. A formal treatment program which includes passes and grounds privileges written and approved by the treatment tea, signed by the team psychiatrist, and approved by the agency administrator.

VII. Any individual assuming supervisory responsibility for escorting a consumer who has criminal charges, a criminal conviction, or who is on probation or parole off the grounds must sign a document agreeing to assume responsibility for the consumer [copy attached].

VIII. Each Division Psychiatric Hospital shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into the agency policy manual.

Administrator

Attachment: Consumer Pass Escort Form

Effective Date: 11/30/97
Date Revised: 7/30/07
Replaces: APM #79-2
Date Reviewed: 11/30/99, 3/10/05; 7/30/07
Date Approved by MHDS Commission:

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

Client Pass Escort Form

Any individual assuming supervisory responsibility for escorting a client who has criminal charges, a criminal conviction or who is on probation or parole off grounds must sign this form agreeing to assume responsibility for the client.

I am aware that client, _____, has charges pending or is on probation or parole. I am assuming supervisory responsibility for escorting this client into the community.

Date	Signature of Responsible Person
	Address of Responsible Person
Signature of Staff Witness	*City, State and Zip of Responsible Person*
	Telephone [include area code]
Signature of Agency Administrator	