BRIAN SANDOVAL
Governor

STATE OF NEVADA

RICHARD WHITLEY, MS
Director

KELLY WOOLDRIDGE
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
Planning and Evaluation Unit
4600 Kietzke Lane, #A-107 · Reno, Nevada 89502
Phone: (775) 688-3744 · Fax: (775) 688-1717

Seclusion and Restraint Forms

Summary of Commissioner Comments 7/15/17 to 7/15/18 by Program

Note: Some comments covered multiple topics. Each topic has been listed separately.

Division of Child and Family Services (DCFS) Facilities

Program	Topic of comment	Total
Adolescent Treatment Center (ATC)	None	Forms: 0 Topics: 0
Desert Willow Treatment Center (DWTC) Acute Adolescent	Forms are hard to read	2
	Missing or inadequate plan to prevent future events	4
		Forms: 6 Topics: 2
DWTC Residential Treatment Center (RTC)	Missing Program Manager signature	6
	Forms are hard to read	1
		Forms: 7 Topics: 2
Family Learning Home (FLH) 1	Missing Program Manager signature	Forms: 1 Topics: 1
FLH 2	None	Forms: 0 Topics: 0
FLH 3	None	Forms: 0 Topics: 0
FLH 4	None	Forms: 0 Topics: 0
On-Campus Treatment Homes (OCTH) West 11	No plan to prevent future events	2
	Parent/Guardian not notified	2
	Missing Program Manager signature	2
		Forms: 2 Topics: 3
OCTH East 12	None	Forms: 0 Topics: 0

OCTH West 12	Missing client number	2
	Seclusion/Restraint category not indicated	2
	Discussed with physician section blank	2
	Total time of restraint not indicated	2
		Forms: 2 Topics: 4
OCTH 13	None	Forms: 0 Topics: 0
OCTH 14	None	Forms: 0 Topics: 0

Private Facilities

Program	Topic of comment	Total
Desert Parkway Behavioral Health	None	Forms: 0 Topics: 0
Montevista Hospital	Height, weight and legal status not filled out	1
	Seclusion/Restraint category not indicated	1
	RN extend order box not checked	7
	Seclusion total time not filled in	1
	Child's age doesn't match Seclusion/Restraint category	1
	No plan to prevent future events	2
		Forms: 12 Topics: 6
Seven Hills Behavioral Institute	Child's age doesn't match Seclusion/Restraint category	3
		Forms: 3 Topics: 1
Spring Mountain Treatment Center	None	Forms: 0 Topics: 0
West Hills Hospital	Inappropriate response to event	1
	Missing or inadequate plan to prevent future events	3
	Results after Chemical Restraint missing	1
	Seclusion/Restraint time inaccurate or missing	4
	One or more demographic items missing	31
	Type of hold illegible	2
	Child's age doesn't match Seclusion/Restraint category	11
	Number of staff involved in restraint missing	5
	Restraint described in narrative not documented	1
	No personal safety plan	2
	Type of physical restraint not indicated	2
		Forms: 63 Topics: 11

Willow Springs Treatment Center	Two events on the same form. Should use two forms	1
	Missing or inadequate plan to prevent future events	11
	One or more demographic items missing	16
	Restraint up to two hours box checked, but no restraint indicated	1
	Seclusion/Restraint time inaccurate or missing	2
	No personal safety plan	2
	Personal safety plan not followed	1
	Type of Mechanical Restraint box not checked and total time not indicated	1
	This form is an example of many events that happen between 3 and 4 o'clock. Is there a change of shift or some other re-occurring event around that time that has an effect on what is going on with the youth?	1
	Missing time in Discussed with Physician section	1
	Medication or PRN prior to escalation could help the situation	1
		Forms: 36 Topics: 11

Summary of Letters Sent to Providers with Forms Returned for Correction from Planning & Evaluation Unit 7/15/17 to 7/15/18 by Program

Division of Child and Family Services (DCFS) Facilities

Program	Topic of comment	Total
Adolescent Treatment Center (ATC)	Missing Deputy Administrator signature	Forms: 4 Topics: 1 Corrected & Returned: 4
Desert Willow Treatment Center (DWTC) Acute Adolescent	None	Forms: 0 Topics: 0 Corrected & Returned: 0
DWTC Residential Treatment Center (RTC)	Missing signatures	2
	Query from DAG for more information	1
		Forms: 3 Topics: 2 Corrected & Returned: 3
Family Learning Home (FLH) 1	Missing Deputy Administrator signature	8
	Missing Physician signature	11
		Forms: 19 Topics: 2 Corrected & Returned: 19
FLH 2	Missing Physician signature	Forms: 6 Topics: 1 Corrected & Returned: 6

FLH 3	None	Forms: 0 Topics: 0 Corrected & Returned: 0
FLH 4	None	Forms: 0 Topics: 0 Corrected & Returned: 0
On-Campus Treatment Homes (OCTH) West 11	None	Forms: 0 Topics: 0 Corrected & Returned: 0
OCTH East 12	None	Forms: 0 Topics: 0 Corrected & Returned: 0
OCTH East 12	None	Forms: 0 Topics: 0 Corrected & Returned: 0
OCTH 13	None	Forms: 0 Topics: 0 Corrected & Returned: 0
OCTH 14	None	Forms: 0 Topics: 0 Corrected & Returned: 0

Private Facilities

Program	Topic of comment	Total
Desert Parkway Behavioral Health	None	Forms: 0 Topics: 0 Corrected & Returned: 0
Montevista Hospital	Missing page 2 of form	13
	Missing Physician signature	2
	Client too old to submit this form to DCFS	1
		Forms: 16 Topics: 3 Corrected & Returned: 1
Never Give Up	Incomplete form	Forms: 15 Topics: 1 Corrected & Returned: 0
Seven Hills Behavioral Institute	Incomplete form	Forms: 1 Topics: 1 Corrected & Returned: 1
Spring Mountain Treatment Center	None	Forms: 0 Topics: 0 Corrected & Returned: 0
West Hills Hospital	Incomplete form	Forms: 2 Topics: 1 Corrected & Returned: 2

Willow Springs Treatment Center	Missing page 2 of form	1
	Missing Physician signature	2
	No description of event	1
	Seclusion time and/or total missing	5
		Forms: 9 Topics: 4 Corrected & Returned: 0

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Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights

Summary of Forms Received Since 7/1/18

Since 7/1/18, the Planning and Evaluation Unit (PEU) within the Division of Child and Family Services (DCFS) has received 215 Seclusion and Restraint Forms. Forms were received from the following facilities:

Facility	# of Forms Received
DCFS/Adolescent Treatment Center	0
DCFS/Desert Willow Treatment Center	14
DCFS/Family Learning Homes	0
DCFS/On-Campus Treatment Homes	5
Montevista Hospital	0
Never Give Up	30
Seven Hills Behavioral Institute	0
Spring Mountain	16
West Hills Hospital	0
Willow Springs Treatment Center	150

The following facilities were reported on at the last Commission meeting as not compliant in sending Seclusion and Restraint forms to PEU.

Facility	Follow-up
Desert Parkway	Registered letter sent 7/31/18. Phone call received 8/20/18 from Leah Thaden, Director of Risk Management. She said that she would not be attending the meeting but would send a letter explaining how they would move forward. She also said that they would be sending a back-log of forms.
Never Give Up Residential Treatment Center	30 forms have been received but were incomplete. Letter sent with returned forms requesting forms be completed. 7/17/18 Follow-up phone call from PEU Staff: Spoke with Daniel Cox, co-owner, about the form, explaining the information needed. He said he would see that they were completed properly and returned to PEU.
Reno Behavioral Healthcare Hospital	Website shows this facility is currently only serving adults. 7/16/18 Phone call from PEU Staff confirmed this with receptionist. Will continue to monitor website.

STATE OF NEVADA
COMMISSION ON BEHAVIORAL HEALTH
4126 Technology Way, Suite 201
Carson City, Nevada 89706

BRIAN SANDOVAL
Governor

NOELLE LEFFORGE, Ph.D, MHA, CGP
Chair

July 31, 2018

Amitabh Singh, M.D.
Medical Director, Desert Parkway Behavioral Healthcare Hospital
3247 S. Maryland Parkway
Las Vegas, NV 89109

Dear Dr. Singh,

Desert Parkway has been sent two letters from the Division of Child and Family Services (DCFS) to remind you of the Nevada Revised Statutes (NRS) 433.534 requirements for children's mental health facilities to send Seclusion and Restraint reports to DCFS for review by the Commission on Behavioral Health.

Enclosed you will find copies of the previous letters, the Seclusion and Restraint form, and the Review and Tracking Process to inform you of the review process for these forms.

The Commission invites you to attend our next meeting on September 13, 2018 at 8:30 AM at the offices of the Division of Child and Family Services, 6171 W. Charleston, Bldg. 8, Las Vegas, NV 89102 to learn more about the process and resolve your facility's non-compliance with this requirement. Please contact me if you have questions or plan to attend the meeting, at least two weeks beforehand, so that you can be added to the agenda in accordance with Open Meeting law.

We hope you will comply with NRS 433.534 and the efforts of the Commission to improve the services and safety of Nevada's children receiving mental health services.

Sincerely,

Noelle Lefforge, Ph.D., MHA, CGP
Phone: 702-757-8601
E-mail: nlefforge@gmail.com

c: Joint Commission for Accreditation of Healthcare Organizations
Bureau of Health Care Quality and Compliance
Julie Slabaugh, Deputy Attorney General
Cara Paoli, Deputy Administrator, Division of Child and Family Services

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MEMO

Date: May 3, 2018

To: Leah Thaden, Director of PI/Risk Management
Desert Parkway Behavioral Healthcare Hospital

From: Kristen Rivas, MS Ed, LADC
Clinical Program Planner, Planning and Evaluation Unit

Re: Reports of Seclusion and Restraint Submission Requirements

The Division of Child and Family Services (DCFS), Planning and Evaluation Unit is sending you this follow-up notice to remind you of the Nevada Revised Statutes (NRS) 433.534 requirements for children's mental health facilities to send Seclusion and Restraint reports to DCFS for review by the Commission on Behavioral Health.

Enclosed you will find the previous letter we sent you on March 28, 2018, the current version of the Seclusion and Restraint form, and a copy of the Review and Tracking Process to inform you of the review process for these forms.

Seclusion and Restraint forms should be copied on goldenrod paper, and completed forms should be sent monthly to Kristen Rivas, Planning and Evaluation Unit, DCFS, 4600 Kietzke Lane, Suite A-107, Reno, NV 89502.

The Commissioners request that you fill out the forms completely and legibly. No client names should be on the forms, but please be sure to fill in the Date of Admission, Patient/Client #, Age, Gender and so on. This information helps in determining if appropriate action has been taken.

Thank you for your cooperation in complying with NRS 433.534 and the efforts of the Commission to improve the services and safety of Nevada's children receiving mental health services.

If you have any questions please don't hesitate to contact Kristen Rivas at (775) 688-3764 or krivas@dcfs.nv.gov

Thank You!
Encl.

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MEMO

Date: March 28, 2018

To: Leah Thaden, Director of PI/Risk Management
Desert Parkway Behavioral Healthcare Hospital

From: Kristen Rivas, MS Ed, LADC
Clinical Program Planner, Planning and Evaluation Unit

Re: Reports of Seclusion and Restraint Submission Requirements

The Division of Child and Family Services (DCFS), Planning and Evaluation Unit is sending you this notice to inform or remind you of the Nevada Revised Statutes (NRS) 433.534 requirements for children's mental health facilities to send Seclusion and Restraint reports to DCFS for review by the Commission on Behavioral Health. Please see the end of this memo for the text of some of the applicable statutes.

Enclosed you will find the current version of the Seclusion and Restraint form. Please make copies of this form on goldenrod paper to submit reports of Seclusion and Restraint to DCFS, Planning and Evaluation Unit for review by the Commissioners. Also included is a copy of the Review and Tracking Process to inform you of the review process for these forms.

Please mail the completed forms monthly to Kristen Rivas, Planning and Evaluation Unit, DCFS, 4600 Kietzke Lane, Suite A-107, Reno, NV 89502.

The Commissioners request that you fill out the forms completely and legibly. No client names should be on the forms, but please be sure to fill in the Date of Admission, Patient/Client #, Age, Gender and so on. This information helps in determining if appropriate action has been taken.

Thank you for your cooperation in complying with NRS 433.534 and the efforts of the Commission to improve the services and safety of Nevada's children receiving mental health services.

If you have any questions please don't hesitate to contact Kristen Rivas at (775) 688-3764 or krivas@dcfs.nv.gov

Thank You!
Encl.

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NRS 433.461 "Facility" defined. "Facility" means any:

1. Unit or subunit operated by the Division of Public and Behavioral Health of the Department for the care, treatment and training of consumers.
2. Unit or subunit operated by the Division of Child and Family Services of the Department pursuant to chapter 433B of NRS.
3. Hospital, clinic or other institution operated by any public or private entity, for the care, treatment and training of consumers.

NRS 433.5476 "Physical restraint" defined. "Physical restraint" means the use of physical contact to limit a person's movement or hold a person immobile.

NRS 433.534 Denial of rights prohibited; exceptions; report; investigation and action by Commission; closure of meeting in certain circumstances.

1. The rights of a consumer enumerated in this chapter must not be denied except to protect the consumer's health and safety or to protect the health and safety of others, or both. Any denial of those rights in any facility must be entered in the consumer's record of treatment, and notice of the denial must be forwarded to the administrative officer of the facility. Failure to report denial of rights by an employee may be grounds for dismissal.
2. If the administrative officer of a facility receives notice of a denial of rights as provided in subsection 1, the officer shall cause a full report to be prepared which must set forth in detail the factual circumstances surrounding the denial. Except as otherwise provided in NRS 239.0115, such a report is confidential and must not be disclosed. A copy of the report must be sent to the Commission.
3. The Commission:
   (a) Shall receive reports of and may investigate apparent violations of the rights guaranteed by this chapter;
   (b) May act to resolve disputes relating to apparent violations;
   (c) May act on behalf of consumers to obtain remedies for any apparent violations; and
   (d) Shall otherwise endeavor to safeguard the rights guaranteed by this chapter.
4. Pursuant to NRS 241.030, the Commission may close any portion of a meeting in which it considers the character, alleged misconduct or professional competence of a person in relation to:
   (a) The denial of the rights of a consumer; or
   (b) The care and treatment of a consumer.

The provisions of this subsection do not require a meeting of the Commission to be closed to the public.

Commission on Behavioral Health
Seclusion and Restraint Emergency Procedures for Children and Youth
Denial of Rights

Date of Admission: _____	**Gender:** ☐ Male ☐ Female	**Legal Status:**
Patient/Client#: _____	**Height:** _____	☐ Parental Custody
Age: _____	**Weight:** _____	☐ Child Welfare Custody
		☐ Youth Parole Custody

Race:

☐ American Indian/Alaskan Native	☐ Asian	☐ White (Caucasian)
☐ African American	☐ Native Hawaiian/Other Pacific Islander	☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Programs/Facilities:

☐ DCFS/ATC	☐ DCFS/OCTH West 11	☐ Never Give Up Treatment Center
☐ DCFS/DWTC Acute-Adolescent (AAP)	☐ DCFS/OCTH East 12	☐ Reno Behavioral Healthcare
☐ DCFS/DWTC RTC	☐ DCFS/OCTH West 12	☐ Seven Hills Behavioral Institute
☐ DCFS/FLH 1	☐ DCFS/OCTH 13	☐ Spring Mountain Treatment Center
☐ DCFS/FLH 2	☐ DCFS/OCTH 14	☐ West Hills Hospital/Adolescent
☐ DCFS/FLH 3	☐ Desert Parkway Behavioral Healthcare	☐ West Hills Hospital/Pediatric
☐ DCFS/FLH 4	☐ Montevista Hospital/Acute	☐ Willow Springs Treatment Center
	☐ Montevista/Adolescent Residential	☐ Other _____

Children and Adolescents ages 9-17:	**Children under age 9:**
☐ Restrained for up to 2 hours	☐ Restrained for up to 1 hour
☐ Secluded for up to 2 hours	☐ Secluded for up to 1 hour
☐ Secluded and Restrained for up to 2 hours	☐ Secluded and Restrained for up to 1 hour

Discussed with physician: ☐ Yes ☐ No RN Initials: _____ Date/Time: _____
Physician verbal/phone orders by Dr. _____ Date/Time: _____
Physician Initials: _____ Date/Time: _____
Order noted by: _____ Date/Time: _____
Did RN extend order once up to the maximum allowable hours? ☐Yes ☐ No
CONTINUATION ORDER: ***The RN evaluation and documentation for continuation orders must include a face-to face-reassessment of the patient/client's current behavior that warrants the extension of the restraint/seclusion.***

SECLUSION: ☐ Locked ☐ Unlocked ☐ N/A
Placed in Seclusion: DATE:_____ TIME:_____ ☐ AM ☐ PM
Released from Seclusion: DATE:_____ TIME:_____ ☐ AM ☐ PM
Total Time in Minutes: _____

MECHANICAL RESTRAINT: ☐ Cuff/Belt ☐ Legs ☐ Wrists ☐ 4-point ☐ 5-point ☐ Mitts ☐ Geri Chair ☐ N/A
☐ Other _____
Placed in Restraint: DATE:_____ TIME:_____ ☐ AM ☐ PM
Released from Restraint: DATE:_____ TIME:_____ ☐ AM ☐ PM
Total Time in Minutes: _____

PHYSICAL RESTRAINT: CPAR- ☐ Escort ☐ Standing Wrap/Basket Hold ☐ Seated ☐ Lying Supine (on back) ☐ N/A
☐ Lying Prone (on stomach) ☐ Other Hold Implemented, Type and Description: _____
Placed in Restraint: DATE:_____ TIME:_____ ☐ AM ☐ PM
Released from Restraint: DATE:_____ TIME:_____ ☐ AM ☐ PM
Total Time in Minutes: _____ **Number of Staff Involved in Restraining Patient:** _____

CHEMICAL RESTRAINT: DATE:_____ TIME:_____ ☐ AM ☐ PM ☐ N/A
Medication Administered: _____ Dose: _____ ☐ PO ☐ IM
Medication Administered: _____ Dose: _____ ☐ PO ☐ IM
Medication Administered: _____ Dose: _____ ☐ PO ☐ IM
Results After one Hour (Explain) _____

Behavioral Descriptors of Events: (CHECK ALL THAT APPLY)

☐ Attempted elopement	☐ Imminent harm to self	☐ Pushes
☐ Bites	☐ Kicks	☐ Scratches
☐ Cuts	☐ Physical fighting	☐ Spits
☐ Hits	☐ Property destruction	☐ Threatening gestures
☐ Imminent harm to others	☐ Punches	☐ Throwing objects at another

Descriptive Narrative of Behaviors:

Is Patient Medically Compromised: ☐ Yes ☐ No **(CHECK ALL THAT APPLY)**

☐ Known Hx of Cardiac or Respiratory Disease	☐ Pregnancy	☐ Spinal Injury
☐ Morbid Obesity	☐ Recent Vomiting	☐ Other
☐ Seizure Precautions		

Injury to Patient/Client During Procedure: ☐ Yes ☐ No **(If Yes, Please describe injury and any treatment)**

Staff Intervention Prior to Restraint/Seclusion (CHECK ALL THAT APPLY)

☐ Ventilation of Feelings	☐ Environmental Change	☐ Limit Setting
☐ Verbal Reassurance	☐ Praise/Empathy Statement	☐ Rationale/Reality Statements
☐ Verbal Redirection	☐ 1:1 Interaction w/Staff	☐ Reduction in Stimuli
☐ Timeout	☐ Coupling Statements	

Describe Interventions Prior to Procedure:

Does the patient/client have a Personal Safety Plan? ☐ Yes ☐ No **Was the Plan followed?** ☐ Yes ☐ No

Was there a Debriefing? ☐ Yes ☐ No

Plan to prevent further events (Make Note of Any Changes to the Positive/Individual Behavior Plan, and attach Plan):

Names and Titles of Staff Involved: _____ _____
Name: **Title:**

Names and Titles of Witnesses: _____ _____
Name: **Title:**

Parent/Guardian/Custodian Notified ☐ Yes ☐ No

Name of Staff Member Providing Notification: _____ **Date:** _____ **Time:** _____ ☐ AM ☐ PM

Nursing Report: Findings and Treatment:

Signature/Title: _____ **Date:** _____

Physician's Report: Findings and Treatment:

Signature/Title: _____ **Date:** _____

Program Manager's (DCFS CPM I) Review: Findings and Treatment:

Signature/Title: _____ **Date:** _____

DCFS Clinical Program Manager II's Review: Findings and Treatment

Signature/Title: _____ **Date:** _____

DCFS/Private Facility ADMINISTRATIVE REVIEW: Comments-	**DCFS ADMINISTRATOR REVIEW: Comments-**	**DAG/COMMISSION REVIEW:**
		DAG **Date:**
DCFS Dep. Admin./Facility Admin. **Date:**	**Administrator** **Date:**	**Commissioner** **Date:**

NV Commissioner of Behavioral Health Comments:

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Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights Review and Tracking Process

1. Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights Forms (Forms) are first reviewed and signed off by the children's mental health program's Internal Quality Assurance process:

   Forms reviewed for:
   a. Completeness
   b. Deletion of client or family identities
   c. All signatures: nurse, doctor/program manager
   d. Appropriate interventions

   DCFS Internal Quality Assurance process:
   a. Form completed by staff. Must be signed by doctor and, if applicable, nurse
   b. Reviewed and signed by CPM I
   c. Reviewed and signed by CPM II
   d. Reviewed and signed by DCFS Deputy Administrator

   Non-DCFS facility Internal Quality Assurance process:
   a. Form completed by staff. Must be signed by doctor and nurse
   b. Supervisor reviews differ by facility

2. Programs then submit completed Forms,* as required by NRS 433.534, by mail to the Division of Child and Family Services (DCFS), Planning and Evaluation Unit, which provides support for the Commission on Behavioral Health (Commission).

3. When Forms are received by DCFS, they are stamped with the date received. The Form is assigned an ID number which is written on the Form in the upper right-hand corner, and data from the Form is entered into an ACCESS database. All data elements, except narrative descriptions, are entered. Excluded elements are: Descriptive Narrative of Behaviors,

Description of Interventions Prior to Procedure, Plan to Prevent Further Events (Note: it *is* recorded whether or not this is filled out, so there is a record of whether there is a plan, but not what the plan is), and Findings of the Reviewers.

4. If Forms are deemed incomplete, because of missing signatures or other essential information, DCFS sends the Forms back under a cover letter, stating the issues with the Form and asking that the issue be rectified and the Form be returned to DCFS when complete. The Deputy Administrator receives a copy of letters sent to DCFS facilities. The database tracks when letters are sent and why. When the Forms are returned to DCFS, the completed information is added to the database.

5. Forms are then reviewed by designated PEU staff in place of the DCFS Administrator.

   Forms are reviewed for:
   a. Completeness
   b. Deletion of client or family identities
   c. All signatures: nurse, doctor/program manager
   d. Appropriate interventions

6. PEU staff forwards the Forms to the Deputy Attorney General (DAG) for review and signature.

   Forms are reviewed for:
   a. Completeness
   b. Deletion of client or family identities
   c. All signatures: nurse, doctor/program manager
   d. Appropriate interventions

7. The DAG returns the Forms to DCFS.

8. Based on previously determined criteria, defined and approved by the Commissioners (see below), Forms are selected for review by the Commissioners prior to the next Commission meeting. Forms are divided up and forwarded via Fed Ex to the Commissioners under a cover letter by DCFS. The Commissioners have two weeks to review the Forms sent to them before the Commission meeting. Commissioners provide comments/feedback regarding individual Forms, identified with the Form ID number.

9. During the closed session of the Commission meeting, Commissioners present their findings and provide feedback to DCFS staff on the completeness of the Forms and whether appropriate interventions took place.

10. DCFS takes notes on the discussion. Any feedback provided by a Commissioner regarding a Form will be entered in the ACCESS database and will cause a letter to be generated and sent to the facility involved, itemizing the comments for improvement of policies and procedures related to Seclusion and Restraint. If no further action is to be taken on processing the completed Form, then the Form is determined complete.

11. Completed and signed off Forms are then entered as complete into the ACCESS database, and DCFS returns completed Forms to the facilities.

Criteria for High Risk Seclusion and Restraint Violations of Client Rights

Commission meeting March 15, 2012: APPROVED

a. *Multiple events (could only identify duplicate events if a child ID was provided)*
b. *No prior intervention efforts*
c. *No existence of personal safety plan*
d. *No existence of follow up plan*
e. *Were hours extended*
f. *Excessive duration(s) as defined by more than 2 hours for children ages 9 to 17 and more than 1 hour for children under age 9*
g. *No signatures (included only nursing and physician signatures)*
h. *Ten percent of forms without high-risk violations*

Example of Criteria Review:
156 Seclusion and Restraint Forms met the criteria listed above.
191 Forms did not meet criteria; 10% of these (19) were selected to be sent to the Commissioners for review.

*There is no way to determine if all required Forms are received because there is no objective count of seclusion and restraint incidents.

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Reno, Nevada 89502
(775) 688-3744

MEMO

Date: July 20, 2018

To: Daniel Cox, CFO
Never Give Up Youth Healing Center

From: Kristen S. Rivas, M.S. Ed, L.A.D.C.
Clinical Program Planner and Grants Manager
Division of Child and Family Services

Re: Reports of Seclusion and Restraint

Thank you for submitting the enclosed Seclusion and Restraint forms to us. We appreciate your cooperation in complying with NRS 433.534 and the efforts of the Commission to improve the services and safety of Nevada's children receiving mental health services.

These forms are being sent back to you because they need to be reviewed and signed by the Nurse and Physician. The Commissioners request that you fill out the forms completely. Please be sure to fill in the Patient/Client #, the Plan to prevent further events, and other requested information. This helps in determining if appropriate action has been taken. I have highlighted sections on the top form as an example of areas that need more attention.

Please complete the forms and resubmit them to the Planning and Evaluation Unit after they are completed.

If you have any questions, please don't hesitate to contact me at (775)-688-3764 or krivas@dcfs.nv.gov

Thank You!
Encl.

Seclusion and Restraint Signature Review

FACILITIES:

Division of Child and Family Services (DCFS)	Private
Adolescent Treatment Center (ATC) - North	Desert Parkway Behavioral Healthcare - South
Desert Willow Treatment Center (DWTC) Acute-Adolescent (AAP) - South	Montevista Hospital/Acute - South
Desert Willow Treatment Center (DWTC) Residential Treatment Center (RTC) - South	Montevista Hospital/Adolescent Residential - South
Family Learning Home (FLH) 1 - North	Never Give Up Treatment Center - South
Family Learning Home (FLH) 2 - North	Reno Behavioral Healthcare - North
Family Learning Home (FLH) 3 - North	Seven Hills Behavioral Institute - South
Family Learning Home (FLH) 4 - North	Spring Mountain Treatment Center - South
On-Campus Treatment Home (OCTH) West 11 - South	West Hills Hospital/Adolescent - North
On-Campus Treatment Home (OCTH) East 12 - South	West Hills Hospital/Pediatric - North
On-Campus Treatment Home (OCTH) West 12 - South	Willow Springs Treatment Center - North
On-Campus Treatment Home (OCTH) 13 - South	
On-Campus Treatment Home (OCTH) 14 - South	

SIGNATURES REQUIRED:

Nurse:	Okay if they signed anywhere on form **Not required** for all DCFS **Family Learning Homes** and **On-Campus Treatment Homes** (they don't have nurses on staff)
Physician:	Required on all
Program Manager:	DCFS facilities – required to be signed by CPM I Private facilities – optional
DCFS Clinical Program Manager II:	Required for DCFS facilities only NOTE**:** On older forms this box is labeled "Behavior Management Team Review." It is required to be signed only by DCFS facilities.
DCFS/Private Facility Administrative Review: (Deputy Administrator)	Required for DCFS facilities only
DCFS Administrator Review: (Administrator's designee)	Required on all
DAG: (Deputy Attorney General)	Required on all
Commissioner:	Required to be signed by Commissioner reviewing form