



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
CHILDREN'S MENTAL HEALTH
PLANNING AND EVALUATION UNIT
4600 Kietzke Lane, Suite A-107
Reno, Nevada 89502
(775) 688-3744

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

Summary of Forms Received Since 1/1/18

In the first half of 2018, the Planning and Evaluation Unit (PEU) within the Division of Child and Family Services (DCFS) has received 1931 Seclusion and Restraint Forms. Forms were received from the following facilities:

| Facility | # of Forms Received |
|-------------------------------------|---------------------|
| DCFS/Adolescent Treatment Center | 4 |
| DCFS/Desert Willow Treatment Center | 105 |
| DCFS/Family Learning Homes | 15 |
| DCFS/On-Campus Treatment Homes | 15 |
| Montevista Hospital | 105 |
| Seven Hills Behavioral Institute | 20 |
| Spring Mountain | 42 |
| West Hills Hospital | 59 |
| Willow Springs Treatment Center | 1566 |

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 | Sent letters 3/28/18 and 5/3/18. No response. |
| Red Rock Behavioral | According to their website they serve senior citizens. |
| Spring Mountain | Sent letters 3/28/18 and 5/3/18. Forms received 5/11/18. |
| Never Give Up Residential Treatment Center | Sent letters 3/28/18 and 5/3/18. No response. |
| Northwest Academy | According to their website, this is a private boarding school dedicated to helping at-risk adolescents |
| Reno Behavioral Healthcare Hospital | Sent letters 3/28/18 and 5/4/18. No response. |



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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.



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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

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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.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Is Patient Medically Compromised: <input type="checkbox"/> Yes <input type="checkbox"/> No (CHECK ALL THAT APPLY) | | |
| <input type="checkbox"/> Known Hx of Cardiac or Respiratory Disease <input type="checkbox"/> Morbid Obesity <input type="checkbox"/> Seizure Precautions | <input type="checkbox"/> Pregnancy <input type="checkbox"/> Recent Vomiting | <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Other |
| Injury to Patient/Client During Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please describe injury and any treatment) | | |
| Staff Intervention Prior to Restraint/Seclusion (CHECK ALL THAT APPLY) | | |
| <input type="checkbox"/> Ventilation of Feelings <input type="checkbox"/> Verbal Reassurance <input type="checkbox"/> Verbal Redirection <input type="checkbox"/> Timeout | <input type="checkbox"/> Environmental Change <input type="checkbox"/> Praise/Empathy Statement <input type="checkbox"/> 1:1 Interaction w/Staff <input type="checkbox"/> Coupling Statements | <input type="checkbox"/> Limit Setting <input type="checkbox"/> Rationale/Reality Statements <input type="checkbox"/> Reduction in Stimuli |
| Describe Interventions Prior to Procedure: | | |
| Does the patient/client have a Personal Safety Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Plan followed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a Debriefing? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name: _____ Title: _____ </div> | | |
| Names and Titles of Witnesses: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name: _____ Title: _____ </div> | | |
| Parent/Guardian/Custodian Notified <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Staff Member Providing Notification: _____ Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> 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- <hr/> DCFS Dep. Admin./Facility Admin. Date: | DCFS ADMINISTRATOR REVIEW: Comments- <hr/> Administrator Date: | DAG/COMMISSION REVIEW: <hr/> DAG Date: <hr/> Commissioner Date: |
| NV Commissioner of Behavioral Health Comments: | | |