

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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	DCFS Medication Administration and Management Policy DCFS Child and Family Team Policy
	DHCFP MEDICAID SERVICES MANUAL MSM 100 MSM 400 MSM 2500 MSM 3300 JOINT COMMISSION ACCREDITATION STANDARDS Ethics, Rights, and Responsibilities Elements of Performance RI.2.140 Provision of Care Elements of Performance PC.10.100 - PC.12.190 LEGISLATIVE COUNCIL BUREAU Review of Governmental and Private Facilities for Clients DCFS GLOSSARY OF TERMS: (REV. 01-17-14)
ATTACHMENTS:	Attachment A: DCFS Staff Acknowledgement of Client’s Rights and Responsibilities Attachment B: Acknowledgment of Client’s Rights and Responsibilities Attachment C 1, 2, 3, 4: Posted List of Client’s Rights and Responsibilities Attachment D: Acknowledgement of Client’s Responsibilities Attachment E: Entities Available for Consumers to File a Complaint Attachment F: Report of Denial of Rights Form Attachment G: Denial of Rights Policy and Procedure Attachment H: DCFS Contraband Form Attachment I – 1, I - 2: Notice of Privacy Practices Attachment J: Options Available to Remedy an Actual or Suspected Denial of Rights Attachment K: Acknowledgement of Receipt of Notice of Privacy Practices

I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) that we recognize and honor the lawful and intrinsic rights of the children and families served and that all DCFS staff, without exception, will be knowledgeable about and respect the rights of the clients and families served by the Division.

II. PURPOSE

The purpose of this policy is to articulate the rights of children and families served by DCFS and to provide instruction to DCFS staff about the nature of these rights, the method(s) used to ensure these rights are protected. The policy also articulates the expectation that these rights are to be ensured and respected by all DCFS staff.

This policy also provides direction to DCFS staff about the requirement that each client and family shall be informed of their rights and how this information is to be provided to them.

III. PROCEDURES AND PRACTICE GUIDELINES

A. Introduction

Clients and the legally responsible person who are receiving DCFS services are entitled to certain rights which are protected by the United States Constitution and promulgated through the United States Code (USC), Code of Federal Regulations (CFRs), Nevada Revised Statutes (NRS), and the Nevada Administrative Code (NAC). Some of these rights may be limited by federal and state laws, federal and state regulations and/or judicial decisions or case law. The rights of clients and the legally responsible person and/or families served by DCFS are protected by constitutional due process requirements and are the same rights as every American citizen and resident; these rights cannot be denied except to protect the health and safety of the client and/or to protect the health and safety of others.

B. Staff Education and Training Regarding Clients Rights

Each DCFS staff and contracted service provider will be apprised of this policy by his or her supervisor during new-employee orientation and whenever the policy is updated or revised or annually thereafter, whichever occurs first. DCFS staff may not work with clients until such time as they are educated about this policy's implications and expectations.

Supervisors of new employees are responsible for ensuring that each new staff member is trained and is knowledgeable about clients' rights as defined in this policy. Each new DCFS employee must sign the Acknowledgement of Clients' Rights (Attachment A: DCFS Staff Acknowledgement of Client's Rights and Responsibilities) once they have been trained by their supervisor and this acknowledgement is maintained in the employee's DCFS Personnel File. This requirement applies to all newly hired DCFS children's mental health program employees, regardless of their class specifications or work assignment in DCFS children's mental health programs.

In addition, each DCFS staff will receive refresher training regarding clients' rights and must sign the Acknowledgment of Clients' Rights (Attachment A: DCFS Staff Acknowledgement of Client's Rights and Responsibilities) once this training has been completed, which is also kept in the employee's DCFS Personnel File. Refresher training occurs whenever the policy is revised or annually, whichever occurs first.

Supervisors and managers are responsible to ensuring this initial and refresher training occurs timely and for confirming DCFS staff understands client's rights and responsibilities.

C. Client and Legal Guardian Education Regarding Clients' Rights and Responsibilities

DCFS staff will review and explain all client's rights and responsibilities to the client (if appropriate) and/or legally responsible person during the intake and admission process for both residential and outpatient services.

Each client and legally responsible person will be given an acknowledgement of clients rights and responsibilities (Attachment B: Acknowledgment of Client's Rights and Responsibilities) and complete explanation of their rights and responsibilities during the intake and admission process. DCFS staff is required to provide a complete explanation of client's rights and responsibilities to each client and their legally responsible person in

a manner consistent with their development and primary language. This acknowledgment (Attachment B) shall be signed by the legally responsible person and DCFS staff. In addition, client's rights shall be conspicuously posted in all DCFS facilities (Attachment C 1, 2, 3, 4: Posted Lists of Client's Rights and Responsibilities). The client's rights shall be made available in foreign languages, if necessary.

The legally responsible person and the client, if clinically and developmentally appropriate, shall sign the Acknowledgement of Client's Rights and Responsibilities Form (Attachment B: Acknowledgement of Client's Rights and Responsibilities and Attachment D: Acknowledgement of Client Responsibilities). These Acknowledgements (Attachment B and Attachment D) are then counter signed by the DCFS staff that reviewed and explained these rights. The original Acknowledgements of Client's Rights and Responsibilities and Acknowledgement of Client Responsibilities (Attachment B and Attachment D) are kept in the client record and copies are provided to the legally responsible person and, if clinically and developmentally appropriate, to the client. In cases where the client does not understand English or is deaf, the notification of rights shall be conducted by an interpreter. If the client's condition at admission or intake precludes understanding of his or her rights, additional attempts to provide information about rights shall occur and shall be documented by DCFS staff. Documentation of the results of the discussion about rights shall be noted in the client record.

DCFS staff is also required to provide complete answers, to the best of their ability, to all questions children and legal guardians might pose about these rights and responsibilities. If DCFS staff does not know the answer, staff is required to confirm the answer with his/her supervisor promptly in order to provide a timely and accurate response. In addition, each client and legally responsible person will be given a copy of the agency's policy regarding when these rights can be suspended pursuant to NRS 433.531.

DCFS Children's Mental Health programs shall inform each client and person legally responsible about the grievance and complaint resolution process at intake. Each client and person legally responsible is provided written information about where they may go to report a violation of rights (Attachment E: Entities Available for Consumers to File a Complaint).

D. BASIC RIGHTS

Clients have the same human, civil and legal rights accorded all citizens. Clients have the right to a humane psychological and physical environment within each DCFS facility. Clients have the right to be treated with courtesy and dignity. Clients are at all times entitled to respect for their individuality and recognition that their personalities, abilities, needs and aspirations are not determinable on the basis of a psychiatric label. Clients have the right to have their privacy assured and protected to the greatest extent possible in light of their treatment needs. Clients shall not be found incapacitated nor denied any right, benefit, privilege, franchise, license, authority or capacity of whatever nature that they would otherwise have simply due to their status as DCFS clients of mental health services.

Basic client rights include:

1. Having rights extended to the legally responsible person to make decisions regarding the care of the client.

2. Freedom of religious belief.
3. Discrimination in the provision of services due to race, color, creed, gender, sexual orientation, national origin, cultural or educational background, political beliefs, religious affiliation or beliefs, source of payment for care, or handicapping condition is prohibited.
4. Have all documents and procedures explained in an understandable way.
5. Receive written information about DCFS services, its staff and providers, and your rights and responsibilities.
6. The name of the practitioner who has primary responsibility for treatment planning, treatment, and the names of professional relationships of other professionals who may provide care as well as the prompt development of all treatment planning.
7. The right to choose a qualified provider.
8. The right to confidentiality with regard to all matters related to treatment, programming, and services, except as otherwise precluded by statute.
9. The right to file a grievance or complaint regarding any action taken by DCFS in its provision of services without fear of reprisal or retaliation.
10. All basic rights of clients and the legally responsible person shall remain intact unless specifically limited through a court order as in the case of parental visitation or in an emergency or when necessary to protect the rights or safety of the client or others, only as outlined in specific sections of this policy. Any limitation or denial of rights shall be documented on the Denial of Rights Form (Attachment F: Report of Denial of Rights Form) and shall be reported as soon as possible but not more than 24 hours following the denial of rights to the DCFS Administrator or his/her designee. Every client and legally responsible person shall be given the Denial of Rights Policy and Procedure (Attachment G: Denial of Rights Policy and Procedure) at intake and admission to all DCFS facilities.
11. At no time shall the entitlements or basic human rights set forth in this policy be treated as privileges which must be earned by meeting certain standards of behavior.
12. Clients have the right to exercise rights provided by this policy without reprisal, including reprisal in the form of denial of or termination of services.
13. Any restrictions imposed on a client in either DCFS Outpatient Service Programs or DCFS Residential Program Services shall, where indicated, be determined and imposed pursuant to the Right to Informed Consent.
14. No client shall be held in treatment against his or her will by policy, procedure or practice, except by order of court, by emergency hospitalization procedures or by consent of the legally responsible person.

E. Statutorily Defined Client's Rights and Responsibilities

The rights listed below apply to all clients served by the Division pursuant to NRS 433, NRS 433B, and NRS 432. These client rights are extended to any person who may have a legal responsibility to make decisions regarding the client's care.

1. Unless a court has specifically adjudicated a person incompetent, clients have the right to do the following:
 - a. Dispose of property
 - b. Marry, if 18 or older, legally emancipated as an adult
 - c. Execute instruments, if 18 or older or legally emancipated as an adult
 - d. Make purchases

- e. Enter into contractual relationships, if 18 or older or legally emancipated as an adult
 - f. Vote, if 18 or older or legally emancipated as an adult
 - g. Hold a driver's license, if 18 or older or legally emancipated as an adult
2. Right to habeas corpus unimpaired (NRS 433.464)
 3. Rights concerning admission and discharge (NRS 433.471)
 - a. Right not to be admitted to the facility under false pretenses;
 - b. The right to receive a copy, upon request, of the criteria upon which the agency makes admission and discharge decisions.
 4. Rights concerning involuntary commitment (NRS 433.472)
 - a. Right to request and receive a second evaluation by a psychiatrist or psychologist who does not have a financial interest in the agency.
 - b. Right to receive a copy of the procedure of the facility regarding involuntary commitment and treatment.
 - c. Right to receive a list of rights concerning involuntary commitment/
These rights enumerated in a. through c. must also be prominently posted in the facility.
 5. Personal Rights of Clients (433.482)
 - a. To wear his or her own clothing
 - b. To keep and use his or her own personal possessions, including toilet articles, unless those articles may be used to endanger the consumer's life or others' lives, and to keep and be allowed to spend a reasonable sum of the consumer's own money for expenses and small purchases. Clients may not keep contraband while being served in DCFS programs. The client and/or the legally responsible person is required to sign the DCFS Contraband Form (Attachment H: DCFS Contraband Form).
 - c. To have access to individual space for storage for his or her private use.
 - d. To see visitors each day.
 - e. To have reasonable access to telephones, both to make and receive confidential calls.
 - f. To have ready access to materials for writing letters, including stamps, and to mail and receive unopened correspondence, but for the purposes of this subsection, packages are not considered as correspondence and correspondence identified as containing a check payable to a consumer may be subject to control and safekeeping by the administrative officer of that facility or the administrative officer's designee, so long as the consumer's record of treatment documents the action.
 - g. To have reasonable access to an interpreter if the consumer does not speak English or is hearing impaired.
 - h. To designate a person who must be kept informed by the facility of the consumer's medical and mental condition, if the consumer signs a release allowing the facility to provide such information to the person.
 - i. Except as otherwise provided in to have access to the consumer's medical records denied to any person other than a member of the staff of the facility or related medical personnel, as appropriate, a person who obtains a waiver by the

- consumer of his or her right to keep the medical records confidential or a person who obtains a court order authorizing the access.
- j. Other personal rights as specified by regulation of the Commission.
6. Rights concerning care, treatment and training (NRS 433.484)
- a. Right to medical, psychological, and rehabilitative care and treatment and training, including prompt and appropriate medical treatment and care.
 - b. The right to provide express and informed consent in writing before instituting a service plan, plan of care, or treatment plan.
In the absence of expressed and informed consent, a licensed and qualified physician may render emergency medical care or treatment to any client who has been injured in an accident or who is suffering from an acute illness, disease, or condition, if within a reasonable degree of medical certainty, delay in initiation of emergency medical care or treatment would endanger the health of the client. The treatment is then immediately entered into the client's record of treatment.
 - c. Right to be free from abuse, neglect, and aversive interventions, including "Conversion Therapy".
 - d. Right to transfer from one facility to another except when the Administrator of the Division of Child and Family Services or the Administrator's designee, may order a transfer to be made whenever conditions concerning care, treatment or training warrant it. If the client in any manner objects to the transfer, the person ordering it must enter the objection and a written justification of the transfer in the client's record of treatment and immediately forward a notice of the objection to the Administrator who ordered the transfer, and the Commission on Behavioral Health shall review the transfer in a closed meeting, pursuant to NRS 433.534.
 - e. Right to an individualized written plan of care, service plan, or treatment plan that provides for the least restrictive treatment that may reasonably be expected to benefit the client; the plan is current and modified when indicated by the client's change in circumstances, and thoroughly reviewed at least every ninety (90) days. The plan must designate the individual that is in charge of implementing the plan. (NRS 433.494)
 - f. Right to participate in decisions about his/her care.
 - g. The right to be free from the application of any physical, chemical, and/or mechanical restraint, except if prescribed by a physician. If so prescribed, the restraint must be removed whenever the condition justifying its use no longer exists, and any use of a mechanical restraint, together with the reasons therefore, must be made part of the client's record of treatment pursuant to the DCFS CRR-1 Seclusion and Restraint Policy.
 - h. Other rights concerning care, treatment and training as may be specified by regulation of the Commission.
7. Right to information (NRS 433.504)
- a. A client must be permitted to inspect his/her records.
 - b. A client must be informed of his/her clinical status at reasonable intervals but not less than every ninety (90) days and in a manner appropriate to his/her clinical condition and developmental status.
 - c. Unless a psychiatrist has made a specific entry to the contrary in a client's records, a client or the client's legal guardian is entitled to obtain a copy of the

client's facility records at any time upon notice to the administrative officer of the facility and payment of the cost of reproducing the records.

8. Rights concerning suspension or violation of rights (NRS 433.531) (Please see Section IV., I. of this policy)

Client's rights are statutorily guaranteed and must not be denied except in those situations to protect the client's health and safety or to protect the health and safety of others or both.

Clients have the:

- a. Right to receive a list of client's rights
- b. Right to receive a copy of the policy of the facility that sets forth clinical or medical circumstances under which the client's rights may be suspended or violated (Attachment G: Denial of Rights Procedures).
- c. Right to receive a list of clinically appropriate options available to the client or the client's family/legal guardian to remedy an actual or a suspected suspension/denial or violation of his/her rights (Attachment J: Options Available to Remedy an Actual or Suspected Denial of Rights)
- d. Right to receive the procedure on how to report violation or denial of rights (Attachment E: Entities Available for Consumers to File a Complaint)
- e. Right to have all policies of the facility regarding rights of consumers prominently posted in the facility.

F. Statutorily Defined Rights of Children in Public Child Welfare Custody

Children who are in the custody of a public child welfare agency have additional rights under Nevada Revised Statutes (NRS 432.525, § 432.530, and § 432.535) as follows:

1. To receive information concerning his or her rights
2. To be treated with dignity and respect.
3. To fair and equal access to services, placement, care, treatment and benefits.
4. To receive adequate, healthy, appropriate and accessible food.
5. To receive adequate, appropriate and accessible clothing and shelter.
6. To receive appropriate medical care, including, without limitation:
 - a. Dental, vision and mental health services;
 - b. Medical and psychological screening, assessment and testing; and
 - c. Referral to and receipt of medical, emotional, psychological or psychiatric evaluation and treatment as soon as practicable after the need for such services has been identified.
7. To be free from:
 - a. Abuse or neglect
 - b. Corporal punishment,
 - c. Unreasonable searches of his or her personal belongings or other unreasonable invasions of privacy;
 - d. The administration of psychotropic medication unless the administration is consistent with NRS 432B.197 and the policies established pursuant thereto; and
 - e. Discrimination or harassment on the basis of his or her actual or perceived race, ethnicity, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or exposure to the human immunodeficiency virus.

8. To attend religious services of his or her choice or to refuse to attend religious services.
9. Except for placement in a facility (i.e., SNCAS, NNCAS, ATC, and DWTC) not to be locked in any room, building or premise or to be subject to other physical restraint or isolation.
10. Except as otherwise prohibited by the agency which provides child welfare services:
 - a. To send and receive unopened mail; and
 - b. To maintain a bank account and manage personal income, consistent with the age and developmental level of the child.
11. To complete an identification kit, including, without limitation, photographing, and include the identification kit and his or her photograph in a file maintained by the agency which provides child welfare services and any employee thereof who provides child welfare services to the child pursuant to the DCFS SP-1 Identification of Children for Residential Services Policy.
12. To communicate with other persons, including, without limitation, the right:
 - a. To communicate regularly, but not less often than once each month, with an employee of the agency which provides child welfare services who provides child welfare services to the child;
 - b. To communicate confidentially with the agency which provides child welfare services to the child concerning his or her care;
 - c. To report any alleged violation of his or her rights pursuant to NRS 432.550 without being threatened or punished;
 - d. Except as otherwise prohibited by a court order, to contact a family member, social worker, attorney, advocate for children receiving foster care services or guardian ad litem appointed by a court or probation officer; and
 - e. Except as otherwise prohibited by a court order, to contact and visit his or her siblings.
13. To live in a safe, healthy, stable and comfortable environment, including, without limitation, the right:
 - a. If safe and appropriate, to remain in his or her home, be placed in the home of a relative or be placed in a home within his or her community;
 - b. To be placed in an appropriate foster home best suited to meet the unique needs of the child, including, without limitation, any disability of the child;
 - c. To be placed in a foster home where the licensee, employees and residents of the foster home who are 18 years of age or older have submitted to an investigation of their background and personal history in compliance with NRS 424.031; and
 - d. To be placed with his or her siblings, whenever possible, and as required by law, if his or her siblings are also placed outside the home.
14. To receive and review information concerning his or her placement, including, without limitation, the right:
 - a. To receive information concerning any plan for his or her permanent placement adopted pursuant to NRS 432B.553;
 - b. To receive information concerning any changes made to his or her plan for permanent placement; and
 - c. If the child is 12 years of age or older, to review the plan for his or her permanent placement.
15. To attend and participate in a court hearing which affects the child, to the extent authorized by law and appropriate given the age and experience of the child.
16. Children who are in the custody of a public child welfare agency also have specific rights regarding their education and vocational training, as follows:

- a. To receive fair and equal access to an education, including, without limitation, the right to receive an education as required by law;
- b. To have stability in and minimal disruption to his or her education when the child is placed in a foster home;
- c. to attend the school and remain in the scholastic activities that he or she was enrolled in before placement in a foster home,
- d. To the extent practicable and if in the best interests of the child; to have educational records transferred in a timely manner from the school that he or she was enrolled in before placement in a foster home to a new school, if any;
- e. Not to be identified as a foster child to other students at his or her school by an employee of a school district, including, without limitation, a school administrator, teacher or instructional aide;
- f. To receive any educational screening, assessment or testing required by law;
- g. To be referred to and receive educational evaluation and services as soon as practicable after the need for such services has been identified, including, without limitation, access to special education and special services to meet the unique needs of a child with educational or behavioral disabilities or impairments that adversely affect the child's educational performance;
- h. To have access to information regarding relevant educational opportunities, including, without limitation, course work for vocational and postsecondary educational programs and financial aid for postsecondary education, once the child is 16 years of age or older; and,
- i. To attend a class or program concerning independent living for which he or she is qualified that is offered by the agency which provides child welfare services or another agency or contractor of the State.
- j. To participate in extracurricular, cultural and personal enrichment activities which are consistent with the age and developmental level of the child.
- k. To work and to receive vocational training, to the extent permitted by statute and consistent with the age and developmental level of the child.
- l. To have access to transportation, if practicable, to allow the child to participate in extracurricular, cultural, personal and work activities.

G. Federal Privacy Rights

Information concerning health issues is protected under federal privacy laws and regulations. DCFS is obligated to conform to these mandates as a provider of health care services. DCFS staff is limited by these mandates in disclosing health information to other DCFS providers and non-DCFS providers and community agencies (see Attachment J-1 and J-2, Notice of Privacy Practices).

The client and/or legally responsible person may consent to DCFS sharing private health information. In some situations, DCFS may share this information without client or legal guardian consent, pursuant to federal regulations.

The Notice of Privacy Practices (Attachment J-1 and J-2) describes what rights clients and/or legal guardians have with regard to whether DCFS may or may not share health information and with whom this information may be shared.

The Notice of Privacy Practices (Attachment J-1 and J-2) is reviewed with the client and legally responsible person at intake and admission. Once this review has occurred and all questions have been answered, the Acknowledgement of Receipt of Notice of Privacy Practices (Attachment K) is signed by the legally responsible person and, if developmentally and clinically appropriate, the client. DCFS staff is also required to sign this acknowledgment and note if the legally responsible person or client did not sign the document and the reasons these signatures were not obtained. The original signed copy of this acknowledgment is kept in the client record and a copy is provided to the legally responsible person and, if clinically and developmentally appropriate, the client.

H. Client and Legally Responsible Person Responsibilities

Every right has a concurrent responsibility. Children and legally responsible persons receiving DCFS mental health services have responsibilities described on the Acknowledgement of Client's Responsibilities (Attachment D).

The Acknowledgement of Client's Responsibilities (Attachment D) is reviewed with the client and legal guardian at intake and admission. Once this review has occurred and all client and legally responsible person questions have been answered, the Acknowledgement of Client's Responsibilities (Attachment D) is signed by the legally responsible person and the client, if clinically and developmentally appropriate. DCFS staff is also required to sign this acknowledgment and note if the legally responsible person or client did not sign the document and the reasons these signatures were not obtained. The original signed copy of this acknowledgment is kept in the client's record and a copy is provided to the legally responsible person and the client.

I. Denial of Rights and Client Complaints/Grievances

1. Denial of Rights

Any denial of a client's rights is a serious issue requiring review by the Commission on Mental Health and Developmental Services (hereinafter referred to as "Commission") pursuant to NRS 433.534. The Commission is required by statute to ensure remedies to prevent implementation of further denials, if warranted.

Each report of a suspension, violation or denial of rights or the contemplation of any suspension, violation or denial of rights shall be documented in the client record on the DCFS Denial of Rights Form (Attachment F). In addition, all such reports shall be forwarded to the DCFS Administrator or his/her designee, who is typically the Deputy Administrator, for review and necessary and timely corrective action, if necessary. The time line for making this report is immediately or as soon as is practical to ensure client safety and well being but not more than 24 hours following any denial of a client's rights.

It is the responsibility of the DCFS Administrator or his/her designee, to present all Denial of Rights reports to the Commission at their next scheduled meeting following the reported denial of rights incident. The DCFS Administrator or his/her designee is responsible for reporting on corrective action planning activities, if these have been implemented, and making recommendations to the Commission with regard to what other actions may be warranted to ensure similar denial of rights are mitigated whenever possible.

An incident of restraint or seclusion is a denial or a right and both require a physician's

order. Any denial of a right, including a seclusion or restraint, is allowed only in the event the client is in danger of harming self or others. DCFS staff is required to thoroughly document any denial of rights incident into the client record and on the prescribed form (Attachment F – Report of Denial of Rights). It is the expectation that any denial of rights is used by supervisors and managers to monitor and evaluate services and correct practice, when warranted, and that these monitoring, evaluating and corrective action activities are documented in supervision notes as they occur.

2. Client Complaints and Grievances

The process for informing a client and the legally responsible person about how to file a complaint or grievance is initially provided during the intake process but is also routinely reviewed, at the discretion of DCFS staff, when deemed necessary. If a client or legally responsible person believes the client's rights have been violated or denied, they (or someone on their behalf) shall be encouraged and supported by DCFS staff to report this information; if the client or legally responsible person declines to report the denial, DCFS staff is required to make the report on the prescribed form (Attachment F, Denial of Rights Form). When any DCFS staff witnesses a denial of rights or if a report of a denial of rights is provided to DCFS staff, that employee is required to provide this information immediately to the Clinical Program Manager I/II who then is responsible for immediately reporting this to the Deputy Administrator for further action. (For client complaints or grievances other than denial of rights complaints, please refer to the DCFS Client Complaint Policy).

When the client's or legally responsible person's report of a violation or denial of rights is received, the Deputy Administrator or designee or team member shall conduct an investigation of the report and then provide a full report to the DCFS Administrator with regard to the facts determined as a result of the investigation. The client and legally responsible person shall be informed of the findings and actions resulting from the report of the violation. The finding of the report shall be provided to the client and the legally responsible person verbally and in writing.

The report shall be confidential and is also provided to the Commission for review to afford the Commission input into any necessary additional corrective action or follow up. 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 the denial of the rights of a client or the care and treatment of a client.

Reporting violations and denials of rights is required of every employee of the Division. Failure by an employee to report denial of rights may be grounds for dismissal pursuant to NRS 433.534.

IV. DEFINITIONS *(Please see DCFS Glossary of Terms dated 01-17-14 for additional definitions)*

A. Contraband: Goods or belongings barred from DCFS programs.

B. Conversion Therapy

Means any practice or treatment that seeks to change the sexual orientation or gender identity of a person, including, without limitation, a practice or treatment that seeks to

change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward persons of the same gender (NRS 629).

- C. Denial of Rights: A denial of a right exists when a DCFS staff in charge of a DCFS program or his/her designee has good reason to believe the exercise of such rights would be injurious to the client's health and safety or the exercise of those rights would limit DCFS staff's ability to protect the health and safety of other's or both. (NRS 433.531).
- D. Facility: Means pursuant to NRS 433B.110, the Nevada Youth Hospital (i.e., Desert Willow Treatment Center), the Adolescent Treatment Center (ATC), Northern Nevada Children's Behavioral Services (NNACS) and South Nevada Children's Behavioral Services (SNCAS)
- E. Grievance or Complaint: Means an allegation by a recipient of a violation of basic rights or an expression of dissatisfaction about agency services, programs, policies or staff, respectively.
- F. Identification Kit: Pursuant to NRS 432.525 the development of an 'identification kit' is the right of every child who is placed in foster care and includes information about the child, including photograph of the child, which is maintained in a file by the agency (See DCFS SP-1 Identification of Children for Residential Services Policy).
- G. Physical Restraint:
(Pursuant to NRS 433.5476) Physical restraint, as defined in NRS 433.5476 and NRS 449.774, means the use of physical contact to limit a client's movement or hold a client immobile. In addition to statute, DCFS further defines physical restraint to mean the application of physical force by one or more staff that reduces or restricts a client's freedom of movement, as referenced in the Child Welfare League of America National Standards & Definitions for Restraint and Seclusion (refer to Reference section, page 1).

Exclusion: Physical restraint does not include the temporary physical holding of a client to help him or her participate in activities of daily living. (i.e., restraints to prevent a non-ambulatory or confused client from falling out of bed or out of a chair) Restraint is differentiated from mechanisms usually and customarily employed during medical or diagnostic procedures that are considered a regular and usual part of such procedures.

H. Psychotherapist

Means:

- (1) A psychiatrist licensed to practice medicine in this State pursuant to Chapter 630;
- (2) A homeopathic physician, advanced practitioner of homeopathy or homeopathic assistant licensed or certified pursuant to chapter 630A or NRS;
- (3) A psychiatrist licensed to practice medicine in this State pursuant to Chapter 633;
- (4) A psychologist licensed to practice in this State pursuant to Chapter 641 of NRS;
- (5) A social worker licensed in this State as an independent social worker or a clinical social worker pursuant to chapter 641B of NRS;
- (6) A registered nurse holding a master's degree in the field of psychiatric nursing and licensed to practice professional nursing in this State pursuant to Chapter 632 of NRS;
- (7) A marriage and family therapist or clinical professional counselor licensed in this State pursuant to chapter 641A of NRS; or

(8) A person who provides counseling services as part of his or her training for any of the professions listed in subparagraphs (1) to (7), inclusive (NRS 629, Section 1).

For the purposes of this DCFS CMH policy, a psychotherapist also includes any DCFS staff that provides direct therapy intervention services to children, youth, and families/legally responsible person.

I. Seclusion:

The involuntary confinement of a client in a locked room or a specific area from which the client is physically prevented, or psychologically coerced from leaving. Seclusion does not include confinement on a locked inpatient treatment unit or ward, where the client is with others receiving inpatient care. Seclusion does not include time-out.

J. Time Out: Time-out is used to teach clients to calm themselves and is not a punishment. The duration of a time-out is only limited to the amount of time it takes the individual to calm himself or herself. Time-out is voluntarily allowing the client to be alone in an unlocked room for 30 minutes or less for quiet time purposes and to promote a calming affect, as well as assist the client with managing his/her behavior, so they may return to the therapeutic milieu. Time-out is not seclusion.

Early Childhood Day Treatment Program use a “Peace Place” as an intervention to provide the child a place to go and use various appropriate materials to help them interact in ways to calm themselves and solve problems. Soft materials, soothing music and sensory materials can be used to provide the child a sense of safety. The peace place is not a time-out.