

**5122-26-13  
Appendix B**

**Community Mental Health and/or Addiction Services Provider  
Six Month Reportable Incident Data Report Form**

**Instructions:**

Please complete the Information on this page, and complete Parts A, B, C, D and E. *Please complete Parts A, B C D, and E if Provider policy allows the use of seclusion or restraint, even if the Provider did not utilize seclusion or restraint during the reporting period.* Definitions are found on Page 2. Please complete one form for Provider, regardless of the number of certified locations.

You may submit this form by fax, e-mail or mail. Address and fax number information is available on the Ohio Department of Mental Health and Addition Services website.

**Please submit this report by the following deadline:**

- For the incident reporting period of January 1 through June 30, by July 31 of the same year
- For the incident reporting period of July 1 through December 31, by January 31 of the following year

**Provider Information**

Name: \_\_\_\_\_

OhioMHAS Certification Number(s): \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reporting Period (please include year):  January 1 – June 30, 20\_\_\_\_ Report is due by July 31 of this year  
 July 1 – December 31, 20\_\_\_\_ Report is due by January 31 of the following year

**Please complete Parts A, B, C, D and E**

**Definitions. Please utilize the following definitions for completing this report:**

“Hours of Service” means the total number of hours of service provided to all clients.

“Mechanical Restraint” means staff intervention that involves any method of restricting a client’s freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

“Child” means an individual under the age of eighteen, or an individual with mental illness or substance use disorder under the age of twenty-one receiving services in any of the following services/programs that are specifically designed for children and adolescents: partial hospitalization, intensive outpatient treatment program or alcohol and other drug (AoD) residential/halfway house.

“Physical Restraint”, also known as “manual restraint”, means a staff intervention that involves any method of physically (also known as manually) restricting a client’s freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.

“Seclusion” means a staff intervention that involves the involuntary confinement of a client alone in a room where the client is physically prevented from leaving.

"Transitional hold" means a staff intervention that involves a brief physical (also known as manual) restraint of a client face-down for the purpose of quickly and effectively gaining physical control of that client, or prior to transport to enable the client to be transported safely.

“Unduplicated Clients Served” means the number of clients served during a specified timeframe. Each person can only be counted once, regardless of the number of services he or she receives.

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**Part A. Seclusion/Restraint Related Injury to Staff. Please check the appropriate answer, and then follow the instructions.**

Definition: Injury to staff caused, or it is reasonable to believe the injury was caused as a result of placing an individual in seclusion/restraint, and first aid or emergency/unplanned medical intervention was provided or should have been provided to treat the injury, or medical hospitalization was required. It does not include injuries which occur prior to, or are the rationale for, placing an individual in seclusion or restraint.

Provider did not have any seclusion and restraint related staff injuries. Please continue to Part B.

**Table A1. Seclusion/Restraint Related Injury to Staff**

	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
Injury requiring first aid						
Injury requiring emergency/unplanned medical intervention						
Injury requiring hospitalization						

**Part B. Crisis Intervention Service (Mental Health and AoD). Please check the appropriate answer, and then follow the instructions.**

- Provider is not certified for Crisis Intervention Mental Health Service and did not utilize or Provider policy prohibits the use of seclusion or restraint in AoD crisis intervention services. Please continue to Part C.
- Provider policy prohibits the use of seclusion and restraint in Crisis Intervention Service, and the Provider did not utilize seclusion or restraint during the reporting period. Please continue to Part C.
- Provider did not utilize seclusion or restraint in Crisis Intervention Mental Health Service during the reporting period. Please complete Table B1, and then continue to Part C.
- Seclusion or restraint was utilized in Crisis Intervention Mental Health Service. Please complete Tables B1 & B2, and then continue to Part C.

**Table B1. Seclusion and Restraint in Crisis Intervention Service**

<b>Service Utilization</b>	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
Total Number of Adult Unduplicated <b>Crisis Intervention</b> Clients Served						
Total Number of Child Unduplicated <b>Crisis Intervention</b> Clients Served						
Total Hours of <b>Crisis Intervention</b> service provided to Adults						
Total Hours of <b>Crisis Intervention</b> service provided to Children						

**Table B2. Seclusion and Restraint in Crisis Intervention Service (Mental Health and AoD)**

	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
<b>Seclusion for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
<b>Seclusion for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
<b>Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
<b>Physical Restraint for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
<b>Physical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
<b>Transitional Hold for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
<b>Transitional Hold for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

**Please Continue to Part C**

**Part C. Partial Hospitalization Service (Mental Health). Please continue to Part D when completed.**

- Provider is not certified for Partial Hospitalization Service. Please continue to Part D.
- Provider policy prohibits the use of seclusion and restraint in Partial Hospitalization Service, and the provider did not utilize seclusion and restraint during the reporting period. Please continue to Part D.
- Provider did not utilize seclusion or restraint in Partial Hospitalization Service during the reporting period. Please complete Table C1, and then continue to Part D.
- Seclusion or restraint was utilized in Partial Hospitalization Service. Please complete Tables C1 & C2, and then continue to Part D.

**Table C1. Seclusion and Restraint in Partial Hospitalization Service**

<b>Service Utilization and Partial Hospitalization Length</b>	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
Total Number of Unduplicated <b>Adult Partial Hospitalization</b> Clients Served						
Total Number of Unduplicated <b>Child Partial Hospitalization</b> Clients Served						
Total Hours of Partial Hospitalization Service Provided to Adults						
Total Hours of Partial Hospitalization Service Provided to Children						
Length of Adult Partial Hospitalization Day _____ Hours						
Length of Child Partial Hospitalization Day _____ Hours						

**Table C2. Seclusion and Restraint in Partial Hospitalization Service (Mental Health)**

	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
<b>Seclusion for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
<b>Seclusion for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
<b>Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
<b>Physical Restraint for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
<b>Physical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
<b>Transitional Hold for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
<b>Transitional Hold for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

**Please Continue to Part D**

**Part D. Intensive Outpatient Program/Service (AoD). Please continue to Part E when completed.**

- Provider is not certified for Intensive Outpatient Program/Service. Please continue to Part E.
- Provider policy prohibits the use of seclusion and restraint in Intensive Outpatient Program/Service, and the provider did not utilize seclusion and restraint during the reporting period. Please continue to Part E.
- Provider did not utilize seclusion or restraint in Intensive Outpatient Program/Service during the reporting period. Please complete Table D1, and then continue to Part E.
- Seclusion or restraint was utilized in Intensive Outpatient Program/Service. Please complete Tables D1 & D2, and then continue to Part E.

**Table D1. Seclusion and Restraint in Intensive Outpatient Program/Service (AoD)**

<b>Service Utilization</b>	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
Total Number of Unduplicated <b>Adult</b> Intensive Outpatient Program/Service Clients Served						
Total Number of Unduplicated <b>Child</b> Intensive Outpatient Program/Service Clients Served						
Total Hours of Intensive Outpatient Program/Service Provided to Adults						
Total Hours of Intensive Outpatient Program/Service Provided to Children						

**Table D2. Seclusion and Restraint in Intensive Outpatient Program/Service (AoD)**

	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
<b>Seclusion for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
<b>Seclusion for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
<b>Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
<b>Physical Restraint for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
<b>Physical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
<b>Transitional Hold for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
<b>Transitional Hold for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

**Please Continue to Part E**

**Part E. AoD Residential/Halfway House Program/Service. Please continue to Part F when completed.**

- Provider is not certified for AoD residential/halfway house services or does not provide AoD residential/halfway house services. Please continue to Part F.
- Provider policy prohibits the use of seclusion and restraint in AoD residential/halfway house services, and the Provider did not utilize seclusion and restraint during the reporting period. Please continue to Part F.
- Provider did not utilize seclusion or restraint in AoD residential/halfway house services during the reporting period. Please complete Table E1, and then continue to Part F.
- Seclusion or restraint was utilized in residential/halfway house services. Please complete Tables E1 & E2, and then continue to Part F.

**Part B: Service Utilization**

“Resident Days” means the sum of all census days less the sum of all leave days (authorized or unauthorized absences when resident is not under direct supervision of the residential facility operator).

**Table E1. Seclusion and Restraint in Residential Program/Service**

<b>Service Utilization</b>	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
Total Number of Resident Days per Month						

**Table E2. Seclusion and Restraint in AoD Residential/Halfway House Program/Service**

	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
<b>Seclusion for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
<b>Seclusion for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
<b>Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
<b>Physical Restraint for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
<b>Physical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
<b>Transitional Hold for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
<b>Transitional Hold for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

**Please Continue to Part F**

**Part F. All Other Certified Services**, excluding Crisis Intervention Mental Health, Partial Hospitalization Service, Intensive Outpatient Treatment, and AoD Residential/Halfway House.

Provider policy prohibits the use of seclusion other than in Crisis Intervention and/or Partial Hospitalization Service and/or Intensive Outpatient Treatment and/or AoD Residential/Halfway House Program/Service, and the provider did not utilize seclusion and restraint in other certified services during the reporting period. You are finished. Please return report.

Provider did not utilize seclusion or restraint in All Other Certified Services during the reporting period. You are finished. Please return report.

Seclusion or restraint was utilized in services other than Crisis Intervention, Partial Hospitalization, and Intensive Outpatient Treatment Service. Please complete Table F1 on the next page and then return report.

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**Table F1. Seclusion and Restraint in All Other Certified Services, Except Crisis Intervention Service, Partial Hospitalization Service, Intensive Outpatient Treatment, and AoD Residential/Halfway House for Children**

	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
<b>Seclusion for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
<b>Seclusion for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
<b>Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
<b>Physical Restraint for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
<b>Physical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
<b>Transitional Hold for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
<b>Transitional Hold for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

**You are finished. Please return report.**

**Thank you.**