

5122-26-13

Incident notification and risk management.

(A) This rule establishes standards to ensure the prompt and accurate notification of certain prescribed incidents. It also requires the agency provider to review and analyze all incidents so that it might identify and implement corrective measures designed to prevent recurrence and manage risk.

(B) Definitions

(1) "County community ~~mental health~~ board of residence" means the ~~mental health~~ board that is responsible for referring ~~and/or~~ paying for the client's treatment.

(2) "County community board" means a board with which the provider has entered into a contract to provide services or facilities.

~~(2)~~(3) "Incident" means an event that poses a danger to the health and safety of clients ~~and/or~~ staff and visitors of the agency provider, and is not consistent with routine care of persons served or routine operation of the agency provider.

~~(3)~~(4) "Reportable Incident" means an incident that must be submitted to the department, ~~including an incident that must then be forwarded by the department to the Ohio legal rights service pursuant to section 5123.604 of the Revised Code.~~ As referenced in division ~~(C)~~ (E) of section ~~5119.611~~5119.36 of the Revised Code, "Major Unusual Incident" has the same meaning as "Reportable Incident."

~~(4)~~(5) "Six month reportable incident" means an incident type of which limited information must be reported to the department. A six month reportable incident is not the same as a reportable incident.

~~(5)~~(6) "Six month incident data report" means a data report which must be submitted to the department.

(C) The agency provider shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to clients, staff, and visitors. The agency provider shall identify in policy other incidents to be reviewed and analyzed.

(1) An incident report shall be submitted in written form to the agency's provider's executive director or designee within twenty-four hours of discovery of a reportable incident.

- (2) As part of the ~~agency's~~provider's performance improvement process, a periodic review and analysis of reportable incidents, and other incidents as defined in ~~agency~~ the provider's policy, shall be performed. This shall include a review of all incident reports received from ~~class two and class three licensed type 2 and type 3~~ residential facilities as defined in division (B) of section 5119.34 of the Revised Code regarding persons served by the ~~agency~~provider, and any action taken by the ~~agency~~provider, as appropriate.
- (3) The ~~agency~~ provider shall maintain an ongoing log of its reportable incidents for departmental review.
- (D) Any person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect of:
- (1) Any child or adolescent, shall immediately notify the county children's services board, the designated child protective agency, or law enforcement authorities, in accordance with section 2151.421 of the Revised Code; or
 - (2) An elderly person, shall immediately notify the appropriate law enforcement and county department of jobs and family services authorities in accordance with section 5101.61 of the Revised Code.
- (E) Each ~~agency~~ provider shall submit reportable incidents and six month reportable incidents as defined by and according to the schedule included in appendix A to this rule.
- (F) Each reportable incident shall be documented ~~on form "DMH-LIC-015"~~ as required by the department. ~~Form "DMH-LIC-015"~~ The information shall include identifying information about the ~~agency~~provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R.164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.
- (1) The ~~agency~~ provider shall file only one incident form per event occurrence and identify each incident report category, if more than one, and include information regarding all involved clients, staff, and visitors; ~~and~~.
- If, after submitting a reportable incident to the department, a provider learns that an additional incident report category in addition to that which was already submitted is associated with the same event occurrence, the provider shall either amend the original report or submit a new incident report including only the new incident category and information.

- (2) The agency provider shall forward each reportable incident to the department and to the county community ~~mental health~~ board of residence within twenty-four hours of its discovery, exclusive of weekends and holidays; ~~and~~.
- (G) Each agency provider shall submit a six month incident data report to the department and to the county community ~~mental health~~ board utilizing the form that is in appendix B to this rule.
- The six month incident data report must be submitted according to the following schedule:
- (1) The six month incident data report for the period of January first through June thirtieth of each year shall be submitted no later than July thirty-first of the same year; and
- (2) The six month incident data report for the period of July first through December thirty-first of each year shall be submitted no later than January thirty-first of the following year.
- (H) The department may initiate follow-up and further investigation of a reportable incident and six month reportable incidents, as deemed necessary and appropriate, or may request such follow-up and investigation by the agency provider, regulatory or enforcement authority, ~~and/or the community mental health~~ county communityboard.

Effective: 04/01/2016

Five Year Review (FYR) Dates: 06/29/2015 and 04/01/2021

CERTIFIED ELECTRONICALLY

Certification

12/17/2015

Date

Promulgated Under: 119.03
Statutory Authority: 5119.36
Rule Amplifies: 5119.36
Prior Effective Dates: 1/1/04, 1/1/2012

**Certified Community Mental Health or Addiction Services Agency Provider
Reportable and Six Month Reportable Incidents**

In addition to the definitions in rule 5122-24-01 and 5122-26-16 of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-26-13 "Incident Notification and Risk Management":

- (1) "Emergency/Unplanned Medical Intervention" means treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided ~~in the agency~~ at the provider, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.
- (2) "First Aid" means treatment for an injury such as cleaning of an abrasion/wound with or without the application of a Band-aid, application of a butterfly bandages/Steri-Strips™, application of an ice/heat pack for a bruise, application of a finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail or draining a blister, removal of a splinter, removal of a foreign body from the eye using only irrigation or swab, massage, drinking fluids for relief of heat stress, eye patch, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the client and/or to provide comfort without a corresponding injury.
- (3) "Hospitalization" means inpatient treatment provided at a medical acute care hospital, regardless of the length of stay. Hospitalization does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community, or admission to psychiatric unit.
- (4) "Injury" means an event requiring medical treatment that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.
- (5) "Sexual Conduct" means as defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.
- (6) "Sexual Contact" means as defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-26-13 of the Administrative Code.

Category	Reportable Incident Definition
Suicide	The intentional taking of one's own life by a client.
Homicide by Client	The alleged unlawful killing of a human being by a client.
Homicide of Client	The alleged unlawful killing of a client by another person.
Accidental Death	Death of a client resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the <u>agency provider</u> or during the provisions of care or treatment, including during <u>agency provider</u> off-grounds events.
Verbal Abuse	Allegation of staff action directed toward a client that includes humiliation, harassment, and threats of punishment or deprivation.
Physical Abuse	Allegation of staff action directed toward a client of hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment or any other form of physical abuse as defined by applicable sections of the Revised or Administrative Code.
Sexual Abuse	Allegation of staff action directed toward a client where there is sexual contact or sexual conduct with the client, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the client, or sexual comments directed toward a client. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 or of the Revised Code.
Neglect	Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organizational policy, or professional standard and owed to a client by that staff member.
Defraud	Allegation of staff action directed toward a client to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowing cause, by deception or exploitation, some detriment to another.
Involuntary Termination Without Appropriate Client Involvement	Discontinuing services to <u>to</u> a client without <u>providing reasonable advance notice informing to</u> the client in advance of the termination, providing a reason for the termination, and offering a referral to the client. This does not include situations when a client discontinues services without notification, or the <u>agency provider</u> documents it was unable to notify the client due to lack of address, returned mail, lack of or non-working phone number, etc.
Sexual Assault by Non-staff, Including a Visitor, Client or Other	Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-staff against another individual, including staff, and which happens on the grounds of the <u>agency provider</u> or during the provisions of care or treatment, including during <u>agency provider</u> off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-26-13 of the Administrative Code (continued).

Category	Reportable Incident Definition
Physical Assault by Non-staff, Including Visitor, Client or Other	Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including staff, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention, or hospitalization, <u>or death</u> , and which happens on the grounds of the <u>agency provider</u> or during the provision of care or treatment, including during <u>agency provider</u> off-grounds events.
Medication Error	Any preventable event while the medication was in the control of the health care professional or client, and which resulted in permanent client harm, hospitalization, or death. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
Adverse Drug Reaction	Unintended, undesirable or unexpected effect of a prescribed medication(s) that results in permanent client harm, hospitalization, or death.
<u>Employee Theft of Medication</u>	<u>Allegation of employee theft of prescribed medication under the control of or stored by the agency provider.</u>
Medical Events Impacting <u>agency Provider</u> Operations	The presence or exposure of a contagious or infectious medical illness within an <u>agency provider</u> , whether brought by staff, client, visitor or unknown origin, that poses a significant health risk to other staff or clients in the <u>agency provider</u> , and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the <u>agency provider</u> , when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or clients avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.
Temporary Closure of One or More <u>agency Provider</u> Sites Subcategory (check one)	The <u>agency provider</u> ceases to provide services at one or more locations for a minimum period of more than seven consecutive calendar days due to: <ol style="list-style-type: none">1. Fire2. Disaster (flood, tornado, explosion, excluding snow/ice)3. Failure/Malfunction (gas leak, power outage, equipment failure)4. Other (name)

Continued On Page 4 & 5 for Seclusion and Restraint & Use of Force Related Incidents

Continued On Page 6 for Six Month Reportable Incident Instructions

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-26-13 of the Administrative Code (continued).

Category	Reportable Incident Definition
Inappropriate Use of Seclusion or Restraint	Seclusion or restraint utilization that is not clinically justified, or mechanical <u>restraint or seclusion</u> or restraint employed without the authorization of staff permitted to initiate/order mechanical seclusion or restraint
Subcategory (check all that apply)	<ol style="list-style-type: none">1. Seclusion2. Mechanical restraint3. Physical restraint, including transitional hold
Total Minutes	The total number of minutes of the seclusion or restraint.
<u>Use of Seclusion/Restraint by a Provider without Prior Notification that the Provider Permits the Use of Seclusion or Restraint</u>	<u>Use of seclusion or restraint without notification to the Department in accordance with paragraph (A)(1)(e) of rule 5122-25-03 or paragraph (A)(1)(e) of the Administrative Code of a provider's intent to utilize seclusion or restraint..</u>
<u>Subcategory (check one)</u>	<ol style="list-style-type: none"><u>1. Seclusion</u><u>2. Mechanical restraint</u><u>3. Physical restraint, including transitional hold</u>
Inappropriate Restraint Techniques and other Use of Force	Staff utilize one or more of the following methods/interventions prohibited by paragraph (D)(2) of rule 5122-26-16 of the Administrative Code:
Subcategory (check all that apply)	<ol style="list-style-type: none">1. Behavior management interventions that employ unpleasant or aversive stimuli such as: the contingent loss of the regular meal, the contingent loss of bed, and the contingent use of unpleasant substances or stimuli such as bitter tastes, bad smells, splashing with cold water, and loud, annoying noises2. Any technique that restricts the client's ability to communicate3. Any technique that obstructs vision4. Any technique that obstructs the airways or impairs breathing, <u>including placing a cloth or other item over an individual's mouth or nose</u>5. Use of mechanical restraint on a client under age 186. A drug or medication that is used as a restraint to control behavior or restrict the client's freedom of movement and is not a standard treatment or dosage for the client's medical or psychiatric condition or that reduces the client's ability to effectively or appropriately interact with the world around him/her7. The use of handcuffs or weapons such as pepper spray, mace, nightsticks, or electronic restraint devices such as stun guns and tasers
Seclusion/Restraint Related Injury to Client	Injury to a client caused, or it is reasonable to believe the injury was caused by being placed in seclusion/restraint or while 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 are self-inflicted, e.g. a client banging his/her head, unless the <u>agency provider</u> determines that the seclusion/restraint was not properly performed by staff, or injuries caused by another client, e.g. a client hitting another client.
Subcategory (check one)	<ol style="list-style-type: none">1. Injury requiring first aid2. Injury requiring unplanned/emergency medical intervention3. Injury requiring hospitalization

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-26-13 of the Administrative Code (continued).

Category	Reportable Incident Definition
Seclusion/Restraint Related Injury to Staff	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.
Subcategory (check one)	1. Injury requiring first aid 2. Injury requiring emergency/unplanned medical intervention Injury requiring hospitalization
Seclusion/Restraint Related Death	Death of a client which occurs while a client is restrained or in seclusion, within twenty-four hours after the client is removed from seclusion or restraint, or it is reasonable to assume the client's death may be related to or is a result of seclusion or restraint
Subcategory (check one)	<ol style="list-style-type: none">1. Death during seclusion or restraint2. Death within twenty-four hours of seclusion or restraint3. Death related to or result of seclusion or restraint

Continued On Page 6 for Six Month Reportable Incident Instructions

Six Month Reportable Incidents

The following lists and defines the incident data which must be reported every six months in accordance with paragraph (G) of rule 5122-26-13 of the Administrative Code.

Category	Six Month Reportable Incident Definition
Seclusion	A staff intervention that involves the involuntary confinement of a client alone in a room where the client is physically prevented from leaving.
Age 17 and Under	The aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes.
Age 18 and Over	The aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes.
Mechanical Restraint	A 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.
Age 18 and Over	The aggregate total number of all episodes of mechanical restraint and aggregate total minutes of all mechanical restraint episodes.
Physical Restraint excluding Transitional Hold	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
Age 17 and Under	The aggregate total number of all episodes of physical restraint and aggregate total minutes of all physical restraint episodes, excluding transitional hold.
Age 18 and Over	The aggregate total number of all episodes of physical restraint and aggregate total minutes of all physical restraint episodes, excluding transitional hold.
Transitional Hold	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.
Age 17 and Under	The aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes.
Age 18 and Over	The aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes.
<u>Seclusion/Restraint Related Injury to Staff</u>	<u>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.</u>
<u>Subcategory (check one)</u>	<u>1. Injury requiring first aid</u> <u>2. Injury requiring emergency/unplanned medical intervention</u> <u>3. Injury requiring hospitalization</u>

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

Instructions:

Please complete the Agency Information on this page, and complete Parts A, B, C, D and E. ~~If agency policy prohibits the use of seclusion or restraint, please check the box in Part A below. If agency policy permits the use of seclusion or restraint, please skip Part A and complete Parts B, C & D, beginning on Page 4.~~ Please complete Parts A, B, C & D D, and E if agency provider policy allows the use of seclusion or restraint, even if the agency provider did not utilize seclusion or restraint during the reporting period. Definitions are found on Page 2. Please complete one form for agency 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

Community Mental Health Agency Provider Information

Agency Name: _____

ODMH 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

Part A

~~Agency policy prohibits the use of seclusion and restraint in all certified services, and the agency did not utilize seclusion and restraint during the reporting period.~~

If Box in Part A is checked, you are finished.

~~Please return report.~~

~~If not, please skip to and~~ Please complete Parts A, B, C, ~~and D~~ 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 program.

“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.

This Page Intentionally Left Blank

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.

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

Table B1. Seclusion/Restraint Related Injury to Staff

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

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

Agency 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.

Agency Provider policy prohibits the use of seclusion and restraint in Crisis Intervention ~~Mental Health~~ Service, and the agency provider did not utilize seclusion or restraint during the reporting period. Please continue to Part C.

Agency 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

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

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

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

- Agency Provider is not certified for Partial Hospitalization Service. Please continue to Part D.
- Agency Provider policy prohibits the use of seclusion and restraint in Partial Hospitalization Service, and the agency provider did not utilize seclusion and restraint during the reporting period. Please continue to Part D.
- Agency 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

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

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

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

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

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

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

Please Continue to Part E

Part E. AoD Residential/Halfway House Program/Services for Children. 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 for children. Please continue to Part F.

Provider policy prohibits the use of seclusion and restraint in AoD residential/halfway house services for children, 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 for children during the reporting period. Please complete Table E1, and then continue to Part F.

Seclusion or restraint was utilized in residential/halfway house services for children. 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/Services for Children

<u>Service Utilization</u>	<u>January/ July</u>	<u>February/ August</u>	<u>March/ September</u>	<u>April/ October</u>	<u>May/ November</u>	<u>June/ December</u>
<u>Total Number of Resident Days per Month</u> <u>Total Number of Unduplicated Residential Child Clients Served</u>						
<u>Total Hours of Intensive Outpatient Program/Service Provided to Children</u>						

Table E2. Seclusion and Restraint in AoD Residential/Halfway House Program/Services for Children

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

Please Continue to Part F

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

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

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

Seclusion or restraint was utilized in ~~mental health~~-services other than Crisis Intervention, ~~Mental Health and~~ Partial Hospitalization, and Intensive Outpatient Treatment Service. Please complete Table ~~D1-F1~~ on the next page and then return report.

This space intentionally left blank.

Table D1F1. Seclusion and Restraint in All Other Certified ~~Mental Health~~ Services, Except Crisis Intervention ~~Mental Health~~ Service, and Partial Hospitalization Service, Intensive Outpatient Treatment, and AoD Residential/Halfway House for Children

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