



Department of
Mental Health

Ted Strickland, Governor
Sandra Stephenson, Director

May 5, 2010

Dear Community Mental Health Service Provider:

The PI Survey Results Report #3 is now available. This report describes statewide patterns and trends in the use of restraint and seclusion in residential and outpatient mental health services. This report focuses on data from the first two quarters of Fiscal Year 2010, July 1 through December 31, 2010.

Our goal in sharing this report is to provide information that organizations can be used for benchmarking and identifying trends; however, *we recommend caution when interpreting these results*. Many factors that affect the frequency and duration of restraint were not evaluated in this report (e.g., prevalence of serious mental illness) and should be considered when interpreting these results.

Please share your feedback and ideas to improve this report. We made several changes to the format and information provided in this report based on feedback we received following the first two reports.

Please contact me and let me know if you have addition comments or questions (dushka.crane-ross@mh.ohio.gov).

Thank you for your continued dedication to improving the quality of mental health services to Ohioans with mental illness.

Sincerely,

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Establishing mental health as a cornerstone to overall health

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**Ohio Department of Mental Health
Semi-Annual Benchmarking Report on Seclusion and Restraint
July through December, 2009**

Youth Residential Treatment Centers

Use of manual/physical restraint was reported by 19 of 22 youth residential treatment centers licensed by ODMH. No providers reported use of mechanical restraint. Two providers reported the use of seclusion. The charts and tables that follow depict use of manual restraint, including measures of frequency, duration and patterns of use.

Restraints per 1000 Client Days. In order compare frequencies across organizations of different sizes, frequencies were calculated relative to client days (i.e., census). *Restraints per 1000 Client Days* was calculated using the following formula:

$$\text{Restraints per 1000 Client Days} = \frac{\text{total \# of restraints}}{\text{total. \# client days}} \times 1000$$

For example, in an organization with 15 incidents of restraint in June and 600 client days in June (ie, 20 clients per day x 30 days in June), *Res. per1000 Days* = $(15/600) \times 1000 = 25.0$

Average Duration of Restraint. The *Average Duration per Restraint* was calculated using the following formula:

$$\text{Ave. Duration per Restraint} = \frac{\text{total min. of restraint}}{\text{total. \# of restraints}}$$

Using these formulas, you can identify your organization on scatter diagrams below.

Figure 1. Restraints per 1000 Client Days

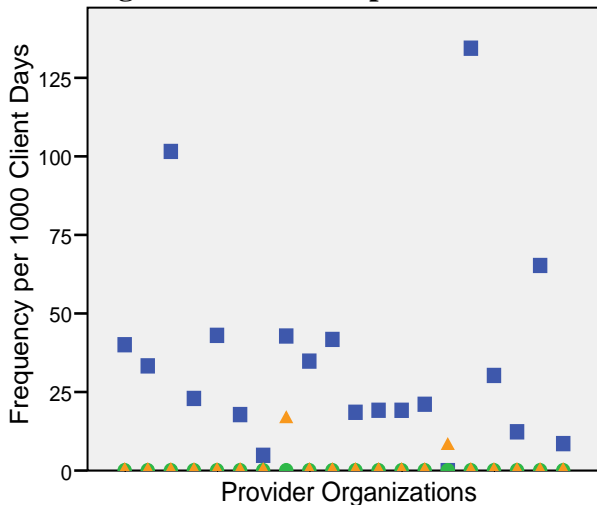


Figure 2. Average Duration per Restraint

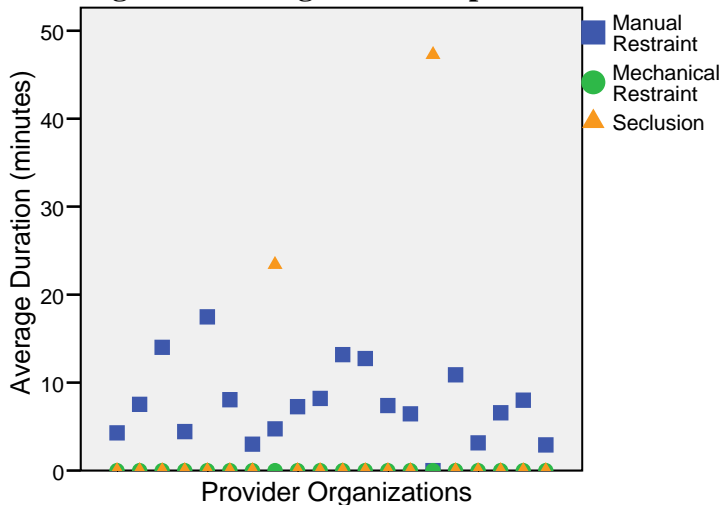


Table 1. Manual Restraint Frequency and Duration, Youth Residential Providers

Indicator	Number	Median	Mean	St. Dev.
Frequency per 1000 Client Days	19	26.6	35.6	32.6
Average Duration per Restraint	19	7.3	7.5	4.4

Youth Residential Treatment Centers

Trends Over Time. The control charts and tables below provide information about trends in the use of restraint in youth residential facilities during the past 18 months. Chart 1 demonstrates that the *Frequency of Restraint* relative to client days remained stable during the past 18 months. Chart 2 demonstrates special cause variation in the *Average Duration* of restraint, which suggests there has been a reduction in the average duration of restraint episodes during the past 18 months. Charts 3 and 4 demonstrate the frequency of restraint in relation to *Weekday* and *Hour*, with a peak in the frequency of restraint observed during the afternoon and early evening hours.

Chart 1. Frequency of Restraint: Restraints per 1000 Client Days

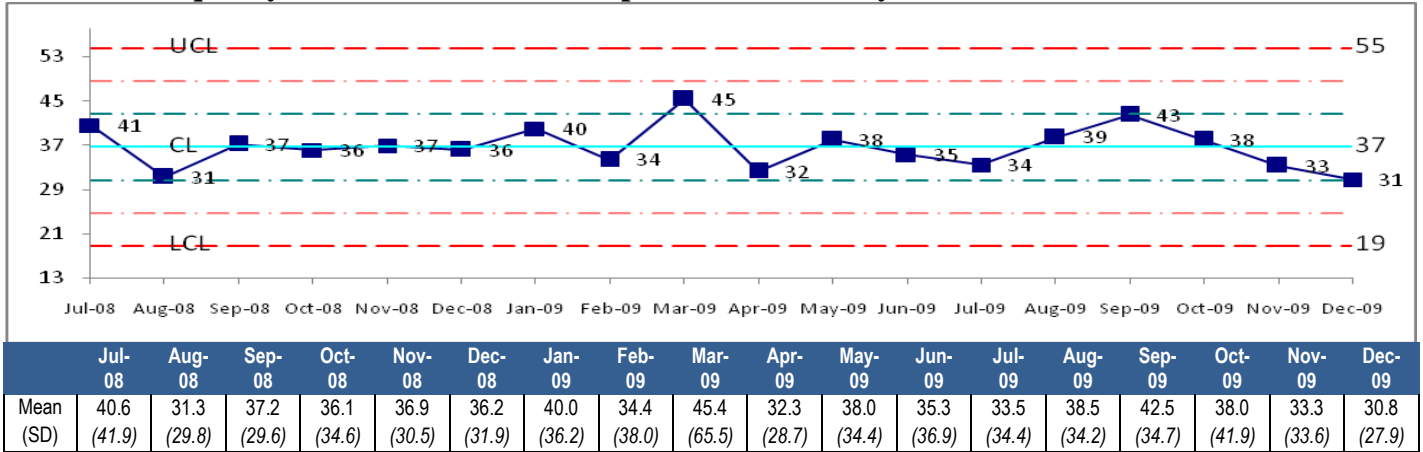


Chart 2. Average Duration per Restraint

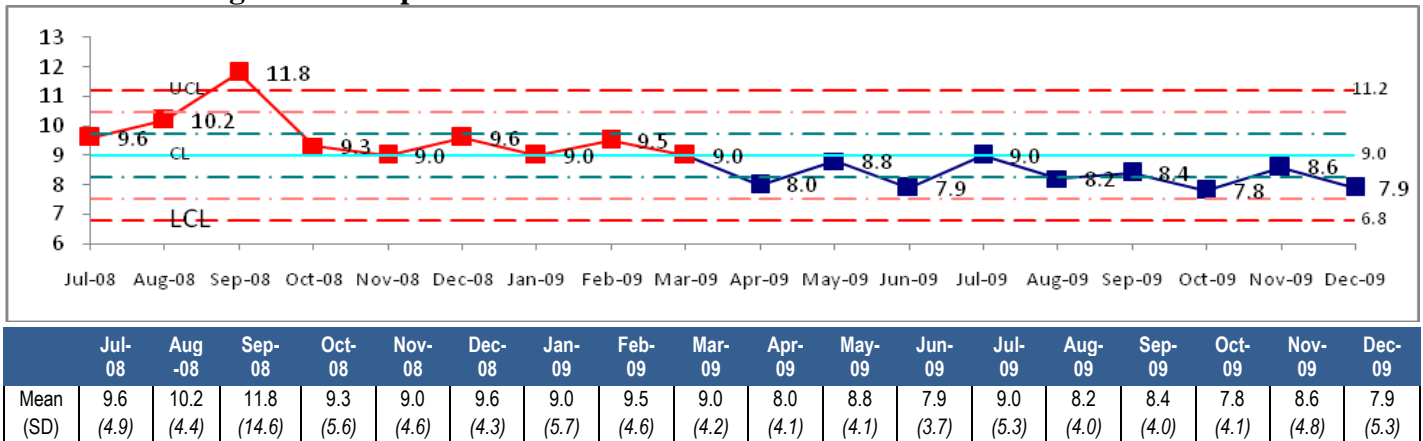


Chart 3. Restraint by Weekday

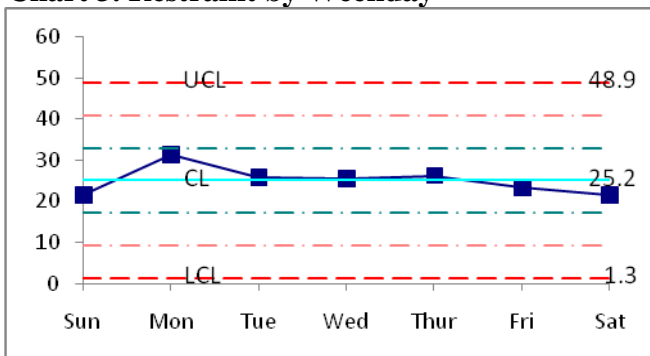
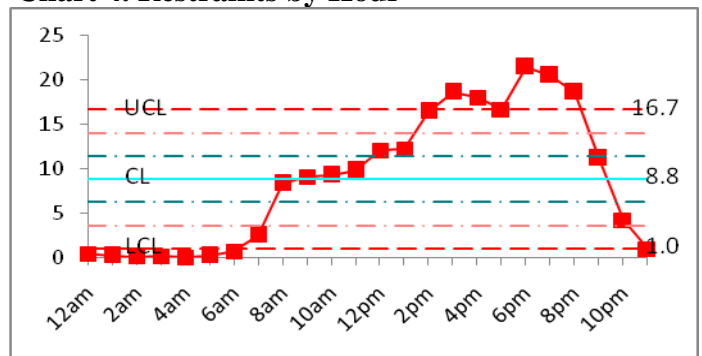


Chart 4. Restraints by Hour



Outpatient Community Mental Health Centers

Use of manual restraint was reported by 29 of 264 (approximately 11%) outpatient mental health providers who responded to the PI Survey. Only one community mental health organization reported use of mechanical restraint and one community mental health organization reported use of seclusion. Of those organizations utilizing any type of special treatment or safety measure, 69% reported their use in partial hospitalization and 10% reported their use in crisis intervention services. The following scatter diagrams depict the frequency and average duration of seclusion and restraint.

Frequency and Average Duration of Restraint. The frequency of restraint was calculated relative to the total hours of service provided within each program that utilized restraint. Hours of service were obtained from MACSIS billing records. The following formulas were used to calculate the *Frequency per 1000 Hours of Service* and the *Average Duration per Restraint*. Organizations can use these formulas to compare themselves to other organizations on the scatter diagrams, below.

$$\text{Freq. per 1000 Service Hours} = \frac{\text{total \# of restraints}}{\text{total. \# client days}} \times 1000$$

$$\text{Ave. Duration per Restraint} = \frac{\text{total min. of restraint}}{\text{total. \# of restraints}}$$

Figure 3. Frequency per 1000 Hours

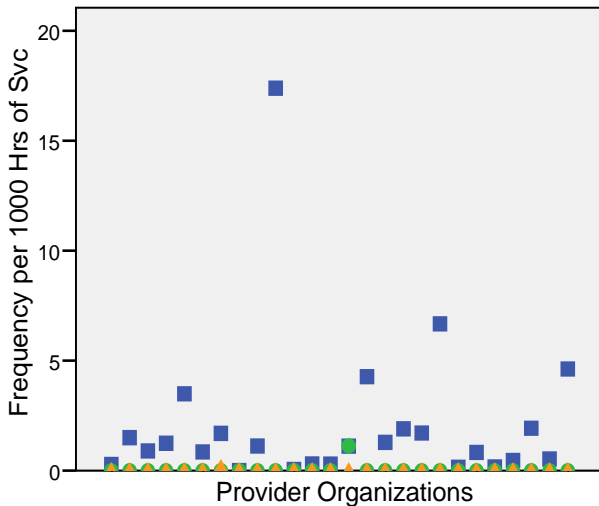


Figure 4. Average Duration per Restraint

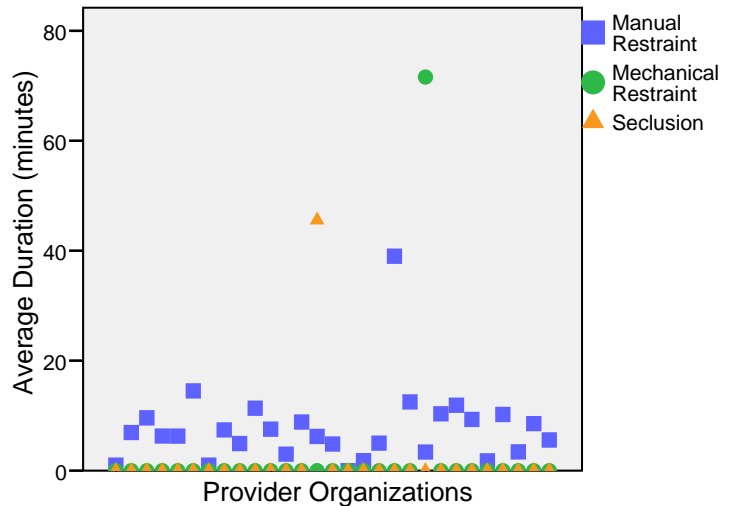


Table 2. Manual Restraint Frequency and Duration: Community Mental Health

Indicator	Number	Median	Mean	St. Dev.
Frequency per 1000 Hours of Service	26	1.1	2.1	3.5
Average Duration per Restraint	29	6.3	7.7	7.1



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