

**Community Mental Health Agency
Six Month Reportable Incident Data Report Form****Instructions:**

Please complete the Agency Information on this page. 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 B, C & D if agency policy allows the use of seclusion or restraint, even if the agency did not utilize seclusion or restraint during the reporting period.* Definitions are found on Page 2.

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 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 Information

Agency Name: _____ ODMH Certification Number: _____

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 complete Parts B, C and D

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.

“Physical 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 B. Crisis Intervention Mental Health Service. Please check the appropriate answer, and then follow the instructions.

- Agency is not certified for Crisis Intervention Mental Health Service. Please continue to Part C.
- Agency policy prohibits the use of seclusion and restraint in Crisis Intervention Mental Health Service, and the agency did not utilize seclusion or restraint during the reporting period. Please continue to Part C.
- Agency 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 Unduplicated Crisis Intervention Mental Health Clients Served						
Total Hours of Crisis Intervention Mental Health service						

Table B2. Seclusion and Restraint in Crisis Intervention Service

	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. Please continue to Part D when completed.

- Agency is not certified for Partial Hospitalization Service. Please continue to Part D.
- Agency policy prohibits the use of seclusion and restraint in Partial Hospitalization Service, and the agency did not utilize seclusion and restraint during the reporting period. Please continue to Part D.
- Agency 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 Partial Hospitalization Clients Served						
Total Hours of Partial Hospitalization Service						
Length of Partial Hospitalization Day ____ Hours						

Table C2. Seclusion and Restraint in Partial Hospitalization Service

	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. All Other Certified Mental Health Services, excluding Crisis Intervention Mental Health & Partial Hospitalization Service

- Agency policy prohibits the use of seclusion other than in Crisis Intervention Mental Health and/or Partial Hospitalization Service, and the agency did not utilize seclusion and restraint in other certified services during the reporting period. You are finished. Please return report.
- Agency 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 Service. Please complete Table D1 on the next page and then return report.

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Table D1. Seclusion and Restraint in All Other Certified Mental Health Services, Except Crisis Intervention Mental Health Service and Partial Hospitalization Service

	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.