Learning Community for Seclusion and Restraint Prevention

Instructions for Use of Data Collection Form

1. Enter each month's data on your agency's data report.
2. Each worksheet of the data report spreadsheet houses data for each program.
3. When complete: save sheet, email it as an attachment to admin@ohiochildrensalliance.org by the last day of the next month. (September data is due October 31). Title the attachment [agency][month].xlsx (for example: *ParmadaleJuly.xlsx)*.
4. If your agency does not offer seclusion, simply skip that section of the form and leave the fields with "N/A".

Definitions and Explanations

1. <u>Program Name</u> - Agencies must decide which program/facility/unit to classify as an individual program.
2. <u>Open Unit</u> - Clients are able to leave the unit without any obstruction, such as a locked door. All ODJFS certified facilities are considered open units.
3. <u>Locked/Secure Unit</u> - The unit has locks on doors causing clients to be unable to leave their living unit.
4. <u>Licensed Residential Beds</u> - The program's approved bed capacity. If your agency does not operate a Residential Center, please enter N/A.
5. <u>Total Residential Bed Days</u> - The total count of occupied beds during the month. For example, if a program has 15 children in care every day of a 30-day month, you would multiply 15 x 30 to reach a total of 450 Total Bed Days. If your agency does not operate a Residential Center, please enter N/A.
6. <u>Residential Occupancy Rate</u> - The percentage rate of bed occupancy during a month (uses a 30 day month by default).
7. <u>Day Treatment Total Capacity</u> - The program's approved classroom capacity. If your agency does not operate a day treatment program, please enter N/A.
8. <u>Day Treatment Billed Partial Hospitalization</u> - The total count of billed partial hospitalization for the month. For example, if a program has 15 children in partial hospitalization services for 2 hours a day for 12 days of the month, you would multiply 15 x 2 x 12 to reach a total of 360 billed hospitalization hours. If your program does not operate a Day Treatment program, please enter N/A.
9. <u>Day Treatment Utilization Rate</u> - The percentage rate of utilized partial hospitalization services.
10. <u>Seclusion</u> - The involuntary confinement of a person alone in a room where the person is physically prevented from leaving. If the agency does not have a seclusion room, please enter N/A. If the agency has a licensed room, but did not have any seclusions, please enter 0.
11. <u>Restraint</u> - Any method of physically restricting a person's freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.
12. <u>Serious Injury</u> - A serious injury that occurs during a restraint or seclusion episode, e.g., injuries incurred when being placed in seclusion or restraint or while in seclusion or restraint, with the exception of injury that is self-inflicted, such as a client banging his/her own head. Minor cuts, scratches, rug burns, and bruises are not considered serious injuries.

13. Crisis Prevention/Intervention Program - a behavioral management program or system used by a provider to empower staff with skills to safely and effectively respond to anxious, hostile, or violent client behavior while balancing the responsibilities of care. Examples include: Crisis Prevention Institute (CPI), Therapeutic Crisis Intervention (TCI), Handle With Care, and Safe Crisis Management (SCM).
14. Age Range of Children Served – input the age range of children allowed to be served in that program per your agency admission criteria, e.g. 12-17. Do not input the average age of clients served.
15. Client-Staff Ratio for Program: input the day-time client-staff ratio for the program per your agency's policy. Do not input the average client-staff ratio during the month.

Questions? Contact Mark Mecum at mark.mecum@ohiochildrensalliance.org