

## Virginia Department of Behavioral Health and Developmental Services

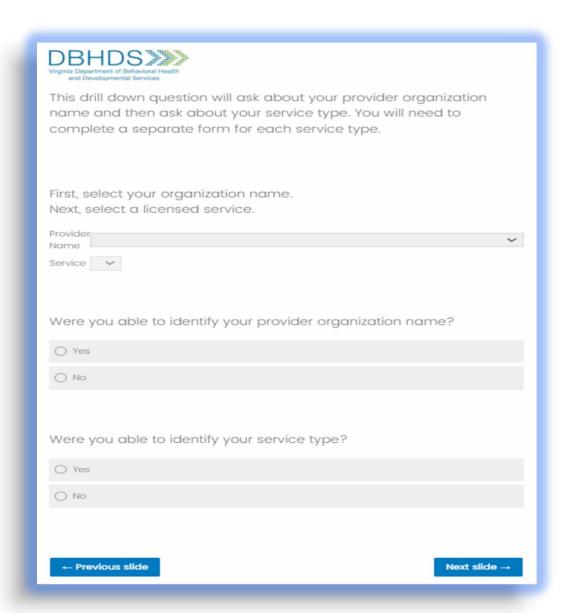
## OHR Seclusion and Restraint Form Guide CY2023



Providers will be asked to enter their cumulative data for their organization and all licensed programs. The data will include duration (in minutes) for instances of restraint and seclusion used for behavioral purposes; and duration orders of restraints used for medical and protective purposes.

Providers are required to collect and maintain information about seclusion and restraint monthly. A representative from the Office of Human Rights may contact Providers to obtain a copy of this specific information.

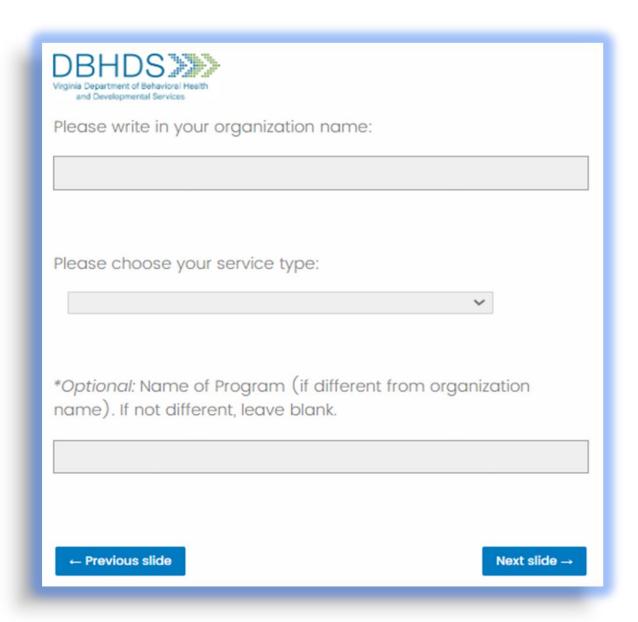
The Community Annual Seclusion and Restraint Reporting Memo and a download of this Form Guide are available via hyperlink on the opening page of the survey.



Providers should select the name of their organization from the drop-down menu, then do the same for the service type reporting on. \*\*Providers must complete separate forms for **each** service type licensed, funded or operated by DBHDS.

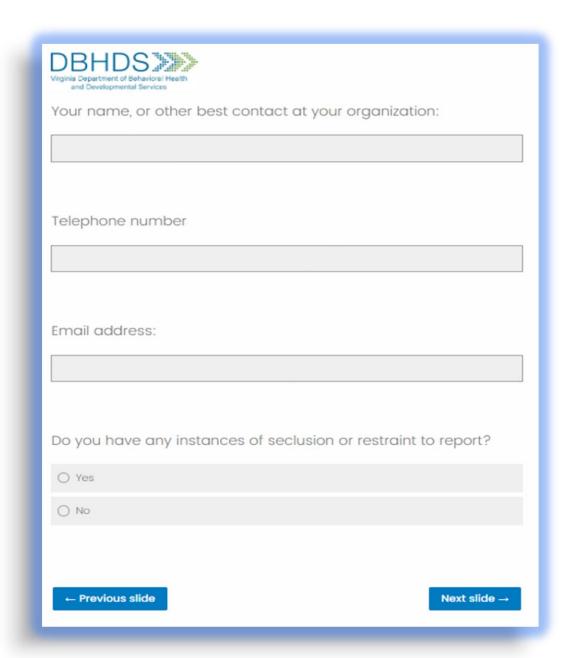
If a provider is unable to identify their organization name and/or service type from the drill-down menu, other entry options will be displayed on the next slide.

Providers must answer the two yes/no questions, in order to proceed with the form.



The first two questions will only display if the response was 'no' to the corresponding yes/no question on the previous slide.

The last question on will show as optional (and alone) if both questions were answered "yes" on the previous slide.



Providers must answer each of the questions in order to proceed with the form.

If Providers answer 'yes' to indicate they do have instances to report, they will proceed in completing the form.

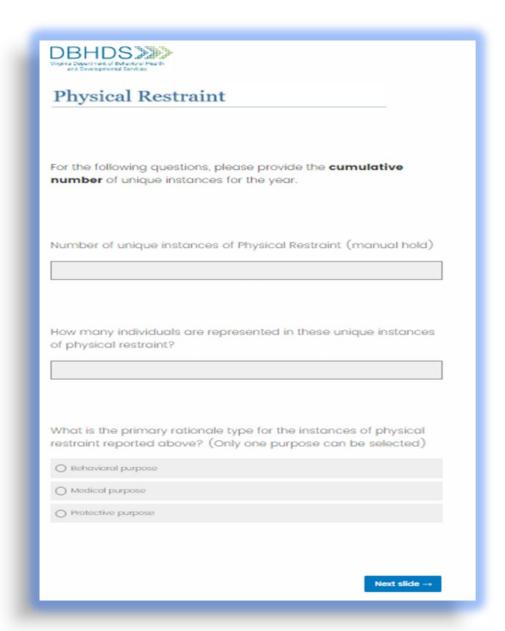
If they answer 'no', the end-of-form message will appear, and the Provider is complete. \*\*with entry for this service type, and may begin a new form for additional licensed services within the organization.



Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.



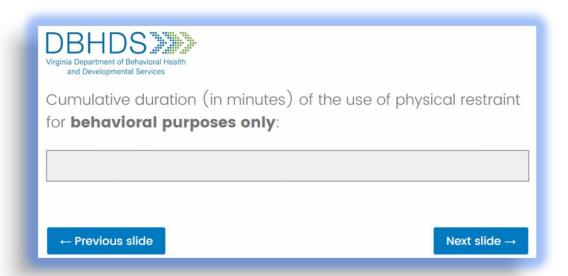
If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only.

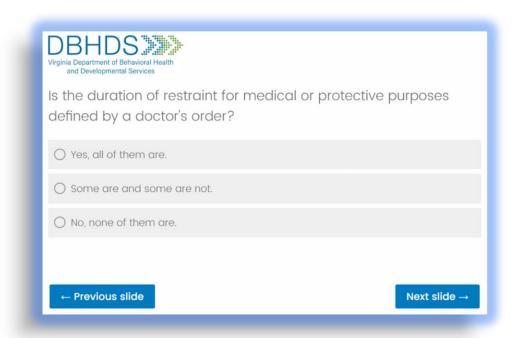
For the last question, a Provider may only select one option (the primary rationale type).

If behavioral purpose rationale type is selected, they will proceed to the duration question.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.

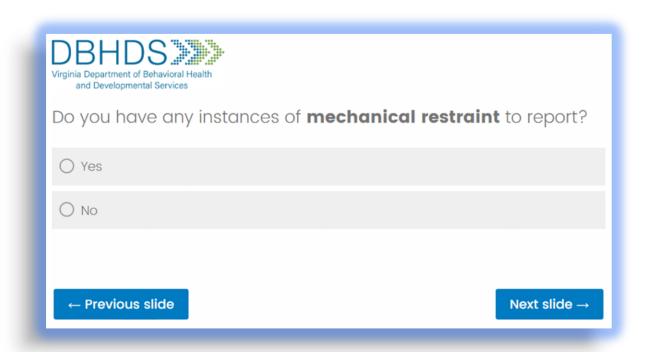


Providers must answer the question to proceed with the form when behavioral rationale type was selected on the previous slide. This question requires a number only



Providers must answer the question to proceed with the form when medical *or* protective rationale type was selected on the previous slide.

There can only be one selection chosen.



Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.



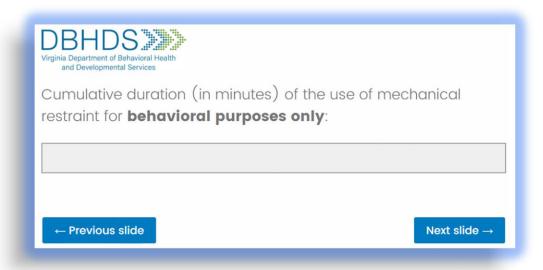
If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only

For the last question, a Provider may only select one option (the primary rationale type).

If behavioral purpose rationale type is selected, they will proceed to the duration question.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.



Providers must answer the question to proceed with the form if behavioral rationale type was selected on the previous slide. This question requires a number only



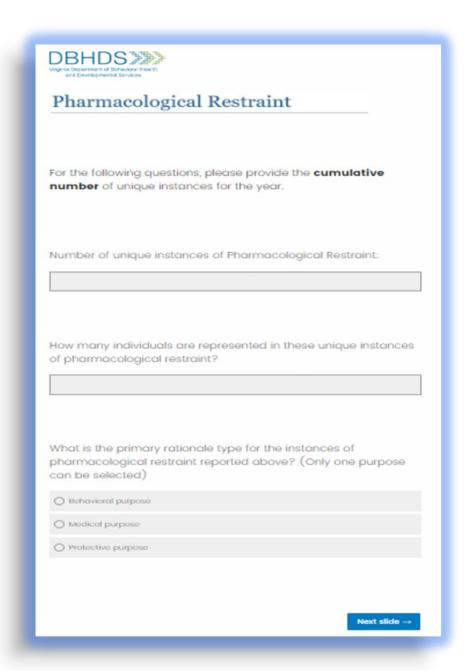
Providers must answer the question to proceed with the form if medical or protective rationale type was selected. There may only be one selection chosen.



Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.



If Providers indicated they have instances to report on the previous slide, they must answer these questions to proceed with the form.

The first two questions require a number only.

For the last question, a Provider may only select one option (the primary rationale type).

\*The duration question is not included in this section, even should behavioral purpose be selected.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.



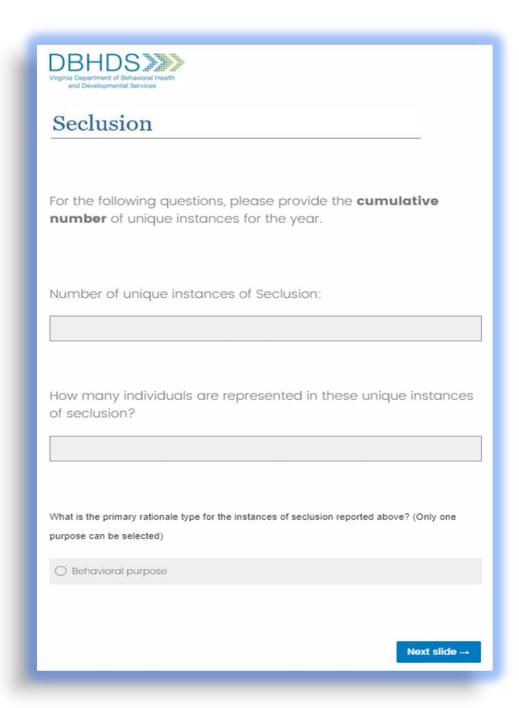
Providers must answer the question to proceed with the form if medical or protective rationale type was selected. There may only be one selection chosen.



Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

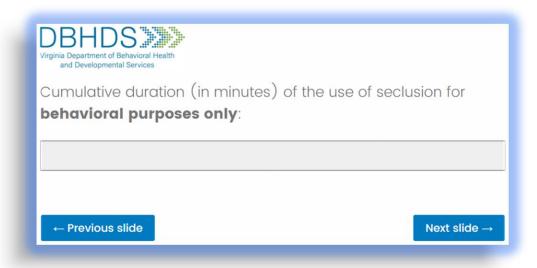
If Providers answered 'no', they will advance to the next section.



If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only.

For the last question, a provider may **only** select Behavioral Purpose as rationale, and they will proceed to the duration question.



Providers must answer the question to proceed with the form. This question requires a number only.



If you have reports to enter for another service type, click <a href="here">here</a>. If not, you may download a summary of your responses below or close this browser tab.

Thank you for submitting your information on instances of seclusion and restraint that occurred in calendar year 2023. Your responses were submitted on 12/18/2023.

A representative from the DBHDS Office of Human Rights may contact you for additional information.

Below is a summary of your responses

Download PDF

Once all questions have been answered in each applicable section, the end-of-form message will be displayed as confirmation of submission.

OR

If Providers indicated they did not have ANY instances of Seclusion or Restrains to report for a licensed service, the end-of-form message will be displayed as confirmation of submission.

Providers may then download their responses, print the confirmation page for their records, and/or use the hyperlink to begin the form again for additional service types, at the designation marked "here" or end use of the form