



# COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

December 15, 2025

The information provided in this Memo relates to licensed provider reporting of annual seclusion and restraint information for each licensed service, for Calendar Year 2025. In accordance with 12VAC35-115-230 of the Human Rights Regulations, licensed providers must submit an annual report of each instance of seclusion or restraint, or both by January 15<sup>th</sup> every year. Failure to submit this information is a violation of the regulations and can result in a Licensing citation.

Again, this year, the Office of Human Rights will utilize a web-based survey. This survey asks questions about if and how often physical, mechanical, and pharmacological restraint and seclusion were used; and why the provider used those restraint and seclusion methods. Providers are being asked to enter cumulative data, for the total number of unique instances of restraint and seclusion or both between January 1 and December 31, 2025.

### Tips to Prevent Common Mistakes:

- Providers with zero instances of restraint or seclusion must still complete the survey, indicating zero instances. This will help OHR differentiate between providers who have not utilized seclusion and restraint from providers who fail to submit required information.
- Providers that have submitted a CHRIS report related to an instance of seclusion or restraint that occurred during Calendar Year 2025 should indicate that instance of seclusion or restraint on the survey. This survey is designed to collect information about all instances of seclusion and restraint for the previous year, including those instances that were unauthorized.
- Providers with more than one licensed service should click the blue hyperlink text at the end of the survey to start another survey for a different service type.
- Providers that are **only providing services that are not licensed** by DBHDS **should not** submit an annual seclusion and restraint survey. Providers that are applying for a DBHDS license but do not have a license yet **should not** submit an annual seclusion and restraint survey.

### Survey Completion Instructions:

- A Form Guide and [Annual Seclusion & Restraint Reporting Form Tutorial](#), with screenshots and audio instructions for completing the survey are available for download upon opening the survey. In addition, please refer to the annual seclusion and restraint reporting requirements and definitions in the [Human Rights Regulations](#) (included below) to ensure you are providing the required, accurate information.
- If an error is made while completing the survey, simply use the back button. If the error is unable to be corrected in this way, providers can advance through the survey and then click “submit again” on the last page. This will submit the correct survey. Afterwards providers should immediately email their assigned OHR Regional Manager of the date and time the correct survey was submitted.
- After a survey is submitted, providers have the option to download their responses or to print an image of the confirmation screen for their records. When a provider has indicated zero instances, the only option available is to print an image of the confirmation screen.

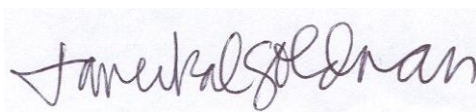
Upon review and analysis of the data submitted, a representative from OHR may contact you for additional or clarifying information.

Beginning at 11:59 PM on December 31<sup>st</sup>, licensed providers can access the survey using this link: [https://virginiadbhds.az1.qualtrics.com/jfe/form/SV\\_2ttXDAIDiDiHb0](https://virginiadbhds.az1.qualtrics.com/jfe/form/SV_2ttXDAIDiDiHb0) The survey will close and become unavailable for data entry on January 31st at 11:59PM.

The Office of Human Rights (OHR) uses data submitted through the survey to identify trends and develop education materials. Information collected this year will build on statewide efforts initiated by [Senate Bill 569](#). The bill required DBHDS to bring together a workgroup to consider regulations that promote safe, recovery-oriented methods for restraint and seclusion, and explore alternative ways to manage behavior that could lessen or eliminate the need for restraint and seclusion in hospitals, residential programs, and licensed facilities. The workgroup submitted 17 recommendations that emphasize practical strategies for transformation and alignment with national best practices including consistent data collection and transparency to meaningfully assess and impact the use of restraint and seclusion in private licensed community provider settings.

Follow this link to review last year’s [Seclusion-and-Restraint-Data-Summary-CY24.pdf](#)

We appreciate your compliance with this reporting requirement. If you have questions, please call, or email your OHR Regional Manager.



Taneika Goldman  
Director, Office of Human Rights  
DBHDS

## OHR Regional Manager Contacts:

<b>Region 1</b>	Cassie Purtlebaugh	804-382-3889	<a href="mailto:cassie.purtlebaugh@dbhds.virginia.gov">cassie.purtlebaugh@dbhds.virginia.gov</a>
<b>Region 2</b>	Diana Atcha	804-426-3279	<a href="mailto:diana.atcha@dbhds.virginia.gov">diana.atcha@dbhds.virginia.gov</a>
<b>Region 3</b>	Mandy Crowder	434-713-1621	<a href="mailto:mandy.crowder@dbhds.virginia.gov">mandy.crowder@dbhds.virginia.gov</a>
<b>Region 4</b>	Andrea Milhouse	434-390-0116	<a href="mailto:andrea.milhouse@dbhds.virginia.gov">andrea.milhouse@dbhds.virginia.gov</a>
<b>Region 5</b>	Latoya Wilborne	757-508-2523	<a href="mailto:latoya.wilborne@dbhds.virginia.gov">latoya.wilborne@dbhds.virginia.gov</a>

## 12VAC35- 115 -230 Provider Requirements for Reporting

Providers shall collect, maintain and report the following information concerning seclusion and restraint.

The director of a service licensed or funded by the department shall submit an annual report [of] each instance of seclusion or restraint or both by the 15<sup>th</sup> of January each year, or more frequently if requested by the department.

Each instance of seclusion or restraint or both shall be compiled on a monthly basis and the report shall include:

Type or types, to include:

- Physical restraint (manual hold)
- Mechanical restraint
- Pharmacological restraint
- Seclusion

Rationale for the use of seclusion or restraint, to include:

- Behavioral purpose
- Medical purpose
- Protective purpose

Duration of the seclusion or restraint, as follows:

- The duration of seclusion and restraint used for behavioral purposes is defined as the *actual time* the individual is in seclusion or restraint from the time of initiation of [the] seclusion or restraint until the individual is released.
- The duration of restraint for medical and protective purposes is defined as *the length of the episode as indicated in the order*.

## 12VAC35 – 115 – 30 Definitions

“Restraint” means the use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual from moving his body to engage in a behavior that places him or other at *imminent risk*.

“Mechanical Restraint” means the use of a mechanical device that cannot be removed by the individual to restrict freedom of movement or functioning of a limb or a portion of an individual’s body when that behavior places him or others at imminent risk.

“Pharmacological Restraint” means the use of a medication that is administered involuntarily for the *emergency* control of an individual’s behavior when that individual’s behavior places him or others at imminent risk and administered medication is *not a standard treatment for the individual’s medical or psychiatric condition*.

“Physical Restraint, also referred to as a manual hold, means the use of a physical intervention or hands-on hold to prevent an individual from moving his body when that individual's behavior places [them] or others at imminent risk"

"Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it.