

Seclusion and Restraint Reporting

Authority:	CFOP 155-20, CFOP 155-21, DCF Data System Guidelines
Requirement:	Contract
Frequency:	Ongoing
Due Date:	No later than the 18 th following the end of the reporting month; year to date data submitted no later than July 31, following end of fiscal year

Description:

The State of Florida provides standards for the use of Seclusion and Restraint in state mental health treatment facilities. All facilities as defined in Section 394.455 (10), F.S. are required to adhere to the standards and requirements of 65E-5.180 (7), F.A.C. and therefore must report SANDR data. Any agency licensed under 65D-30.005 is also required to adhere to the same standards and SANDR data reporting requirements. Additionally, any agency licensed under 65D-30 which exercises control of aggression are also required to report.

The Department relies on Managing Entities to provide technical assistance of SANDR events into a database system for review. LSF Health Systems has legislative authority to provide oversight and monitoring of network service providers for compliance with regulations involving use of seclusion and restraint.

Definitions:

Facilities – This includes all hospitals, community facilities, public or private facilities, or receiving or treatment facilities that provide for the evaluation, diagnosis, care, treatment, training or hospitalization of persons who appear to have a mental illness or have been diagnosed with having a mental illness. This does not include any program or entity licensed pursuant to Chapter 400 (nursing homes) or Chapter 429 (assisted care/group home facilities).

Seclusion – The physical segregation of a resident in any fashion or involuntary isolation of a resident in a room or area from which the resident is prevented from leaving. It does not include secluding a resident for reasons involving a medical condition or symptoms, or in order to respond to unusual circumstances such as riots or hostage situations.

Restraint – A physical device, method or drug used to control behavior.

The Network Service Provider and any applicable subcontractor shall:

- Comply with all requirements in CFOP 155-20 and CFOP 15-21 and the SANDR data reporting deadlines and rules outlined in the DCF Data System Guidelines.
- Collect data involving a seclusion or restraint event and enter it into the DCF SAMHIS Aventura portal when it has ended. Data for new records and for updating existing records should be collected and reported into the database hourly, daily, weekly or monthly, but not later than the 18th following the end of the reporting month. Year-to-date data for a fiscal year must be collected and submitted into the database not later than July 31st following the end of the fiscal year.

- To request access to SAMIS to report seclusion and restraint events, each user must submit a Database Access Request Form, Security Agreement Form and updated Security Awareness and HIPAA training certificates. Even if a user currently has access to report non-ME funded client incidents or access for another Managing Entity, the paperwork must be submitted to request a SAMHIS user role to report LSF-funded clients.
- If a serious injury or death occurs during the course of a seclusion or restraint, providers are required to enter the critical incident event into the Department's Incident Reporting and Analysis System (IRAS).
- Maintain and update internal policies and procedures reflecting best practices and standards contained in state operating procedures; providers who prohibit the use of any seclusion or restraint will reflect such in internal policies and procedures addressing crisis intervention and how to react to aggressive consumers.
- Ensure physical crisis intervention training of staff working in direct care within 30 days of new hire and document same in personnel files; orientation will emphasize that the health and safety of the consumer is the primary concern. Medical priorities shall supersede psychiatric priorities including the immediate discontinuation of the use of seclusion; appropriate staff will be trained to be sensitive to individuals with a history of trauma and will promote the use of trauma-informed care.
- Provide Personal Safety Plans for individuals in crisis stabilization units and short-term residential facilities. This will ensure consumers are being asked for calming strategies helpful to avoiding a crisis during their treatment. It is recommended that completed Safety Plans be sent home with individuals identified as high risk for suicide and that lethal means restriction also be addressed.
- Adhere to initiation and follow-up evaluation guidelines involving seclusion and restraint by employing physician or appropriate practitioners, per state law.
- Appoint and develop a Seclusion and Restraint Oversight Committee that includes medical staff to conduct weekly reviews of each use of seclusion and restraint in addition to monitoring patterns of use. This committee shall include a person served or external advocate whenever possible.
- Maintain a logbook of restraints and seclusions by each CSU and SRT. It will sequentially indicate the name, date, time, specified reason for seclusion or restraint, time removed, and length of time in seclusion or restraint and condition upon release.
- Report any deaths occurring during the use of seclusion or restraint into the state's Incident Reporting and Analysis System (IRAS) and notify other appropriate agencies, including LSF Health Systems, within the guidelines set forth in CFOP 155-20, CFOP 155-21.
- Respond to Corrective Action Plans when deficiencies are cited within the timeframes set forth in the provider contract with the Managing Entity.

More information on SANDR can be viewed at:

<https://www.myflfamilies.com/>

- USE OF SECLUSION IN MENTAL HEALTH TREATMENT FACILITIES CFOP 155-20
- USE OF RESTRAINT IN MENTAL HEALTH TREATMENT FACILITIES CFOP 155-21
- DCF DATA SYSTEM GUIDELINES: SECLUSION AND RESTRAINT EVENTS - SANDR