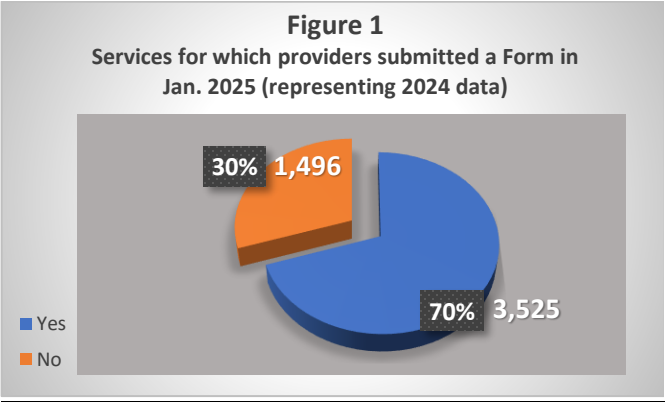


Seclusion and Restraint – Reporting Summary, 2024

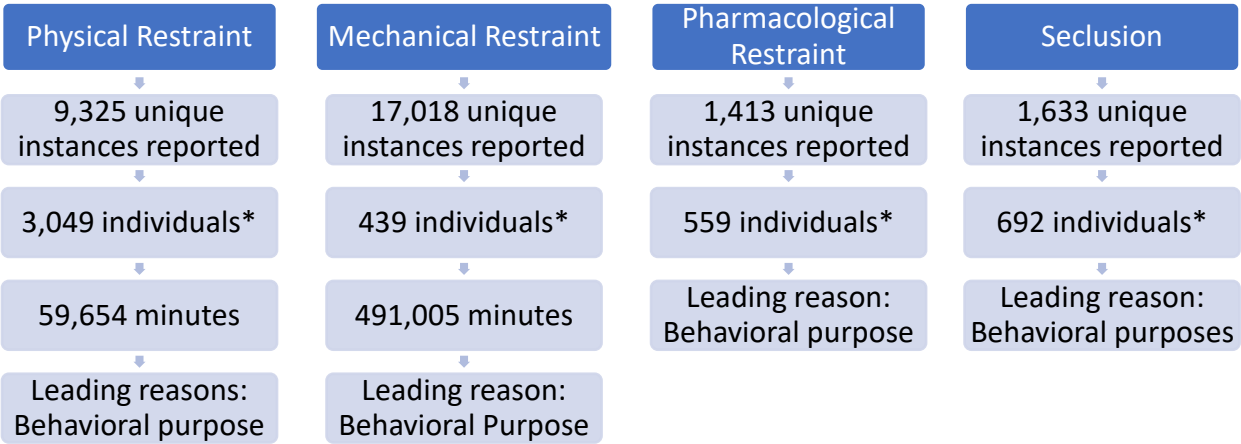
Background: Per Human Rights Regulation [12VAC35-115-230](#), licensed providers are required to submit an annual report of each instance of seclusion or restraint [[12VAC35-115-30](#)], or both **for each licensed service** by January 15th of each year.



2024 Response rate:
Of the 5,021 licensed services delivered by the 2,187 providers in Calendar Year 2024, we received responses for 3,525 services, and did not receive responses from 1,496 services for reporting year 2024. This means that providers either did not respond or did not respond for *all* services. **This is a response rate of 70%.** This is shown in **Figure 1**.

Results: For each licensed service, providers report the number of unique instances of physical restraint, mechanical restraint, pharmacological restraint, and seclusion. The number of unique instances, the individuals involved, and the leading reason for the seclusion/restraint is depicted in **Figure 2** below. For physical and mechanical restraint, the total number of minutes is also reported. The highest number of instances and minutes reported were associated with mechanical restraints, while the highest number of individuals correlates to physical restraint.

Figure 2. Details about Reported Seclusion and Restraint *Note: Individuals may be represented multiple times.



Summary: The total number of licensed services reporting use of Seclusion and Restraints for calendar year 2024, represented 9% (333) of all responses received. Additionally, of the unique instances reported: 32% were Physical, 59% were Mechanical, 3% were Pharmacological, and 6% were Seclusion. Information such as this will continue to be utilized by DBHDS Office of Human Rights in continued efforts to identify and reduce trends of inappropriate use of seclusion and restraint. [Senate Bill 569](#) will direct DBHDS to convene a work group to propose additional regulations to allow for the use of (i) evidence-based and recovery-oriented seclusion and restraint practices and (ii) alternative behavior management practices that may limit or replace the use of seclusion and restraint in hospitals, residential programs, and licensed facilities. The bill further requires the Department to submit a report of its findings, recommendations, and proposed regulations to the General Assembly by November 1, 2025.