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**Appendix J:**  
**ROSI Administrative-Data Profile**

# **Appendix J: ROSI Administrative-Data Profile**

## **Recovery Oriented System Indicators (ROSI) Administrative-Data Profile**

**Recovery Theme: Peer Support** (involves the findings that peer support and consumer operated services in a myriad of forms facilitates recovery).

- 1: Independent Peer/Consumer Operated Programs  
The percentage of mental health catchment or service areas responding that have independent peer/consumer operated programs.
- 2: Peer/Consumer Delivered Service Funding  
For the reporting period, the percentage of state program funds allocated for peer/consumer delivered services.
- 3: Medicaid Funded Peer/Consumer Delivered Services.  
For the reporting period, the percentage of Medicaid funding reimbursed for peer/consumer delivered services.
- 4: Consumer Employment in Mental Health Systems  
The number of annual slots specifically funded for training primary consumers in relevant educational and training programs and institutes to become mental health providers.
- 5: Affirmative Action Hiring Policy  
The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers.

**Recovery Theme: Choice** (involves the findings that having choices, as well as support in the process of making choices, regarding housing, work, social, service, treatment as well as other areas of life facilitate recovery).

- 6: Advance Directives  
The percentage of local mental health provider agencies responding that have an established mechanism to help clients develop advance directives.

**Recovery Theme: Formal Service Staff** (involves the findings as to the critical roles formal service staff play in helping or hindering the recovery process).

- 7: Direct Care Staff to Client Ratio  
For the reporting period, the ratio of direct care staff to clients for all local mental health provider agencies responding.

**Recovery Theme: Formal Services** (involves the findings that formal service systems' culture, organization, structure, funding, access, choice, quality, range, continuity and other characteristics can help or hinder the process of recovery).

**Formal Services Sub-Theme: Helpful System Culture and Orientation** (involves the finding that a formal service system's culture and orientation that is holistic and consumer oriented facilitates recovery).

8. State Recovery Oriented Mission Statement  
The state mental health authority's mission statement explicitly includes a recovery orientation.
9. Local Agency Recovery Oriented Mission Statement  
The percentage of local mental health provider agencies responding whose mission statements explicitly include a recovery orientation.
10. Consumer Involvement in Provider Contract Development  
The percentage of provider agency performance contracts reported that have primary consumer involvement in their development/yearly review (i.e., specifying services, outcomes, target numbers, etc).
11. State Office of Consumer Affairs  
For the reporting period, the percentage of staff in the state office of consumer affairs who are primary disclosed consumers.
12. Regional/Local Office of Consumer Affairs  
For the reporting period, the percentage of regional mental health offices/local mental health authorities (or equivalent) responding that have an office of consumer affairs.
13. Consumer Representation on State Planning Council  
For the reporting period, the percentage of state mental health authority planning council members who are disclosed primary consumers.
14. Consumer Representation on Local Boards  
For the reporting period, the percentage of board membership that are disclosed primary consumers of local mental health provider agencies responding.

**Formal Services Sub-Theme: Coercion** (involves the finding that coercion in formal service systems hinders recovery).

15. Involuntary Inpatient Commitments  
For the reporting period, the percentage of involuntary admissions in the public and private inpatient units responding.
16. Involuntary Outpatient Commitments  
For the reporting period, the percentage of clients (unduplicated) under involuntary outpatient commitments of the local mental health provider agencies responding.

17. Seclusion Hours

For the reporting period, the hours of seclusion as a percentage of client hours of the units responding.

18. Seclusion of Clients

For the reporting period, the percentage of clients secluded at least once of the units responding.

19. Restraint Hours

For the reporting period, the hours of restraint as a percentage of client hours of the units responding.

20. Restraint of Clients

For the reporting period, the percentage of clients restrained at least once of the units responding.

**Formal Services Sub-Theme: Access to Services** (involves the findings as to getting the formal services that consumers feel they need and find helpful facilitates recovery).

21. Diversion from Criminal/Juvenile Justice Systems

The percentage of mental health catchment or service areas responding that have jail diversion services.

22. Integrated Substance Abuse and Mental Health Services

The percentage of mental health catchment or service areas responding that have integrated substance abuse and mental health services.

23. Trauma Service Provision

The percentage of mental health catchment or service areas responding that have trauma services.

## ROSI Administrative-Data Profile: Authority Characteristics

Authority: \_\_\_\_\_ Date \_\_\_\_\_

1. What is your organization's legal structure?

- a.  Public  
b.  Private Nonprofit  
c.  Private for Profit  
d.  Other: \_\_\_\_\_

2. Geographic Location:

Country: \_\_\_\_\_

State/ Province: \_\_\_\_\_

3. What geographic area do you cover?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Geographic Setting (check all that apply):

- a.  Urban  
b.  Small City  
c.  Suburban  
d.  Rural  
e.  Remote/Frontier

5. How many providers of mental health services are in your network (unduplicated)?

\_\_\_\_\_

6. How many providers of mental health services are in your network provided data for this ROSI Administrative-Data Profile?

\_\_\_\_\_

7. What populations do you serve? (Check all that apply.)

- a.  Children General Mental Health  
b.  Adult General Mental Health  
c.  Elderly General Mental Health  
d.  Children Serious Emotional Disord  
e.  Adult Serious Mental Illness  
f.  Elderly Serious Mental Illness  
g.  Children Substance Abuse  
h.  Adult Substance Abuse  
i.  Other: \_\_\_\_\_

Thank You!

## ROSI Administrative Data Profile – Authority Level

**Directions:** Please respond to each item as thoroughly as possible. Please report data for your current activities or your most recently completed fiscal year. When the available data does not fully meet the specified item definition, please define the data used for that item on the form and continue to the next item. When data is not available, please indicate this on the form and continue to the next item.

### 1. Independent Peer/Consumer Operated Programs

1a. Numerator: The total number of mental health catchment or service areas responding that have independent peer/consumer operated programs:

1a. \_\_\_\_\_

1b. Denominator: The total number of mental health catchment or service areas responding:

1b. \_\_\_\_\_

1c. Indicator: The percentage of mental health catchment or service areas responding that have independent peer/consumer operated programs.  
(Numerator 1a. divided by denominator 1b.)

1c. \_\_\_\_\_%

### 2. Peer/Consumer Delivered Service Funding

2a. Numerator: For the reporting period, the amount of program funds in the state mental health budget allocated for peer/consumer delivered services:

2a. \_\_\_\_\_

2b. Denominator: For the reporting period, the total amount of program funds in state mental health budget:

2b. \_\_\_\_\_

2c. Indicator: For the reporting period, the percentage of state program funds allocated for peer/consumer delivered services.  
(Numerator 2a. divided by denominator 2b.)

2c. \_\_\_\_\_%

### 3. Medicaid Funded Peer/Consumer Delivered Services.

3a. Numerator: For the reporting period, the amount of Medicaid reimbursement for services delivered in peer/consumer operated programs and by peer specialists.

3a. \_\_\_\_\_

3b. Denominator: For the reporting period, the total amount of Medicaid reimbursement for behavioral health care.

3b. \_\_\_\_\_

3c. Indicator: For the reporting period, the percentage of Medicaid funding reimbursed for peer/consumer delivered services.  
(Numerator 3a. divided by denominator 3b.) 3c. \_\_\_\_\_ %

**4. Consumer Employment in Mental Health Systems**

4. Indicator: The number of annual slots specifically funded for training primary consumers in relevant educational and training programs and institutes to become mental health providers.  
Number of Annual Slots 4. \_\_\_\_\_

**5. Affirmative Action Hiring Policy**

5a. Numerator: The number of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers. 5a. \_\_\_\_\_

5b. Denominator: The total number of local mental health provider agencies responding. 5b. \_\_\_\_\_

5c. Indicator: The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers.  
(Numerator 5a. divided by denominator 5b.) 5c. \_\_\_\_\_ %

**6. Advance Directives**

6a. Numerator: The number of local mental health provider agencies responding that have an established mechanism to help clients develop advance directives. 6a. \_\_\_\_\_

6b. Denominator: The total number of local mental health provider agencies responding.  
(Note: Same as 5b) 6b. \_\_\_\_\_

6c. Indicator: The percentage of local mental health provider agencies responding that have an established mechanism to help clients develop advance directives.  
(Numerator 6a. divided by denominator 6b.) 6c. \_\_\_\_\_ %

**7. Direct Care Staff to Client Ratio**

7a. Numerator: For the reporting period, the total number of direct care staff (unduplicated) of local mental health provider agencies responding. 7a. \_\_\_\_\_

7b. Denominator: For the reporting period, the total number of clients (unduplicated) of local mental health provider agencies responding. **7b.** \_\_\_\_\_

7c. Indicator: For the reporting period, the ratio of direct care staff to clients for all local mental health provider agencies responding. (Numerator 7a to denominator 7b.) **7c.** \_\_\_\_\_

**8. State Recovery Oriented Mission Statement**

8. Indicator: The state mental health authority's mission statement explicitly includes a recovery orientation.

Yes       No

If yes, please describe the initiatives for implementing this recovery orientation:

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**9. Local Agency Recovery Oriented Mission Statement**

9a. Numerator: The number of local mental health provider agencies responding whose mission statement includes a recovery orientation. **9a.** \_\_\_\_\_

9b. Denominator: The total number of local mental health provider agencies responding. **9b.** \_\_\_\_\_  
(Note: Same as 5b)

9c. Indicator: The percentage of local mental health provider agencies responding whose mission statements explicitly include a recovery orientation. **9c.** \_\_\_\_\_ %  
(Numerator 9a. divided by denominator 9b.)

**10. Consumer Involvement in Provider Contract Development**

10a. Numerator: The number of authority level provider agency performance contracts reported that document primary consumer involvement in their development/yearly review. **10a.** \_\_\_\_\_

10b. Denominator: The total number of authority level provider agency performance contracts reported. **10b.** \_\_\_\_\_

10c. Indicator: The percentage of authority level provider agency performance contracts reported that have primary consumer involvement in their development/yearly review (i.e., specifying services, outcomes, target numbers, etc).  
(Numerator 10a. divided by denominator 10b.) 10c. \_\_\_\_\_ %

**11. State Office of Consumer Affairs**

11a. Numerator: For this reporting period, the number of staff (unduplicated) in the state office of consumer affairs who are disclosed primary consumers.  
**11a.** \_\_\_\_\_

11b. Denominator: For this reporting period, the total number of staff (unduplicated) in the state office of consumer affairs.  
**11b.** \_\_\_\_\_

11c. Indicator: For the reporting period, the percentage of staff in the state office of consumer affairs who are primary disclosed consumers.  
(Numerator 11a. divided by denominator 11b.) 11c. \_\_\_\_\_ %

**12. Regional/Local Office of Consumer Affairs**

12a. Numerator: For this reporting period, the number of regional mental health offices/local mental health authorities (or equivalent) responding that have an office of consumer affairs.  
**12a.** \_\_\_\_\_

12b. Denominator: For this reporting period, the total number of regional mental health offices/local mental health authorities (or equivalent) responding.  
**12b.** \_\_\_\_\_

12c. Indicator: For the reporting period, the percentage of regional mental health offices/ local mental health authorities (or equivalent) responding that have an office of consumer affairs.  
(Numerator 12a. divided by denominator 12b.) 12c. \_\_\_\_\_ %

**13. Consumer Representation on State Planning Council**

13a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who are state planning council members.  
**13a.** \_\_\_\_\_

13b. Denominator: For the reporting period, the total number state planning council members (unduplicated).  
**13b.** \_\_\_\_\_

13c. Indicator: For the reporting period, the percentage of state mental health authority planning council members who are disclosed primary consumers.

(Numerator 13a. divided by denominator 13b.)

13c. \_\_\_\_\_ %

**14: Consumer Representation on Local Boards**

14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on boards of local mental health provider agencies responding.

14a. \_\_\_\_\_

14b. Denominator: For the reporting period, the total number board members (unduplicated) of local mental health provider agencies responding.

14b. \_\_\_\_\_

14c. Indicator: For the reporting period, the percentage of board membership that are disclosed primary consumers of local mental health provider agencies responding.

(Numerator 14a. divided by denominator 14b.)

14c. \_\_\_\_\_ %

**15. Involuntary Inpatient Commitments**

15a. Numerator: For the reporting period, the number of involuntary inpatient admissions in the public and private inpatient units responding.

15a. \_\_\_\_\_

15b. Denominator: For the reporting period, the total number of inpatient admissions in the public and private inpatient units responding.

15b. \_\_\_\_\_

15c. Indicator: For the reporting period, the percentage of involuntary admissions in the public and private inpatient units responding.

(Numerator 15a. divided by denominator 15b.)

15c. \_\_\_\_\_ %

**16. Involuntary Outpatient Commitments**

16a. Numerator: For the reporting period, the number of clients (unduplicated) on involuntary outpatient commitment status (new and continuing) of the local mental health provider agencies responding.

16a. \_\_\_\_\_

16b. Denominator: For the reporting period, the total number of clients (unduplicated) who received outpatient services from the local mental health provider agencies responding.

16b. \_\_\_\_\_

16c. Indicator: For the reporting period, the percentage of clients (unduplicated) under involuntary outpatient commitments of the local mental health provider agencies responding.  
(Numerator 16a. divided by denominator 16b.) 16c. \_\_\_\_\_ %

**17. Seclusion Hours**

17a. Numerator: For the reporting period, the total number of hours that all clients spent in seclusion at the inpatient units responding.  
17a. \_\_\_\_\_

17b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) for each day (client days) multiplied by 24 hours for the inpatient units responding.  
17b. \_\_\_\_\_

17c. Indicator: For the reporting period, the hours of seclusion as a percentage of client hours for the inpatient units responding.  
(Numerator 17a. divided by denominator 17b.) 17c. \_\_\_\_\_ %

**18. Seclusion of Clients**

18a. Numerator: For the reporting period, the total number of clients (unduplicated) who were secluded at least once in the inpatient units responding.  
18a. \_\_\_\_\_

18b. Denominator: For the reporting period, the total number of unduplicated clients who were inpatients of the inpatient units responding.  
18b. \_\_\_\_\_

18c. Indicator: For the reporting period, the percentage of clients secluded at least once at the inpatient units responding.  
(Numerator 18a. divided by denominator 18b.) 18c. \_\_\_\_\_ %

**19. Restraint Hours**

19a. Numerator: For the reporting period, the total number of hours that all clients spent in restraint at the inpatient units responding.  
19a. \_\_\_\_\_

19b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) for each day (client days) multiplied by 24 hours for the inpatient units responding.  
(Note: Same as 17b) 19b. \_\_\_\_\_

19c. Indicator: For the reporting period, the hours of restraint as a percentage of client hours of the inpatient units responding.  
(Numerator 19a. divided by denominator 19b.) 19c. \_\_\_\_\_ %

**20. Restraint of Clients**

20a. Numerator: For the reporting period, the total number of clients (unduplicated) who were restrained at least once at the inpatient units responding. 20a. \_\_\_\_\_

20b. Denominator: For the reporting period, the total number of unduplicated clients of the inpatient units responding.  
(Note: Same as 18b) 20b. \_\_\_\_\_

20c. Indicator: For the reporting period, the percentage of clients restrained at least once at the inpatient units responding.  
(Numerator 20a. divided by denominator 20b.) 20c. \_\_\_\_\_ %

**21. Diversion from Criminal/Juvenile Justice Systems**

21a. Numerator: The total number of mental health catchment or service areas responding that have jail diversion services. 21a. \_\_\_\_\_

21b. Denominator: The total number of mental health catchment or service areas responding.  
(Note: Same as 1b) 21b. \_\_\_\_\_

21c. Indicator: The percentage of mental health catchment or service areas responding that have jail diversion services.  
(Numerator 21a. divided by denominator 21b.) 21c. \_\_\_\_\_ %

**22. Integrated Substance Abuse and Mental Health Services**

22a. Numerator: The total number of mental health catchment or service areas responding that have integrated substance abuse and mental health services. 22a. \_\_\_\_\_

22b. Denominator: The total number of mental health catchment or service areas responding.  
(Note: Same as 1b) 22b. \_\_\_\_\_

22c. Indicator: The percentage of mental health catchment or service areas responding that have integrated substance abuse and mental health services.  
(Numerator 22a. divided by denominator 22b.) 22c. \_\_\_\_\_ %

**23. Trauma Service Provision**

23a. Numerator: The total number of mental health catchment or service areas responding that have trauma services.

**23a.** \_\_\_\_\_

22b. Denominator: The total number of mental health catchment or service areas responding.

(Note: Same as 1b)

**23b.** \_\_\_\_\_

23c. Indicator: The percentage of mental health catchment or service areas responding that have trauma services.

(Numerator 23a. divided by denominator 23b.)

**23c.** \_\_\_\_\_ %

## ROSI Administrative-Data Profile: Mental Health Provider Characteristics

Provider Organization \_\_\_\_\_

Date \_\_\_\_\_

1. What is your organization's legal structure?

a.  Public

c.  Private for Profit

b.  Private Nonprofit

d.  Other: \_\_\_\_\_

2. Geographic Location:

Country: \_\_\_\_\_

State/Province: \_\_\_\_\_

County: \_\_\_\_\_

3. Geographic Setting (check all that apply):

a.  Urban

d.  Rural

b.  Small City

e.  Remote/Frontier

c.  Suburban

4. How many consumers does your organization serve in mental health services each year (unduplicated)?

\_\_\_\_\_

5. How many full time equivalents (FTEs) do you have on staff who directly provide mental health services at this time?

\_\_\_\_\_

6. Which mental health services do you provide at this time? (Check all that apply.)

a.  Counseling/Psychotherapy

g.  Assertive Community Treatment (ACT)

b.  Case Management

h.  Clubhouse

c.  Housing/Residential Services

i.  Alcohol/ Drug Abuse Treatment

d.  Medication Management

j.  Employment/Vocational Services

e.  Self-help/Consumer Run Service

k.  Other: \_\_\_\_\_

f.  Psychosocial Rehabilitation

Thank You!

## ROSI Administrative Data Profile – Mental Health Provider Level

**Directions:** Please respond to each item as thoroughly as possible. Please report data for your current activities or your most recently completed fiscal year. When the available data does not fully meet the specified item definition, please define the data used for that item on the form and continue to the next item. When data is not available, please indicate this on the form and continue to the next item.

### 1. Independent Peer/Consumer Operated Programs

1 Indicator: There is at least one independent peer/consumer operated program in our mental health catchment or service area.

Yes       No

### 2. Peer/Consumer Delivered Service Funding

2a. Numerator: For the reporting period, the amount of program funds in our agency's mental health budget allocated for peer/consumer delivered services:

2a. \_\_\_\_\_

2b. Denominator: For the reporting period, the total amount of program funds in our agency's mental health budget:

2b. \_\_\_\_\_

2c. Indicator: For the reporting period, the percentage of our agency's program funds allocated for peer/consumer delivered services.  
(Numerator 2a. divided by denominator 2b.)

2c. \_\_\_\_\_%

### 3. Medicaid Funded Peer/Consumer Delivered Services.

3a. Numerator: For the reporting period, the amount of Medicaid reimbursement our agency has received for services delivered in peer/consumer operated programs and by peer specialists.

3a. \_\_\_\_\_

3b. Denominator: For the reporting period, the total amount of Medicaid reimbursement our agency has received for behavioral health care.

3b. \_\_\_\_\_

3c. Indicator: For the reporting period, the percentage of Medicaid funding our agency has been reimbursed for peer/consumer delivered services.  
(Numerator 3a. divided by denominator 3b.)

3c. \_\_\_\_\_%

### 4. Consumer Employment in Mental Health Systems

4. Indicator: The number of annual slots our agency specifically funded for training primary consumers in relevant educational and training programs and institutes to become mental health providers.

Number of Annual Slots

4. \_\_\_\_\_

**5. Affirmative Action Hiring Policy**

5. Indicator: Our agency has an affirmative action hiring policy regarding primary consumers.  
 Yes       No

**6. Advance Directives**

6. Indicator: Our agency has an established mechanism to help clients develop advance directives.  
 Yes       No

**7. Direct Care Staff to Client Ratio**

7a. Numerator: For the reporting period, the total number of direct care staff (unduplicated) of our agency.

7a. \_\_\_\_\_

7b. Denominator: For the reporting period, the total number of clients (unduplicated) served by our agency.

7b. \_\_\_\_\_

7c. Indicator: For the reporting period, the ratio of direct care staff to clients for our agency.  
(Numerator 7a to denominator 7b.)

7c. \_\_\_\_\_

**8. State Recovery Oriented Mission Statement**

8. Indicator: The state mental health authority's mission statement explicitly includes a recovery orientation. (SKIP)

**9. Local Agency Recovery Oriented Mission Statement**

9. Indicator: Our agency has a mission statement that explicitly includes a recovery orientation.  
 Yes       No

If yes, please describe the initiatives for implementing this recovery orientation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Consumer Involvement in Provider Contract Development**

10a. Numerator: The number of our agency's performance contracts with outside mental health service vendors that document primary consumer involvement in their development/yearly review.

10a. \_\_\_\_\_

10b. Denominator: The total number of our agency's performance contracts with outside mental health service vendors.

**10b.** \_\_\_\_\_

10c. Indicator: The percentage of our agency's performance contracts with outside mental health service vendors that have primary consumer involvement in their development/yearly review (i.e., specifying services, outcomes, target numbers, etc).

(Numerator 10a. divided by denominator 10b.)

**10c.** \_\_\_\_\_%

**11. State Office of Consumer Affairs**

11 For the reporting period, the percentage of staff in the state office of consumer affairs who are primary disclosed consumers. (SKIP)

**12. Regional/Local Office of Consumer Affairs**

12. Indicator: Our regional mental health office or local mental health authority has an office of consumer affairs.

Yes       No

**13. Consumer Representation on State Planning Council**

13. Indicator: For the reporting period, the percentage of state mental health authority planning council members who are disclosed primary consumers. (SKIP)

**14. Consumer Representation on Local Boards**

14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on our agency's board of directors.

**14a.** \_\_\_\_\_

14b. Denominator: For the reporting period, the total number of our agency's board members (unduplicated).

**14b.** \_\_\_\_\_

14c. Indicator: For the reporting period, the percentage of our agency's board membership that are disclosed primary consumers.

(Numerator 14a. divided by denominator 14b.)

**14c.** \_\_\_\_\_%

**15. Involuntary Inpatient Commitments**

15a. Numerator: For the reporting period, the number of involuntary inpatient admissions in our agency's inpatient units.

**15a.** \_\_\_\_\_

15b. Denominator: For the reporting period, the total number of inpatient admissions in our agency's inpatient units.

**15b.** \_\_\_\_\_

15c. Indicator: For the reporting period, the percentage of involuntary admissions in our agency's inpatient units.  
(Numerator 15a. divided by denominator 15b.)

**15c.** \_\_\_\_\_ %

**16. Involuntary Outpatient Commitments**

16a. Numerator: For the reporting period, the number of our agency's clients (unduplicated) on involuntary outpatient commitment status (new and continuing).

**16a.** \_\_\_\_\_

16b. Denominator: For the reporting period, the total number of our agency's clients (unduplicated) who received outpatient services.

**16b.** \_\_\_\_\_

16c. Indicator: For the reporting period, the percentage of our agency's clients (unduplicated) under involuntary outpatient commitments.  
(Numerator 16a. divided by denominator 16b.)

**16c.** \_\_\_\_\_ %

**17. Seclusion Hours**

17a. Numerator: For the reporting period, the total number of hours that all of our agency's clients spent in seclusion at our agency's inpatient units.

**17a.** \_\_\_\_\_

17b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) of our agency's inpatient units for each day (client days) multiplied by 24 hours.

**17b.** \_\_\_\_\_

17c. Indicator: For the reporting period, the hours of seclusion as a percentage of client hours for our agency's inpatient units.  
(Numerator 17a. divided by denominator 17b.)

**17c.** \_\_\_\_\_ %

**18. Seclusion of Clients**

18a. Numerator: For the reporting period, the total number of clients (unduplicated) who were secluded at least once at our agency's inpatient units.

**18a.** \_\_\_\_\_

18b. Denominator: For the reporting period, the total number of unduplicated clients in our agency's inpatient units.

**18b.** \_\_\_\_\_

18c. Indicator: For the reporting period, the percentage of clients secluded at least once at our agency's inpatient units.  
(Numerator 18a. divided by denominator 18b.) 18c. \_\_\_\_\_ %

**19. Restraint Hours**

19a. Numerator: For the reporting period, the total number of hours that all clients of our agency's inpatient units spent in restraint.  
19a. \_\_\_\_\_

19b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) of our agency's inpatient units for each day (client days) multiplied by 24 hours.  
(Note: Same as 17b) 19b. \_\_\_\_\_

19c. Indicator: For the reporting period, the hours of restraint as a percentage of client hours of our agency's inpatient units.  
(Numerator 19a. divided by denominator 19b.) 19c. \_\_\_\_\_ %

**20. Restraint of Clients**

20a. Numerator: For the reporting period, the total number of clients (unduplicated) who were restrained at least once at our agency's inpatient units.  
20a. \_\_\_\_\_

20b. Denominator: For the reporting period, the total number of unduplicated clients of our agency's inpatient units.  
(Note: Same as 18b) 20b. \_\_\_\_\_

20c. Indicator: For the reporting period, the percentage of clients restrained at least once at our agency's inpatient units.  
(Numerator 20a. divided by denominator 20b.) 20c. \_\_\_\_\_ %

**21. Diversion from Criminal/Juvenile Justice Systems**

21. Indicator: Jail diversion services are available in our mental health catchment or service area for mental health consumers.  
 Yes       No

**22. Integrated Substance Abuse and Mental Health Services**

22. Indicator: Integrated substance abuse and mental health services are available in our mental health catchment or service area for mental health consumers.  
 Yes       No

**23. Trauma Service Provision**

23. Indicator: Trauma services are available in our mental health catchment or service area for mental health consumers.

Yes       No