Action Request Transmittal  
Developmental Disabilities Services  

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**Issue date:** 10/29/2021  
**Updated Number:** DD-AR-21-072

**Topic:** Developmental Disabilities

**Subject:** SB 710 Quarterly Report

**Applies to (check all that apply):**
- [ ] All DHS employees  
- [ ] Area Agencies on Aging: [Select type]  
- [ ] Aging and People with Disabilities  
- [ ] Self Sufficiency Programs  
- [ ] County DD Program Managers  
- [ ] Support Service Brokerage Directors  
- [x] ODDS Children’s Residential Services  
- [ ] Child Welfare Programs  
- [ ] County Mental Health Directors  
- [ ] Health Services  
- [ ] Office of Developmental Disabilities Services (ODDS)  
- [ ] ODDS Children’s Intensive In Home Services  
- [ ] Stabilization and Crisis Unit (SACU)  
- [x] Other (please specify): Children’s residential and host home provider agencies

**Update 10/29/2021:** Quarterly Report updated to allow multiple selections in drop-down menus.

**Action required:**

Beginning September 1, 2021 all Children’s 24-Hour Residential and Host Home agencies must collect the data identified in this transmittal. The data must be submitted to ODDS.ChildrensResidentialReferrals@dhsoha.state.or.us in a quarterly report via secure email using this link: https://secureemail.dhsoha.state.or.us/securereader/init.jsf?brand=d0c67197. The first quarterly report (https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Transmittals/21072-SB710-Quarterly-Report.xlsx) for data collected during the period beginning 09/01/21 and ending 12/31/21 is due on February 1, 2022. This report must be made available to the public upon request and posted on the agency’s website if the agency has a website. Additionally, if the agency has any sites that serve five or more children, site-specific data must be made available to the public and posted on the agency’s website if the agency has a website.
All publicly posted data must ensure that any personally identifiable information is redacted.

**Data Required for Quarterly Reports:**

(a) The total number of incidents involving restraint.
(b) The total number of incidents involving involuntary seclusion.
(c) The total number of involuntary seclusions in a locked room.
(d) The total number of rooms available for use by the program for involuntary seclusion and a description of the dimensions and design of the rooms.
(e) The total number of children in care placed in restraint.
(f) The total number of children in care placed in involuntary seclusion
(g) The total number of incidents that resulted in reportable injuries.
(h) The number of children in care who were placed in restraint or involuntary seclusion more than three times during the preceding three-month period and a description of the steps the program has taken to decrease the use of restraint and involuntary seclusion.
(i) The number of incidents in which an individual who placed a child in care in a restraint or involuntary seclusion was not trained, as required by the department by rule, in the use of the type of restraint or involuntary seclusion used.
(j) The demographic characteristics of the children in care who the program placed in a restraint or involuntary seclusion, including race, ethnicity, gender, disability status, migrant status, English proficiency, and status as economically disadvantaged, unless the demographic information would reveal personally identifiable information about an individual child in care.

**Reason for action:**

This is a requirement of Senate Bill 710 (2021 Oregon Law, Chapter 672) that took effect on September 1, 2021. The enrolled Senate Bill can be found here: https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB710/Enrolled

**Communication/training:**

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to ODDS.Questions@dhsoha.state.or.us.

- The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings: https://www.zoomgov.com/meeting/register/vJ1sc-qvqD8iGURx5OQk8TAdlS6Arg9ZAf4
- After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and
live captioning will be provided. To request other accommodations or languages, please send an email to ODDS.Questions@dhsoha.state.or.us at least three business days prior to the meeting.

Field/stakeholder review:  □ Yes ☒ No
If yes, reviewed by:

If you have any questions about this policy transmittal, contact: odds.questions@dhsoha.state.or.us