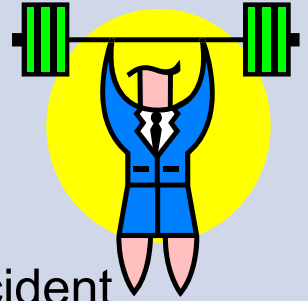




New Jersey Department of Human Services
Division of Mental Health and Addiction Services
and
Office of Program Integrity and Accountability

Incident Reporting
October 2013

STRENGTHENING INCIDENT REPORTING



- ❖ Department of Human Services' (DHS) commitment to align incident reporting for all its Divisions:
 - Increased services, growth in number of individuals served;
 - Many individuals with co-occurring, complex diagnoses, service needs;
 - Implementation of the Medicaid Comprehensive Waiver.

- ❖ April 2012- Division of Mental Health and Addiction Services (DMHAS) and Office of Program Integrity and Accountability (OPIA) initiated pilot:
 - OPIA staff inputting DMHAS community incidents into an internal electronic system (Unusual Incident Reporting and Management System- UIRMS);

 - Over 1,200 entered to date;

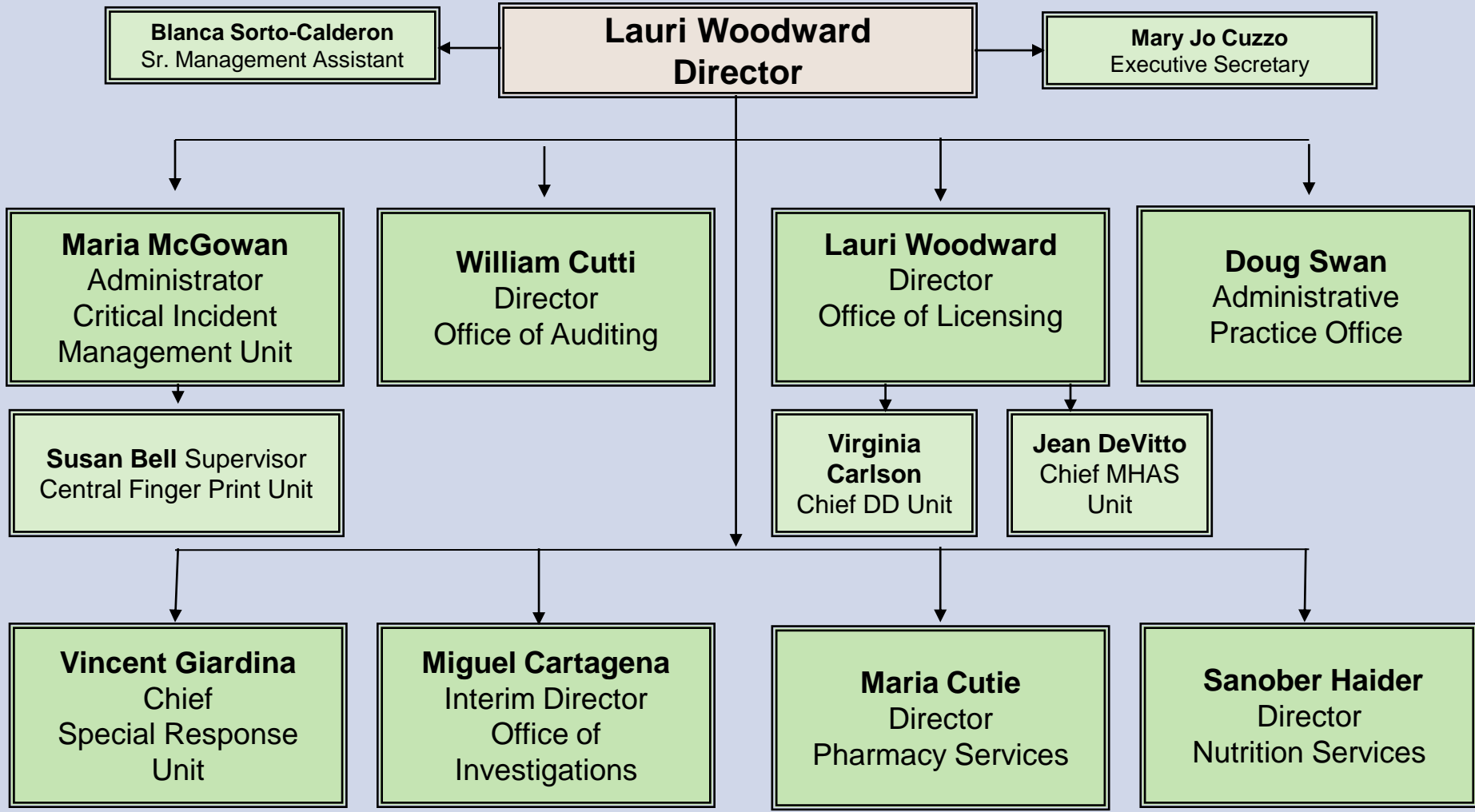
 - Gained an understanding of situations unique to the mental health system; including how consumers are served and how services are provided by our agency partners;

 - Lessons learned- Super Storm Sandy- need for a strengthened system for community mental health agencies.

STRENGTHENING INCIDENT REPORTING...

- Goal is to streamline and augment efforts already in place, build consistency, ensure accurate documentation and timely, structured follow-up;
- DHS/DMHAS has staff in place to support this enhanced process;
- Aligns with long-standing, established processes in place for other DHS Divisions;
- Updated system will include use of OPIA resources- including Licensing/Special Operations (OOL/SO), Critical Incident Management Unit (CIMU) and the Special Response Unit (SRU);
- Full implementation: **October 1, 2013.**

DEPARTMENT OF HUMAN SERVICES
Office of Program Integrity and Accountability
August 2013



OFFICE OF PROGRAM INTEGRITY & ACCOUNTABILITY (OPIA)

Special Response Unit (SRU):

- Ensures that the most serious allegations and suspicions of abuse, neglect, and exploitation are investigated;

Critical Incident Management Unit (CIMU):

- Facilitates and oversees the appropriate tracking, management and organizational response to all reported unusual incidents;
- Administratively reviews individual agency reports involving abuse, neglect and exploitation not assigned to SRU for closure;

Office of Licensing (OOL/SO):

- Reviews and closes operational incidents;
- Conducts site visits if warranted.

TODAY'S GOALS:

- Introduce a strengthened system for incident reporting, including:
 - DHS policies for incident reporting
 - Understanding why we report
 - Defining unusual/reportable incidents
 - Initial Reporting- updated Initial Reporting form
 - Questions

Break for Lunch

- Introduce DHS/OPIA and DMHAS personnel involved in reporting and follow up of unusual incidents, including:
 - Special Response Unit/Office of Licensing-Special Operations
 - Updated Follow-Up form and process
 - Steps for immediate response
 - Identify important DHS contacts
 - Questions



Who is required to report under the first phase of this enhanced system?

❖ Agencies providing Residential Services:

- Residential
- Supported Housing
- Residential Intensive Support Team (RIST)



❖ Licensed, Ambulatory Services:

- Partial Care
- Outpatient
- Intensive Outpatient Treatment and Support Services (IOTSS)
- Early Intervention Support Services (EISS)
- Program of Assertive Community Treatment (PACT)



DHS Incident Reporting Policies

DHS and its community partners
operate under N.J.S.A. 30:1-11 et seq.,
DHS Administrative Order 2:05

(A.O. 2:05)

and the DHS/DMHAS Community Addendum
for incident reporting, incident definitions/coding,
management and follow-up/closure of unusual
incidents/allegations.

ADDITIONAL DMHAS INCIDENT REPORTING POLICIES

Required under N.J.A.C. 10:37

[Proposed under N.J.A.C. 10:190]

Required under DMHAS Annex C



What is an Unusual Incident?



- Defined as an allegation or occurrence involving or affecting the care, supervision or actions of a DHS service recipient (service recipient = consumer/client);
- May or may not have significant impact on the health, safety and welfare of the service recipient or others;
- May also involve the conduct of employees, while on or off duty, or others who may come in contact with service recipients.

DHS operates an allegation-based system – anyone can express/report concerns regarding suspected abuse, neglect or exploitation involving an individual served. This information is screened and may result in a DHS unusual incident report (UIR).

The DHS/OPIA, Critical Incident Management Unit (CIMU) operates an electronic system- called the Unusual Incident Reporting and Management System (UIRMS) - for entering and documenting incident information and follow-up action taken in response to incidents.

CY 2012: 34,133 incident reports entered into UIRMS involving DHS clients served.



WHY DO WE REPORT?



- Shared responsibility to ensure the health, safety and well-being of individuals served;
- Best practice to create a documented record of identified allegations, events and/or concerns;
- Creates accountability, follow-up & informs important decisions;
- Information gathered allows for data analysis of individual/systemic patterns & trends;
- Data helps inform policies and action steps at individual and systemic levels.

Incident Reporting Involves Five Core Areas:

- ✓ Identifying/addressing incidents/allegations;
- ✓ Recording information;
- ✓ Reporting information;
- ✓ Investigation/analysis;
- ✓ Follow-up & closure.



Role of Unusual Incident Reporting (UIR) Coordinators:

- Established DHS/DMHAS liaison for issues/questions related to incident reporting;
- Interact with agency partners in gathering additional information, further screening initial reports and in assigning appropriate code to the incident;
- Provide feedback to the agency about the assigned incident number and incident code and if an OPIA unit will be involved;
- Work with Department staff as needed when questions/issues arise;
- Enter information into UIRMS regarding initial incident reports, additional information and follow-up as needed.

WHERE DO I SEND INITIAL INCIDENT REPORTS?



By email to:

dmhs.incidentrept@dhs.state.nj.us

Northern Region Counties:

Bergen, Essex, Hudson, Morris,
Passaic, Sussex, Hunterdon,
Somerset, Union and Warren

UIR Coordinator: **Izabel Galka**

Contact Number:

(973) 977-4397

Fax: 973-977-6024

Southern Region Counties:

Salem, Atlantic, Burlington, Camden,
Cape May, Cumberland, Gloucester,
Ocean, Mercer, Monmouth and
Middlesex

UIR Coordinator: **Marcus Trinidad**

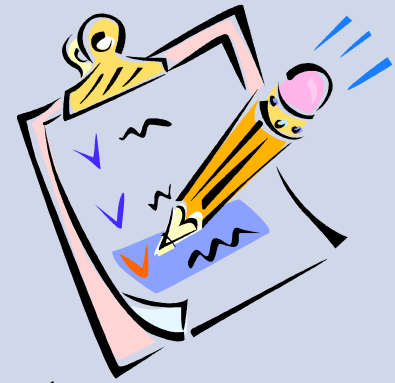
Contact Number:

(609) 777-0763

Fax: 609-341-2316

What's Reportable?

Incidents/allegations of:



- Abuse- Physical, Sexual, Verbal/ Psychological
- Neglect
- Exploitation
- Physical Assault
- Sexual Assault
- Death – Sudden and unexpected
- Death – Expected
- Suicide Attempt
- Elopement/Walkaway
- Injury
- Criminal
- Medical
- Operational
- Media Interest

DHS uses an incident reporting grid to organize and identify incidents by:

- Entity reporting
- Category
- Level/type



The reporting grid determines the DHS entity responsible for investigation, follow-up and closure.

DEPARTMENT OF HUMAN SERVICES
UIRMS INCIDENT CATEGORY LIST
DMHAS COMMUNITY

Type Code	Category	DHS Community Incident Category List	Reporting Level	Closure Responsibility DMHAS UIRs Only				
				Residential	Ambulatory Licensed	Ambulatory Non-Licensed	Other Non-Licensed	Law Enforcement Notification
AB110	ABUSE	Physical - to SR / No injury	B	CIMU	CIMU	DMHAS	DMHAS	
AB112	ABUSE	Physical - to SR / Minor injury	B	CIMU	CIMU	DMHAS	DMHAS	
AB114	ABUSE	Physical - to SR / Moderate injury	A	SRU	SRU	DMHAS	DMHAS	
AB116	ABUSE	Physical - to SR / Major injury	A+	SRU	SRU	DMHAS	DMHAS	X
AB310	ABUSE	Verbal / Psychological / Mistreatment	B	CIMU	CIMU	DMHAS	DMHAS	
AB410	ABUSE	Sexual - to SR / sexual contact / other	A	SRU	SRU	DMHAS	DMHAS	X
AB420	ABUSE	Sexual - to SR / penetration / genital contact / oral sex	A+	SRU	SRU	DMHAS	DMHAS	X
AS114	ASSAULT	Physical - SR to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS116	ASSAULT	Physical - SR to SR / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
AS124	ASSAULT	Physical - SR to Staff / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS126	ASSAULT	Physical - SR to Staff / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
AS134	ASSAULT	Physical - SR to Other / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS136	ASSAULT	Physical - SR to Other / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
AS314	ASSAULT	Physical - Other to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS316	ASSAULT	Physical - Other to SR / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
CR400	CRIMINAL ACTIVITY	Alleged criminal activity of SR or staff and/or other-on or off site in accordance with NJ criminal statute title 2C.	A	DMHAS	DMHAS	DMHAS	DMHAS	X
CR410	CRIMINAL ACTIVITY	Identity theft - Employee victim / perpetrator	A	DMHAS	DMHAS	DMHAS	DMHAS	X
CR420	CRIMINAL ACTIVITY	Identity theft - SR victim / perpetrator	A	DMHAS	DMHAS	DMHAS	DMHAS	X
DT110	DEATH	Expected - Medical Condition / Disability / Illness	A	DMHAS	DMHAS	DMHAS	DMHAS	

Residential: Residential, Supported Housing & Residential Intensive Support Team.
Ambulatory Licensed: Partial Care, Outpatient, IOTSS, EISS & PACT.
Ambulatory Non-Licensed: ICMS, PES, AES & IOC
Other Non-Licensed: STCF, Supported Employment, Supported Education, PATH, Self-help centers, County Hospitals, JIS, Other Inpatient, RHCf, Partial Hospital, Boarding Home, System advocacy & Other.

Who is required to report under the first phase of this enhanced system?



❖ Agencies providing Residential Services:

- Residential
- Supported Housing
- Residential Intensive Support Team (RIST)

❖ Licensed, Ambulatory Services:

- Partial Care
- Outpatient
- Intensive Outpatient Treatment and Support Services (IOTSS)
- Early Intervention Support Services (EISS)
- Program of Assertive Community Treatment (PACT)



Policy note:

- * For agencies operating A+ residential programs: **ALL** incident/allegation types involving consumers served in A+ residential programs are reportable to DHS regardless of where they occur.
- * For all other agency provider types, including agencies providing A, B and C level residential programs, other DHS licensed residential programs and licensed ambulatory programs:


Refer to the grid on the following page to identify the types of incidents/allegations:

- * always reportable to DHS;
- * incidents/allegations reportable to DHS when they occur on the agency site or in the presence of agency staff.



**Department of Human Services
Division of Mental Health and Addiction Services
Reportable Incident Categories Identified by Program Type**

Program Type	Incident Categories Always Reportable to DHS	Reportable Incident Categories When Incident Occurs on Agency Premises or In Presence of Agency Staff
Residential A+ (only)	All incident categories	
Residential - A, B & C Supported Housing Residential Intensive Support Team (RIST) Partial Care Outpatient Intensive Outpatient Treatment Support Services(IOTSS) Early Intervention Support Services (EISS) Program of Assertive Community Treatment (PACT)	Abuse-physical, sexual, verbal/ psychological Neglect Exploitation Death-expected & unexpected Suicide Attempt Media Interest	Physical Assault Sexual Assault Criminal Activity- of consumer and/or agency staff Medical Elopement/Walkaway Injury-major and moderate Operational-impacting on health, safety and well-being of a consumer

 Policy note: Agencies with additional program elements not included in this current reporting roll-out **should report incidents/allegations in keeping with the updated incident categories defined in this phase of the strengthened system using the updated Initial and Follow-up Reporting forms.**

Example: Agency has programs providing Supported Housing services and Intensive Case Management Services (ICMS). An allegation of abuse is reported by a consumer of ICMS services to the ICMS program. The allegation is against an ICMS staff member.

The ICMS program should use the updated Initial and Follow-up Reporting forms and report the abuse allegation to the DMHAS UIR Coordinator.



★ Policy Exception Regarding Suicide Attempts:

Agencies with programs included in this phase of the strengthened system and also operating Psychiatric Emergency Screening services (PES) and/or Short-Term Care Facilities (STCF), County Hospitals and/or other inpatient programs, should report suicide attempts only when the suicide attempt occurs on agency premises and/or in the presence of agency staff.



 Policy note:

Agencies operating programs for children and youth should follow DHS reporting guidelines if the program is licensed by DHS.

The Department of Children and Families (DCF) may have additional reporting requirements for agencies licensed by DHS and serving children/youth through funding and/or a contract with DCF. Agencies who have programs in this category should adhere to reporting requirements for both Departments.

Additionally:

*“In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the Department of Children and Families, State Central Registry (SCR). If the child is in immediate danger, call 911 as well as **1-877 NJ ABUSE (1-877-652-2873)**. A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously.”*





Policy note:

Agencies providing mental health services to consumers also receiving services from the DHS Division of Developmental Disabilities (DDD):

- ❖ Follow DMHAS policies related to the types of incidents/allegations reportable involving DMHAS consumers served by DDD.
- ❖ Incidents involving consumers served by both DDD and DMHAS should be reported to the DMHAS Regional UIR Coordinator.
- ❖ When reporting an incident/allegation involving an individual served by DDD, include the fact that the individual is a client of DDD on the Initial Incident Reporting Form. This will enable the DMHAS Regional UIR Coordinator to advise DDD of incidents/allegations involving mutually served individuals.
- ❖ **Important!** Concerns regarding allegations/suspected abuse, neglect and/or exploitation involving DMHAS consumers also served by DDD by their caregivers should also be reported to the DMHAS Regional UIR Coordinator.

Incident Reporting Time Frames



Incidents are identified by priority level, using the incident category grid:

- ❖ **A+ Incidents:** Report **immediately** by **telephone to the DMHAS Unusual Incident Coordinator**. Follow-up with a written incident report.

- ❖ **A+ and A Incidents:** Submit a written incident report the same working day during normal working hours. If the incident occurs after regular working hours, forward the written incident report the next working day.

- ❖ **B Incidents:** Submit a written incident report by the next working day.

Timeliness is Important!

- Report the incident to the corresponding UIR Coordinator based on the identified county where the incident occurred.
- Do not delay submission if information is missing.
- Agencies are required to establish internal policies for incident reporting to comport with DHS policies and regulations.

After-hours Policy

Telephone reporting required for A+ incidents only:

Leave a voice message for your Regional UIR Coordinator:

Northern Region:

Izabel Galka

Contact Number:

(973) 977-4397

Southern Region

Marcus Trinidad

Contact Number:

(609)-777-0763

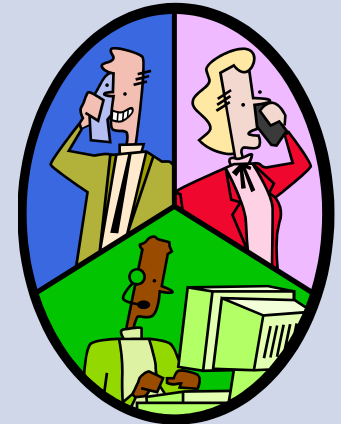
- ✓ Follow-up to A+ incident phone call with written incident report by next business day.
- ✓ Agencies are required to establish internal policies for incident response/reporting to comport with DHS policies and regulations; including serious incidents (A+) occurring after-hours.



Required additional notifications based on incident type/level, include:

- Local Law Enforcement (refer to category grid for required)
- New Jersey Department of Environmental Protection
- New Jersey Department of Health
- Adult Protective Services

*The DMHAS UIR Coordinator will guide the agency when additional notifications are necessary.



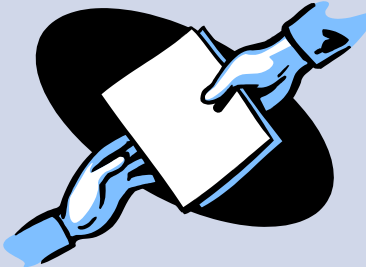


Initial incident report and follow-up report documents are confidential!



Contains protected health information.

Not permitted to be released to outside entities without a court order.



 Policy note:

Agencies are required to report incidents to DHS/DMHAS in accordance with Annex C, licensing regulations and DHS policies.

- Seek legal guidance and refer to N.J.S.A. 2:A: 62A-16 regarding a licensed professional's duty to warn/protect and report information disclosed by a consumer regarding a past criminal action in the course of therapy with a licensed professional.
- Seek legal guidance and refer to N.J.S.A. 2:A: 62A-16 for incidents/allegations reporting information concerning a threat of imminent, serious physical violence against a readily identifiable individual or himself/herself.

Incident Categories-

The following slides describe the general incident/allegation categories reportable to DHS under the strengthened system.

- Providers are encouraged to follow these broad incident/allegation categories for understanding the types of incidents/allegations required to be reported.
- The DMHAS UIR Coordinator will use the DMHAS UIR Category List to code the incident and will provide that information back to the agency.
- Remember- All incident/allegation types are reportable for agencies operating A+ level residential programs involving consumers served in A+ level residential programs.
- Refer to the previously described policy notes for further clarification regarding the incident/allegation category types involving programs licensed by DHS and serving youth/families, consumers dually served by DDD and other specific circumstances.

Incident Categories (updated 10/1/13)



Policy note: Incidents/allegations regarding physical abuse, sexual abuse, verbal/psychological mistreatment involving consumers served are always reportable.

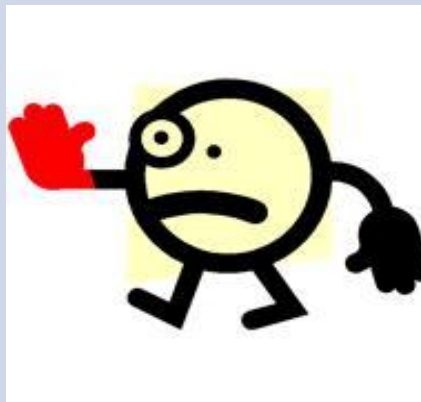
Physical Abuse: A physical act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor that causes or may cause pain, injury, anguish and/or suffering.

Sexual Abuse: Acts or attempted acts such as rape, exposure of genital body parts, sexual molestation, sexual exploitation or inappropriate touching of a DHS service recipient/consumer/client by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor.


Verbal/Psychological Mistreatment: Any verbal or non-verbal acts or omissions by a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor that distresses, invokes fear and/or humiliates, intimidates, degrades or demeans a DHS service recipient/consumer/client.

Any physical, verbal/psychological mistreatment or sexual act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern, or an individual acting as a DHS service provider, consultant, and/or contractor always =
ABUSE

Note: “volunteer” in mental health community agency settings means an individual who is established within an agency setting as regularly working with consumers.



Incident Categories (continued)

 Policy note: Incidents/allegations regarding neglect involving consumers served are always reportable.

Neglect:

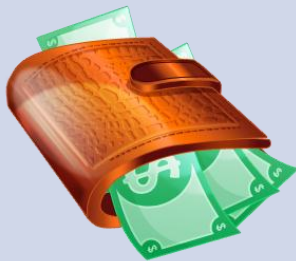
- Failure of a caregiver or person responsible for the DHS service recipient/consumer/client's welfare, care, treatment and/or service to provide needed care, treatment, services and supports to ensure the health, safety and welfare of the individual.
- Services/supports may or may not be part of individual's plan or required by law.
- Includes intentional, unintentional or careless acts regardless of level of harm.

Incident Categories (CONTINUED)


 Policy note: Incidents/allegations regarding exploitation involving consumers served are always reportable

Exploitation: Any willful, unjust or improper use of a DHS service recipient/consumer/client or his/her property/funds, for the benefit or advantage of a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor;

Exploitation may involve condoning and/or encouraging the exploitation of the consumer by another person through actions including, but not limited to, inappropriate borrowing, or taking without authorization, personal property/funds belonging to a consumer or requiring him/her to perform function/activities that are normally conducted by staff or are solely for the staff's convenience.




Incident Categories (continued)


 Policy note: Incidents/allegations regarding unexpected deaths or expected deaths of consumers served are always reportable.

Unexpected Death: Death of a service recipient that was not medically anticipated (suicide, homicide, other sudden/unexpected deaths).


Expected Death: Death of a service recipient due to the natural course of his/her underlying medical illness or known condition (i.e. person with diagnosed terminal cancer).

 Policy note: Incidents related to known deaths of consumers are also required to be reported if the consumer's death occurs within six (6) months of the consumer's discharge/termination from agency services, including terminations involving lost to contact.


Incident Categories (continued)

 Policy note: Incidents/allegations regarding suicide attempts involving consumers served are always reportable.

Suicide Attempt: Refers to an act to intentionally take one's life regardless if the act resulted in injury.


 Policy note: Agencies with programs included in this phase of the strengthened system and also operating Psychiatric Emergency Screening services (PES) and/or Short-Term Care Facilities (STCF), County Hospitals and/or other inpatient programs, should report suicide attempts only when the suicide attempt occurs on agency premises and/or in the presence of agency staff.

Incident Categories (continued)

 Policy note: Incidents/allegations regarding media interest situations involving consumers served are always reportable.

Media Interest: Refers to media or journalistic attention that was or is likely to be generated or intensified regarding any reportable incident involving a consumer or staff.

Incident Categories (continued)

 Policy note: The following incident/allegation categories are reportable when they occur on the agency premises and/or in the presence of agency staff unless otherwise noted:

Elopement : Involves only those consumers with a criminal status (KROL/IST/NGRI/Sex Offender) who leave the agency/program premises and there is a concern for the consumer's safety and/or the safety of others.

Walkaway: Refers to consumers without a criminal status who leave a Screening Center, Short Term Care Facility, and/or an A+ Residential Program and cannot be located after a diligent and reasonable search of two hours.

Criminal Activity: Refers to the alleged activity of a consumer or agency employee/staff and meeting the threshold of NJ Criminal Statutes Title 2C (i.e., disorderly persons offenses, indictable offenses). The incident/allegation occurs on the agency premises or in the presence of agency staff, is media worthy, and/or involves any other reportable category.

Incident Categories (continued)

Medical: Refers to a wide variety of incidents that significantly impact or could potentially affect the general health, safety, and welfare of consumers, including the following incidents/allegations:

- * Disease/Illness-communicable with operational impact
- * Bed bug infestation requiring relocation of consumers with operational impact
- * Medication/Treatment errors with potentially serious effect
- * Missing controlled drugs
- *Unplanned Medical/Psychiatric hospital admission- refers to unplanned hospital admissions of consumers when the incident leading to the hospital admission originates from the agency site or began in the presence of agency staff.

Example: a consumer of a partial care program is admitted to the hospital following being transported to the hospital after experiencing chest pains at the partial care program.



Injuries: Refers to moderate and/or major injuries involving consumers when the injury occurs on the agency site or in the presence of agency staff.

Moderate Injury: Any injury that requires treatment beyond basic first aid and can only be performed by a medical professional at a physician's office, at a hospital emergency room, or by facility physicians.

Examples: laceration requiring sutures/derma-bond or a human bite breaking the skin, injury around the eye such as bruising, swelling or lacerations, fractured toe or finger.

Major Injury: Any injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation.

Examples: skull fractures, head injuries, concussion, injuries to the eye and broken bones requiring setting/casting and large lacerations.

Incident Categories (continued)

Physical Assault: Refers to any act of someone other than agency staff/volunteer physical striking/injuring a victim to cause physical harm. Assault may involve:

- Consumer to another consumer;
- Consumer to staff or other individual;
- Other (non-staff/caregiver) to consumer.

Sexual Assault: Refers to any act of non-consensual sexual activity involving a consumer, as a perpetrator or a victim with an individual other than an agency staff/volunteer (acts as identified in A.O. 2:05).

Operational: Refers to a wide variety of incidents that significantly impact or could potentially affect the general health, safety, and welfare of consumers or impacts on the daily operation of the facility or program.

Subcategories include: fire, property damage, operational breakdown, public safety issues, theft/loss and unexpected staff shortage.

Not Sure Something is Reportable?

- ✓ Check Administrative Order 2:05, Incident Reporting Grid, Power Point and/or other training materials.

- ✓ Contact Regional UIR Coordinator:
 - Northern Region: Izabel Galka (973) 977-4397
 - Southern Region: Marcus Trinidad (609) 777-0763

- ✓ Contact the Critical Incident Management Unit:
 - Miloni Bhatt: (609) 292-5735
 - Mirka Kuba: (609) 292-5501

- ✓ Report



Initial Incident Report Form
New Jersey Department of Human Services
Division of Mental Health & Addiction Services

Reports must be submitted no later than one (1) working day following the date the incident was known to the agency. Submit reports to: dmhs.incidentrept@dhs.state.nj.us or Northern Region Fax # 973-977-6024 or Southern Region Fax # 609-341-2316.

1) Date of Report: _____ 2) County/Region: _____

3) Incident Date and Time: _____ 4) Date and Time known to Agency: _____

5) Alleged Victim Name(s): _____

6) Alleged Perpetrator Name(s) and relationship to victim: _____

7) Identified witnesses (if applicable): _____

8) Location of Incident: _____

9) Reporting Agency Name, Address & Program Element:

10) Type of Incident: (check all appropriate categories)

- | | |
|--|--|
| <input type="checkbox"/> Death, Expected | <input type="checkbox"/> Alleged Exploitation |
| <input type="checkbox"/> Death, Sudden and Unexpected | <input type="checkbox"/> Alleged Neglect |
| <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Alleged Verbal/Psychological Abuse |
| <input type="checkbox"/> Alleged Physical Abuse | <input type="checkbox"/> Criminal Activity |
| <input type="checkbox"/> Alleged Physical Assault | <input type="checkbox"/> Elopement |
| <input type="checkbox"/> Alleged Sexual Abuse | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Alleged Sexual Assault | <input type="checkbox"/> Media Interest |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Operational |

11) Provide a brief description of incident being reported: _____

(For DMHAS Use Only) UIRMS #: _____ Primary Code: _____ Secondary Code: _____

Consumer(s) Involved

Please complete all information below for each individual consumer involved in this incident. (Attach additional sheets if needed)

1) First Name: _____ Last Name: _____

2) D.O.B: _____ 3) USTF#: _____ 4) Gender: _____

5) Identify the role of the aforementioned consumer below:

- Alleged Victim Alleged Perpetrator

6) Consumer on agency site or in presence of staff at the time of this incident: Yes No

(Identify the agency, site and program element if checked yes)

7) Consumer's Residential Service Provider's information; identify the level of care: A+, A, B, C.

Agency Name: _____

Site/Address: _____

Program Element: _____

8) Identify other services (within or outside your agency) that this consumer is involved in:

Agency	Site	Program Element

9) How long has this consumer been receiving services from your agency?

10) How often is this consumer seen by your agency? Specify hours and days per week.

11) When was this consumer last seen by your agency?

12) Has this consumer been discharged within the last 60 days from a STCF, CCIS, state, county or private psychiatric hospital or another community mental health agency? Specify hospital name and discharge date:

13) Does this consumer have any legal status? If yes, specify:

14) DSM Diagnosis(es): _____

15) List of Medications: _____

16) Incident witnesses:

Name	Title

17) Notifications, including family, local law enforcement and Prosecutor's Office:

Name	Title	Date	Time

18) Describe immediate actions taken or other actions planned: _____

Prepared by: _____ Title: _____

Date/Time: _____ Phone: _____ Email: _____

Contact person if different than the preparer: _____

CONFIDENTIAL

The Information contained in this report is confidential. This document is for internal use only and is not a public document. Only those with a need to know and authority to review this report may review the report. This report may contain confidential client information, as well as protected health information, which are protected by state and federal confidentiality laws. Unauthorized disclosure of any of the contents of this report may result in civil and/or criminal penalties.

If you have received this in error, please call 1-800-382-6717 immediately.

DMHAS Community Unusual Incident Reporting Process

Incident Occurs

Agency sends Initial Incident Report to DMHAS UIR Coordinator for all reportable incidents via email/fax immediately or by the end of business day.

Agency will call DMHAS Regional UIR Coordinator immediately for all A+ level incidents. For after hours, call Regional UIR Coordinator and leave a voice message.

DMHAS UIR Coordinator requests additional information from agency, if needed.

DMHAS UIR Coordinator receives and enters report into UIRMS & provides agency with UIR # & codes as assigned by UIRMS via email/fax.

Incidents are auto routed by UIRMS to appropriate DHS entity for follow-up/investigation and/or closure.

Special Response Unit (SRU)
Conducts investigations within 60 business days on identified death, abuse, neglect & exploitation incidents.

Critical Incident Management Unit (CIMU)
Reviews agency investigations on lower level of abuse, neglect & exploitation incidents within 45 days.

Office of Licensing/Special Operations (OOL/SO)
Reviews operational incidents within 60 days & conducts site visits if warranted.

DMHAS
Responsible for all other codes and all deaths for review and closure within 90 business days.

Incident Reporting Involves Five Core Areas:

- ✓ Identifying/addressing reportable incidents/allegations;
- ✓ Recording information;
- ✓ Reporting information;
- ✓ Investigation/analysis;
- ✓ Follow-up & closure.



Follow-up Reports: Refer to the DMHAS Community Addendum

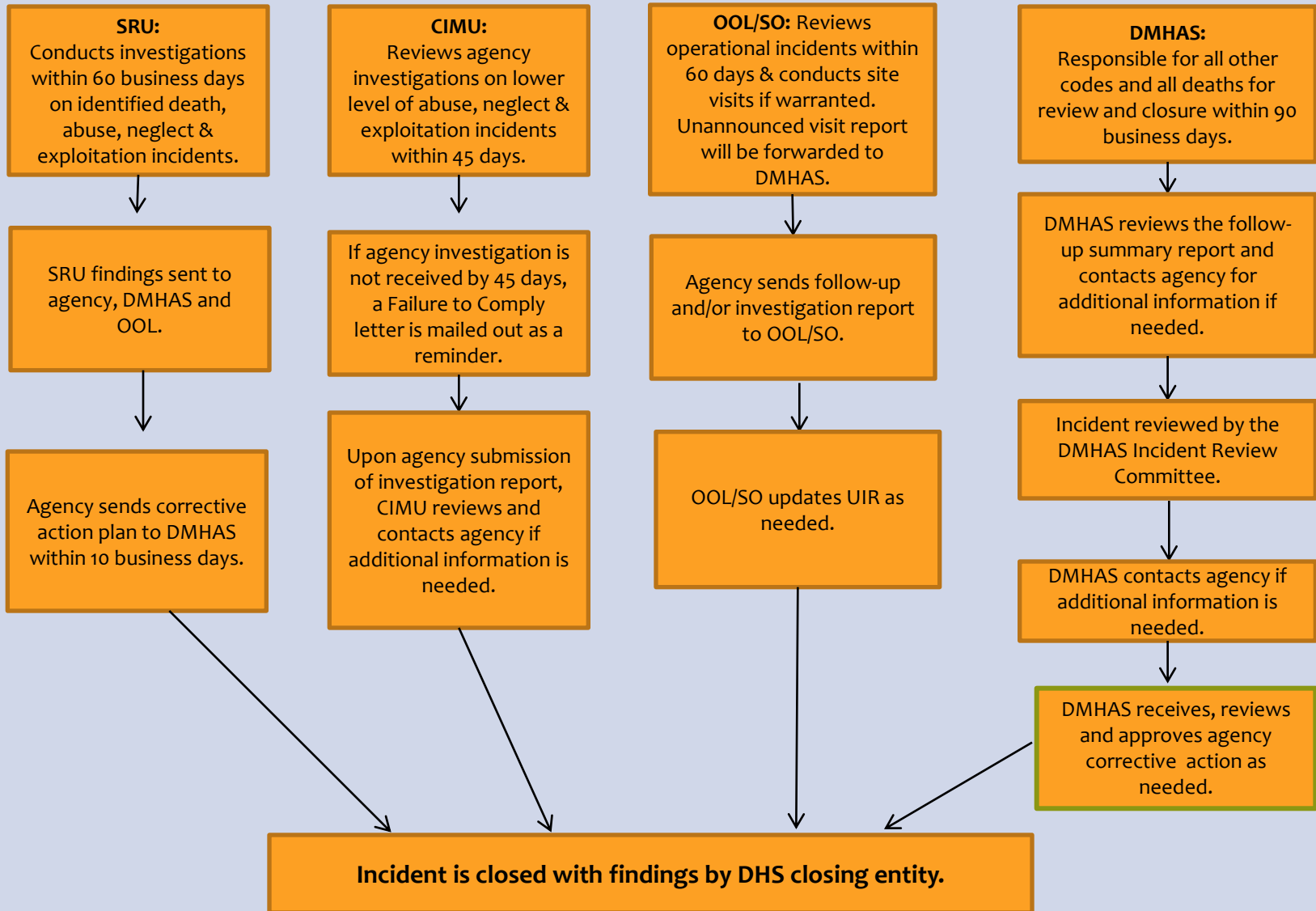
- For SRU investigated incidents- agency required to conduct internal investigation concurrently [unless instructed not to do so by SRU and/or another authorized entity, i.e. law enforcement]. Submit completed follow-up/investigation report to SRU within 45 days.
- For CIMU incidents- agency required to conduct an investigation and submit completed follow-up/investigation report to CIMU within 45 days.
- For OOL/SO incidents- agency required to submit follow-up report to OOL/SO within 60 days.
- For DMHAS incidents- agency required to submit follow-up report to DMHAS within 45 days.
- Use Appendices to ensure thoroughness.

DEPARTMENT OF HUMAN SERVICES
UIRMS INCIDENT CATEGORY LIST
DMHAS COMMUNITY

Type Code	Category	DHS Community Incident Category List	Reporting Level	Closure Responsibility DMHAS UIRs Only				
				Residential	Ambulatory Licensed	Ambulatory Non-Licensed	Other Non-Licensed	Law Enforcement Notification
AB110	ABUSE	Physical - to SR / No injury	B	CIMU	CIMU	DMHAS	DMHAS	
AB112	ABUSE	Physical - to SR / Minor injury	B	CIMU	CIMU	DMHAS	DMHAS	
AB114	ABUSE	Physical - to SR / Moderate injury	A	SRU	SRU	DMHAS	DMHAS	
AB116	ABUSE	Physical - to SR / Major injury	A+	SRU	SRU	DMHAS	DMHAS	X
AB310	ABUSE	Verbal / Psychological / Mistreatment	B	CIMU	CIMU	DMHAS	DMHAS	
AB410	ABUSE	Sexual - to SR / sexual contact / other	A	SRU	SRU	DMHAS	DMHAS	X
AB420	ABUSE	Sexual - to SR / penetration / genital contact / oral sex	A+	SRU	SRU	DMHAS	DMHAS	X
AS114	ASSAULT	Physical - SR to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS116	ASSAULT	Physical - SR to SR / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
AS124	ASSAULT	Physical - SR to Staff / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS126	ASSAULT	Physical - SR to Staff / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
AS134	ASSAULT	Physical - SR to Other / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS136	ASSAULT	Physical - SR to Other / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
AS314	ASSAULT	Physical - Other to SR / Moderate Injury	B	DMHAS	DMHAS	DMHAS	DMHAS	
AS316	ASSAULT	Physical - Other to SR / Major Injury	A	DMHAS	DMHAS	DMHAS	DMHAS	X
CR400	CRIMINAL ACTIVITY	Alleged criminal activity of SR or staff and/or other-on or off site in accordance with NJ criminal statute title 2C.	A	DMHAS	DMHAS	DMHAS	DMHAS	X
CR410	CRIMINAL ACTIVITY	Identity theft - Employee victim / perpetrator	A	DMHAS	DMHAS	DMHAS	DMHAS	X
CR420	CRIMINAL ACTIVITY	Identity theft - SR victim / perpetrator	A	DMHAS	DMHAS	DMHAS	DMHAS	X
DT110	DEATH	Expected - Medical Condition / Disability / Illness	A	DMHAS	DMHAS	DMHAS	DMHAS	

Residential: Residential, Supported Housing & Residential Intensive Support Team.
Ambulatory Licensed: Partial Care, Outpatient, IOTSS, EISS & PACT.
Ambulatory Non-Licensed: ICMS, PES, AES & IOC
Other Non-Licensed: STCF, Supported Employment, Supported Education, PATH, Self-help centers, County Hospitals, JIS, Other Inpatient, RHCf, Partial Hospital, Boarding Home, System advocacy & Other.

DMHAS Community Unusual Incident Follow-up/Closure Process



Special Response Unit (SRU)

- Created in 1993 to investigate abuse, neglect and exploitation in community settings of several DHS Divisions.
- Mission broadened to include investigations of serious incidents/allegations in DMHAS community programs.
- Assures an objective examination of information and the formation of a Departmental finding based on the collection of information and evidence gathered.
- Provides for a collaborative approach between the agency and DHS for an investigation- including fact finding, gathering documentation and findings.



SRU Investigations Involve:

- ✓ An assigned DHS SRU investigator;
- ✓ Face to face and/or phone interviews of identified:
 - alleged victims
 - alleged perpetrators
 - witnesses
 - other collateral contacts as needed
- ✓ Document gathering and review;
- ✓ Review of evidence and information;
- ✓ Determine if there is a preponderance of evidence to substantiate allegation/incident;
- ✓ Issuance of an official DHS finding/notification to agency and alleged victim/perpetrator.



Incident Findings



All incidents require one of the following findings prior to closure:

- **Substantiated**: There is a preponderance of credible evidence that an allegation or a situation is true and/or occurred.
- **Unsubstantiated**: There is less than preponderance of credible evidence, facts, or information to support that the allegation or situation is true and/or occurred.
- **Unfounded**: There is no credible evidence, information or facts to support that the allegation or situation is true and/or occurred.

Preponderance of evidence: means that there is evidence sufficient to generate a belief that the conclusion advanced is likely and more probable than not. It is the greater weight of credible evidence, the tipping of the scales.

A preponderance of evidence does not necessarily mean the largest amount of data or the largest number of witnesses. The focus is on the quality of the evidence.

Office of Licensing- Special Operations



The Office of Licensing - Special Operations unit (OOL-SO)

- Conducts announced and/or unannounced inspections related to incidents which may have an impact on the health, safety and the well-being of a consumer receiving services from a licensed program.
- Conducts announced and/or unannounced inspections based on complaints that may be licensure violations.
- Reviews and closes operational incidents as identified in the DHS UIRMS Category list.

Follow-up Incident Report Form
New Jersey Department of Human Services
Division of Mental Health & Addiction Services

Submit no later than 45 days following the date the incident was known to the agency. Submit reports to: dmhs.incidentrept@dhs.state.nj.us or Northern Region Fax # 973-977-6024 or Southern Region Fax # 609-341-2316.

1) UIRMS#: _____ **2) Incident Date:** _____ **3) County:** _____

4) Consumer Name: _____ **5) Race/Ethnicity:** _____

6) Agency Name/Address: _____

7) Primary Incident Type: _____ **Secondary Incident Type (if applicable):** _____

8) Reason for this Report: New Information Investigation Completed Other

Status: Pending Closed

9) Agency Findings (Enter findings for each allegation and/or code):

Primary Incident: Substantiated Unsubstantiated Unfounded

Secondary Incident: Substantiated Unsubstantiated Unfounded Not
Applicable

10) Describe the methods used to gather information during agency's internal review (i.e. consumer/staff interview, review of policies, procedures and clinical record, etc.):

11) Describe the incident in detail, including all new/additional information (Note: In the event of a death, provide official cause of death and source. Attach additional pages as necessary):

12) Identify all consumer medications (Include dosage, route and frequency for all psychotropic & medical medications): _____

13) Consumer Legal Status (Does the consumer have a legal status? If yes, specify. If yes, describe any action taken by agency):

14) Summary of analysis/evaluation/investigation (Include, as appropriate, information listed in Appendix 1, 2, 3 and/or 4 in this section or attach additional pages as necessary. Include alleged victim, alleged perpetrator and witness statements as appropriate.):

15) Agency Finding(s)/Conclusion(s)/Action(s) to be taken (i.e. protective, administrative, treatment, disciplinary & training actions taken to ensure safety and well-being of consumer(s)):

16) Other remarks/concerns/recommendations: _____

Prepared by: _____ Title: _____

Date/Time: _____ Phone: _____ Email: _____

Contact person if different than the preparer: _____

CONFIDENTIAL

The information contained in this report is confidential. This document is for internal use only and is not a public document. Only those with a need to know and authority to review this report may review the report. This report may contain confidential client information, as well as protected health information, which are protected by state and federal confidentiality laws. Unauthorized disclosure of any of the contents of this report may result in civil and/or criminal penalties.

If you have received this in error, please call 1-800-382-6717 immediately.

Division of Mental Health & Addiction Services

Appendix 1

Mental and Physical State

- Identify any risk assessments completed and describe the results.
- Address any recent psychiatric or medical hospitalizations within the past six months.
- What was the mental and physical state of the consumer on the date last seen? Were there any signs of decompensation, or anything unusual said/observed that could be related to this incident?

Lost to Contact/Engagement

- Describe the consumer's engagement and participation, or lack of participation, and actions taken.
- Provide agency's "Lost to Contact" policy.

Communication

- Address communication and/or barriers to communication within the agency's treatment team, with family members and outside providers/entities.

Policies and Procedures/Agency Issues

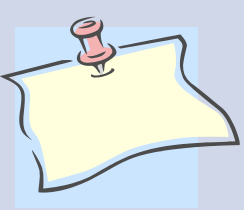
- Identify compliance and adherence to agency practices and standards, as well as DMHAS standards, regulations, and related statutes.
- Provide comments on individual practitioner performance (i.e. appropriate judgment, communicated need for higher credentialed staff to evaluate consumer, practiced within scope, etc.).

Other

- Identify if the consumer had a Wellness Recovery Action Plan (WRAP) and/or a Psychiatric Advance Directive (PAD). If yes, was it implemented or followed?

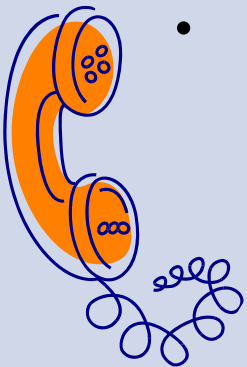
Additional Questionnaires

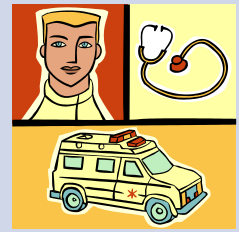
- Complete any and/or all applicable questionnaires (Appendix 2, Appendix 3 and/or Appendix 4) that relate to the incident.
- Note: Appendix 2 should be completed only when the incident is directly related to consumer's substance use disorder.



Updated Follow-up Form is used by the agency regardless of which DHS entity is identified as the investigative/closing entity.

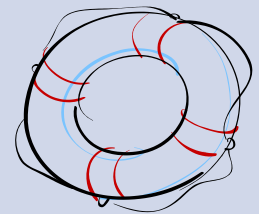
- DHS entity responsible for follow-up will vary based on the circumstances of the incident.
- Refer to the Appendices to ensure thoroughness and consistency with submitting follow-up information.
- Use the Community Addendum for additional guidance on which incidents are closed by a specific DHS entity.
- When in doubt, contact your Regional UIR Coordinator.





Safety is Paramount!

- Immediately report life-threatening emergencies by calling 911;
- Ensure victim is safe—alleged perpetrator cannot access alleged victim;
- Obtain medical/mental status assessment and/or medical treatment for the alleged victim for suspected, observed or possible injury;



Additional Steps Include:

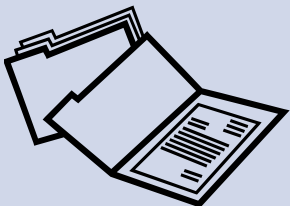
- Ensure evidence is preserved;
- Notify law enforcement in accordance with DHS policy;
- Follow all established DHS and agency policies for incident reporting;
- Make all other appropriate notifications— DHS, agency administration, guardian/family, other per DHS policy;



Additional Steps (continued)



- Identify alleged victim, alleged perpetrator and witnesses;
- Document and report steps taken in accordance with DHS policy;
- Ensure all investigations are conducted by administrative person not directly involved in the incident under investigation/related to the alleged perpetrator or victim;
- Begin an investigation of the incident within 24 hours of the incident unless otherwise instructed by the SRU or another entity empowered by statute to investigate (local law enforcement/state police).



Example #1 (responses): Consumer receiving services from a partial care program in Totowa alleges to staff at his residential program in Paterson that he was punched in the face by a partial care program staff member. There is a small red mark on the consumer's face. The alleged act occurred at the individual's partial care program.

- 1) Is this incident reportable to DHS? **Yes**
- 2) Who is this incident reportable to? **DMHAS Northern Region UIR Coordinator**
- 3) Who has the responsibility to report the allegation? **Residential program**
- 4) Who has the responsibility to write an initial incident report? **The residential program; The UIR Coordinator will notify partial care program. Partial care program will also be responsible to write an initial incident report and submit the information to the Regional UIR Coordinator.**
- 5) What category does this allegation fall into? **Abuse**
- 6) Does this allegation require an agency investigation? **Yes**
- 7) Which DHS entity (SRU, CIMU, OOL/SO, DMHAS) will this incident route to for follow-up/closure with the agency? **Critical Incident Management Unit**
- 8) Which agency is responsible for an investigation and the follow-up report? **The partial care program. The agency will send its report to CIMU.**

Example # 2 (responses): A family member of a consumer receiving services from a Residential Intensive Support Treatment (RIST) provider in Burlington County calls the RIST program and expresses concerns that the consumer has not eaten in several days, looks disheveled and dirty and has been without power for several days following a thunder storm. The family member reports that the consumer has made several unsuccessful attempts to reach someone at the RIST program.

- 1) Is this incident reportable to DHS? **Yes**
- 2) Who is this incident reportable to? **DMHAS Southern Region UIR Coordinator**
- 3) Who has the responsibility to report the allegation? **Residential Intensive Support Treatment Provider (RIST) program**
- 4) Who has the responsibility to write an initial incident report? **RIST program**
- 5) What category does this allegation fall into? **Neglect and Operational (power outage)**
- 6) Does this allegation require an agency investigation? **Yes**
- 7) Which DHS entity (SRU, CIMU, OOL/SO, DMHAS) will this incident route to for follow-up/closure with the agency? **CIMU and Office of Licensing/Special Operations (OOL/SO)**
- 8) Which agency is responsible for an investigation and the follow-up report? **RIST- investigation/follow-up report is provided to CIMU. OOL/SO will follow up with the agency regarding prolonged power outage.**

IMPORTANT DHS CONTACTS

OPIA-Critical Incident Management Unit (CIMU)

Quality Assurance Specialist: Miloni Bhatt:

Phone (609) 292-5735

Fax: (609) 341-2260

Quality Assurance Specialist: Mirka Kuba:

Phone (609) 292-5501

Fax: (609) 341-2260

OPIA-Special Response Unit (SRU)

Vince Giardina, Chief

Phone: (609) 292-2102

Fax: (609) 341-2275

OPIA Office of Licensing/Special Operations (OOL/SO)

Quality Assurance Coordinator Michele Clark

Phone: (609) 633-6932

Fax: (609) 341-2256 (new! updated 10/1/13)

Highlights of Today's Presentation



Strengthened system for incident reporting in mental health community settings, including:

- Alignment with established practices successfully in place for other DHS Divisions;
- Increased protections to individuals served through required reporting of allegations and incidents;
- Policies/tools available to assist providers- Administrative Order 2:05, Reporting Grid, Addendum, training packet;
- Support from Division and OPIA resources- DMHAS UIR Coordinators, SRU, CIMU OOL/SO;
- Added reporting categories- including abuse, neglect and exploitation;
- Updated initial and follow-up forms;
- Identified timeframes for incident reporting and follow-up;
- Enhanced requirements for investigations and strengthened follow-up activities in response to allegations and incidents;



Thank you for your cooperation
and ongoing efforts in this
important process.