

**New Jersey Department of Human Services
Division of Mental Health & Addiction Services
Appendix 1: Required with ALL Follow-Up Reports**

Consumer Name: _____ **Incident Date:** _____ **UIRMS #:** _____

Mental and Physical State

- If a mental health or co-occurring consumer, identify risk assessments completed, date completed, and describe 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.

- As applicable, describe any communication between the program and other health care providers.

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.).

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Other

- If a mental health or co-occurring consumer, 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?

- If a substance use or co-occurring consumer, what was the consumer's treatment program and/or Level of Care (LOC)?

- If a substance use or co-occurring consumer, was the consumer adherent with his/her treatment regimen (e.g., attending all scheduled counseling sessions, taking only physician prescribed medications, meeting the requirements for drug screening, etc.)?

Additional Questionnaires

- Complete any/all applicable Appendices (2, 2a, 3, and/or 4) that relate to this incident.
- Note - Appendix 2 is to be completed in all cases when the consumer has been diagnosed with a substance use disorder, if they are receiving substance use treatment, if they are known to have used/abused substances in the past, if the incident is directly related to substance use, and/or if the mention of substance use is in the narrative of the report.
- Note - Appendix 2a is to be completed in the event of an overdose or suspected overdose; including an accidental overdose that resulted in death. If 2a is completed, Appendix 2 does not need to be completed.
- Note – Appendix 3 is to be completed for all deaths not identified as a suicide or an accidental overdose.
- Note – Appendix 4 is to be completed in all cases of suicide attempt or suicide; including intentional overdose. (Refer to definition of when Appendix 2 is also required.)