

Alabama Department of Mental Health



Incident Management Plan

Lynn Beshear, Commissioner

Part B
MHSA Division Certified Community Providers
Incident Management Plan

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**State of Alabama Department of Mental Health
Division of Mental Health and Substance Abuse Services
Incident Management Plan
*Part B – MHSA Certified Community Providers***

I. POLICY

Each MHSA certified community provider shall develop and implement written policies and procedures to support compliance with the incident reporting requirements of ADMH, timely and appropriate review of incident data by the organization’s governing body, along with its executive and clinical leadership staff, and utilization of incident data to take preventive or curative actions to ensure the safety and protect the interests of its recipients, participants, employees, volunteers, and visitors. This policy does not supersede or replace any other statutory requirements for reporting to the Alabama Department of Human Resources, Department of Public Health, OSHA, Law Enforcement Agencies, or other designated agencies as required by law.

NOTE: Prevention Providers are required to report incidents defined as critical per Part B of the ADMH Incident Management Plan. A verbal report shall be made by calling 334-353-3981 with the following information: caller name with title, agency name, contact number, name of recipient(s) involved in incident, incident date, and a brief description of the incident. Please leave a message if no one is available to take the call, or if calling after hours. Incident information shall be forwarded to the Office of Prevention Director/Designee for follow up.

II. APPLICATION

As of October 1, 2017, the Alabama Department of Mental Health, Division of Mental Health and Substance Abuse Services, approved the implementation of Therap as the ADMH approved electronic reporting system. Therap is a web-based application that allows for the electronic submission of incident reports. All certified mental health and substance abuse providers are required to use this system for incident reporting and will be provided training on the system. All certified providers are required to have technology in place to support Therap operation.

III. SCOPE OF PLAN

At a minimum, the following types of incidents are addressed by this Incident Management Plan:

- A. Abuse
 - 1. Physical
 - 2. Verbal
 - 3. Sexual
 - 4. Mistreatment
 - 5. Neglect
 - 6. Exploitation
- B. Confidentiality/Privacy Breach
- C. Death
- D. Elopement
- E. Hospitalization
- F. Law Enforcement Involvement
- G. Legal/Criminal Activity

- H. Major Injury
 - 1. Accident
 - 2. Assault
 - 3. Self-Inflicted
 - 4. Unknown/Unexplained
- I. Medication Error
 - 1. Level 1
 - 2. Level 2
 - 3. Level 3
- J. Media Event
- K. Restraint
- L. Seclusions
- M. Sexual Contact
 - 1. Consensual
 - 2. Non-Consensual
- N. Suicide attempt
- O. Relocation
- P. Discretionary

NOTE: Mental Health Transitional age programs shall follow child/adolescent reporting requirements.

IV. INCIDENT CLASSIFICATIONS

In Therap, reportable incidents are referred to as **General Event Reports (GER)** and completed investigations or follow up reports are referred to as **GER Resolutions (GERR)**. **General Event Reports (GER)** continue to be categorized as either **Critical Incidents**, requiring submission within 24 hours, or **Incidents**, requiring submission on or before the 10th of the month for incidents occurring during the previous month.

THE INCIDENTS INVOLVING RECIPIENTS LISTED ON THE FOLLOWING PAGES MUST BE REPORTED TO DMH IF THEY OCCUR IN ANY OF THE FOLLOWING LOCATIONS, UNLESS SPECIFICALLY INDICATED IN THE INCIDENT MANAGEMENT PLAN:

- IN A CERTIFIED PROVIDER’S 24-HOUR CARE SETTING, WHICH INCLUDES RESIDENTIAL GROUP HOMES, LOCKED RESIDENTIAL UNITS, FOSTER HOMES, CRISIS STABILIZATION UNITS, MOMS APARTMENTS,
- IN PROVIDER CONTRACTED CARE CERTIFIED BY DMH,
- IN DESIGNATED MENTAL HEALTH FACILITY (DMHF) HOSPITAL UNDER CONTRACT WITH CMHC PROVIDING POST COMMITMENT CARE
- IN DESIGNATED MENTAL HEALTH FACILITY (DMHF) NON-HOSPITAL
- ON THE PROVIDER’S PREMISES.
- ANY APARTMENT SETTING AT WHICH THE CERTIFIED PROVIDER PROVIDES A RESIDENTIAL MANAGER,

O WHILE INVOLVED IN AN EVENT SUPERVISED BY THE PROVIDER.

A. GER - Critical Incident - Reportable to DMH within 24 hours (of when provider becomes aware) **Notification Level - High**

1. Abuse/Neglect Allegation

- a. Physical
- b. Sexual
- c. Neglect
- d. Exploitation
- e. Mistreatment
- f. Verbal

*** Allegations of abuse/neglect involving staff members of the MHSA certified community provider are reportable regardless of where the abuse/neglect was alleged to have occurred.**

2. Death

- a. Suicide
- b. Physical assault from another person
- c. Accident
- d. Reason exists to believe death is not the result of natural causes

3. Elopement – Adult

- a. On a temporary visit from state facility (state facility must be notified immediately) or
- b. Under outpatient civil commitment order to residential program or
- c. Under inpatient civil commitment order to a Designated Mental Health Facility (DMHF) or
- d. Is on a locked unit or
- e. Forensic recipient under Conditional Release order

4. Elopement – Child/Adolescent/Transitional Age

- a. Any elopement of a child or adolescent

5. Hospitalization (For medical and/or psychiatric reasons)

- a. From a locked unit
- b. From Child/Adolescent residential program
- c. From Substance Abuse residential

6. Law Enforcement Involvement

7. Major Injury

- a. Accident
- b. Assault
- c. Self-Inflicted
- d. Unknown/unexplained

8. Media Event

9. Medication Error Level 3

10. Nonconsensual Sexual Contact

11. Relocation

12. Suicide Attempt

13. Discretionary

SUBSTANCE USE PROVIDERS ONLY #14 and #15

14. Confidentiality/Privacy Breach

15. Legal/Criminal Activity

B. GER - Incident - Reportable to ADMH monthly Notification Level - Medium

- 1. Medication Error Level 1**
- 2. Medication Error Level 2**
- 3. Seclusion**
- 4. Consensual Sexual Contact**
- 5. Restraint**
- 6. Discretionary**

V. REPORTING PROCEDURES FOR ALL MHSA CERTIFIED COMMUNITY PROVIDERS

A. GER - Critical Incidents

1. For all incidents meeting the criteria of a 24-hour report, the provider shall complete the appropriate GER in Therap.
2. **NOTE FOR MENTAL HEALTH CERTIFIED PROGRAMS: Deaths that occur in a 24 hour care setting** caused by self-inflicted injury, by physical assault from another person, the result of any kind of accident, or death of a recipient where reason exists to believe that it may not have occurred from natural causes, should be verbally reported during regular business hours of Monday through Friday, 8 am til 5 pm, to the Director of Community Programs or designee at 334-242-3200 within 24 hours of occurrence. If calling after 5 pm Monday through Friday, weekends, and/or state holidays, notification should be made to the Director of Community Programs at 334- 595-2703, within 24 hours of occurrence.

B. GER - Incidents

1. For incidents that do not require reporting within 24 hours, the provider shall complete the appropriate GER in Therap by the 10th day of the month for incidents occurring in the previous month.

C. Special Requirements for Reporting Non-consensual Sexual Contact and Abuse/Neglect Allegations

1. The MHSA Certified Community Provider must investigate all reported incidents of non-consensual sexual contact and allegations of abuse/neglect in a comprehensive and timely manner. Investigations should be completed within 30 days of their initiation. The results of the investigation shall be documented in the GER Resolution (GERR) and must include the following, at a minimum:
 - Name of recipient(s) involved with medical record number
 - Date of incident, date investigation began, date investigation completed
 - Type of incident reported, type of incident substantiated or unsubstantiated
 - Perpetrator, if applicable
 - Name of investigator(s)
 - Findings of investigation
 - Actions taken by provider to include identification of trends, and any system or policy changes made as a result of the investigation, if applicable.

MI Only: The investigation must be completed by provider staff who have received the DMH Special Incident Investigation Training.

VI. ELECTRONIC REPORTING FORMS

- A. **General Event Report (GER):** All incidents/critical incidents, seclusion and/or restraint events, are entered using the General Event Report (GER).
- B. **General Event Report Resolution (GER Resolution):** All critical incidents, all reported incidents of non-consensual sexual contact, and all allegations of abuse/neglect require a follow up within 30 days and are entered using the GER Resolution (GERR).
- C. See attached instructions for creating an Individual, GER, and GERR in Therap.(Appendix C)

VII. REVIEW OF INCIDENT DATA

- A. Each MHPA certified community provider shall develop and implement a mechanism via their internal Performance Improvement Process to ensure the timely and appropriate review of incident data in their programs by the Provider’s executive and clinical leadership, including the Board of Directors. This shall include a mechanism to report incident data, to identify trends, and to take preventative actions to improve the safety of the environment of care for recipients.
- B. The Quality Improvement and Risk Management Office shall compile periodic reports of all reported incidents for distribution to the Associate Commissioner for MHPA, Director of MI Community Programs, Director of Substance Abuse Treatment and Development, Director of Internal Advocacy, and the Director of the Office of MHPA Certification, upon request.
- C. The Quality Improvement and Risk Management Office shall compile and report quarterly to the Performance Improvement Committee on all incidents and critical incidents reported by MHPA Certified Community Providers.
- D. The Performance Improvement Committee will be responsible for the review of incident data in order to identify trends and patterns in the data and to recommend strategies for improving the safety and quality of care delivered by MHPA certified community providers to all recipients served.

VIII. DEFINITIONS

- A. **Confidentiality/Privacy Breach:** Any violation of the confidentiality or privacy of protected recipient information relative to the *Alcohol and Other Drug Confidentiality Rule* within 42 C.F.R Part 2 and Part 8, or the *Health Insurance Portability and Accountability Act Privacy Rule*, within 45 C.F.R. Parts 160 and 164.
- B. **Consensual Sexual Contact:** Any consensual sexual contact that includes touching of the sexual or intimate parts of a person, done for the purpose of gratifying the sexual desires of either party; to include consensual intercourse that occurs between two recipients.
- C. **Critical Incident:** An occurrence or event, severe in nature, scope, and potential consequences, involving a recipient, provider, provider employee, or visitor that warrants immediate action and is reported within 24 hours.

- D. **Death**: Cessation of all vital body functions
- E. **Discretionary Report – High Notification Level**: Incidents that are judged by the Executive Director or designee to be severe in nature, scope, or consequences to the recipient, the provider, or to DMH, in addition to those defined above, should be reported as soon as possible, but no later than 24 hours of the provider’s knowledge of the occurrence.
- F. **Discretionary Report – Medium Notification Level**: Incidents judged by Executive Director or designee that adversely affects or has the potential to be harmful or hazardous to the health, safety, or well-being of a recipient at a provider location for any reason and does not fall into a defined incident category.
- G. **Elopement**: Recipient is not in a permissible location based on privilege status or is not accounted for when expected to be present.
- H. **Exploitation**: Utilizing the position of employment to take advantage of a recipient for personal benefit and includes but is not limited to improperly requesting recipients to perform employee's work responsibilities or otherwise perform services or tasks for the employee requesting, taking or receiving money, gifts, or other personal possessions from recipients; utilizing recipients to engage in conduct with other recipients that would be prohibited if performed by an employee.
- I. **Hospitalization**: Recipient is formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room. This includes hospitalization for medical and/or psychiatric reasons.
- J. **General Event Report (GER)**: Reportable incidents as defined by Part B of the Alabama Department of Mental Health Incident Management Plan.
- K. **General Event Report Resolution (GERR)**: A follow up report required within 30 days for all incidents defined as critical, results of abuse/neglect investigations, and results of non-consensual sexual contact investigations.
- L. **Incident**: An occurrence or event involving a recipient that causes, or may cause harm to recipients, provider, provider employees, or visitors, and is reported monthly.
- M. **Law Enforcement Involvement**: Assistance/Intervention is required from Law Enforcement and a Report/Case ID is issued as a result of that involvement.
- N. **Legal/Criminal Activity**: Any event involving recipient(s) and/or staff that necessitates the intervention of law enforcement officials.
- O. **Major Injury**: A serious injury, including any fracture, diagnosed head injury, or wound requiring 6 sutures/staples or more or wound adhesive of 1 inch or greater. (Severity Level 3

or greater on NRI SEVERITY OF INJURY SCALE)

1. Accident
2. Assault
3. Self-Inflicted
4. Unknown/Unexplained

P. **Media Event:** Media is involved in any unplanned manner, regardless of location, and references a recipient, provider, provider employee, or DMH. Media includes TV, radio, internet, newspaper, or social media sites, including Facebook, Twitter, Instagram, etc.

Q. **Medication Error:** A medication error occurs when a recipient receives a wrong medicine, wrong dose, medication given at wrong time, and medication administered by wrong route. Additionally, a medication error occurs when the medication is not given for the right purpose or if there is a documentation error. Therefore, both the failure to administer a drug (“missed dose”), the administration of a drug on a schedule other than intended, medication not given for the right purpose, and incorrect or missing documentation, constitute medication errors. Medications may be given 1 hour before or 1 hour after the scheduled time. This does not constitute a medication error. Medication errors by licensed and unlicensed staff must be reported to the DMH. This includes RN’s, LPN’s, MAC Workers (Medication Assistant Certified), and any other involved staff.

Severity of medication errors consistent with the NRI* severity of medication error scale:

1. *Level 1* includes incidents in which the recipient experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.
2. *Level 2* includes incidents in which the recipient experienced short term, reversible adverse consequences and treatment(s) and/or intervention(s) in addition to monitoring and observation was/were required.
3. *Level 3* includes incidents in which the recipient experienced life-threatening and/or permanent adverse consequences.

*NASMHPD Research Institute

R. **Mistreatment:** Any act or threat of intimidation, harassment or similar act and includes but is not limited to active verbal aggression or intimidation; use of physical or non-verbal gestures as a means of intimidation; withholding of or the threat of withholding physical necessities or personal possessions as a means of intimidation for the control of the recipient; making false statements as a means of confusing or frightening or badgering a recipient.

S. **Neglect:** The failure to carry out a duty through reckless conduct, carelessness, inattention, or disregard of duty whereby the recipient is exposed to harm or risk of harm, and includes but is not limited to:

- Failing to appropriately supervise recipients or otherwise leaving recipient areas unattended;
- Failing to ensure the recipient's basic needs for safety, nutrition, medical care and personal attention are met;
- Failing to provide treatment in accordance with the treatment plan;
- Utilizing treatment techniques, e.g., restraints, seclusions, etc. in violation of

departmental policy and procedures, whether or not injury results.

- T. **Nonconsensual Sexual Contact**: Any non-consensual sexual contact between two recipients to include any touching of the sexual or intimate parts of a person, to include intercourse. Sexual contact is considered non-consensual when at least one of the parties so indicates, when one or both recipients are considered incapable of giving consent, or when either party is under the age of 16 years. Please see Appendix B.
- U. **Physical Abuse**: Any assault by an employee upon a recipient and includes but not limited to hitting, kicking, pinching, slapping, or otherwise striking a recipient or using excessive force regardless of whether an injury results. Assault as defined by this policy implies intent.
- V. **Recipient**: A person diagnosed with a serious mental illness, serious emotional disturbance, or substance use disorder, who is actively receiving services provided by an MHSA Certified Community Provider.
- W. **Relocation**: Recipients are moved from the identified treatment setting and are relocated to an alternate site for reasons, including but not limited to, fire, flood, weather related conditions, utility or plumbing failure, hazardous materials event, structural damage, pest infestation, etc. This applies to recipients in residential settings only.
- X. **Restraint**: A physical restraint is any manual method or physical or mechanical device, material or equipment that immobilizes or reduces the ability of a recipient to move his or her arms, legs, body or head freely.
- Y. **Seclusion**: Seclusion is the involuntary confinement of a recipient alone in a room or an area where the recipient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.
- Z. **Sexual Abuse**: Any sexual conduct with the recipient by an employee on or off duty. Sexual abuse includes but is not limited to sexual intercourse with a recipient; deviate sexual intercourse or contact; and any form of sexual contact.
- AA. **Suicide Attempt**: An act committed by a recipient in an attempt to cause their own death. A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a person receiving services.
- BB. **Verbal Abuse**: Verbal conduct by an employee that demeans a recipient or could reasonably be expected to cause shame or ridicule, humiliation, embarrassment or emotional distress. Verbal abuse includes but is not limited to threatening a recipient; using abusive, obscene or derogatory language to a recipient; or teasing or taunting a recipient in a manner to expose the recipient to ridicule.

Appendix A

NRI INJURY SEVERITY CATEGORY SCALE

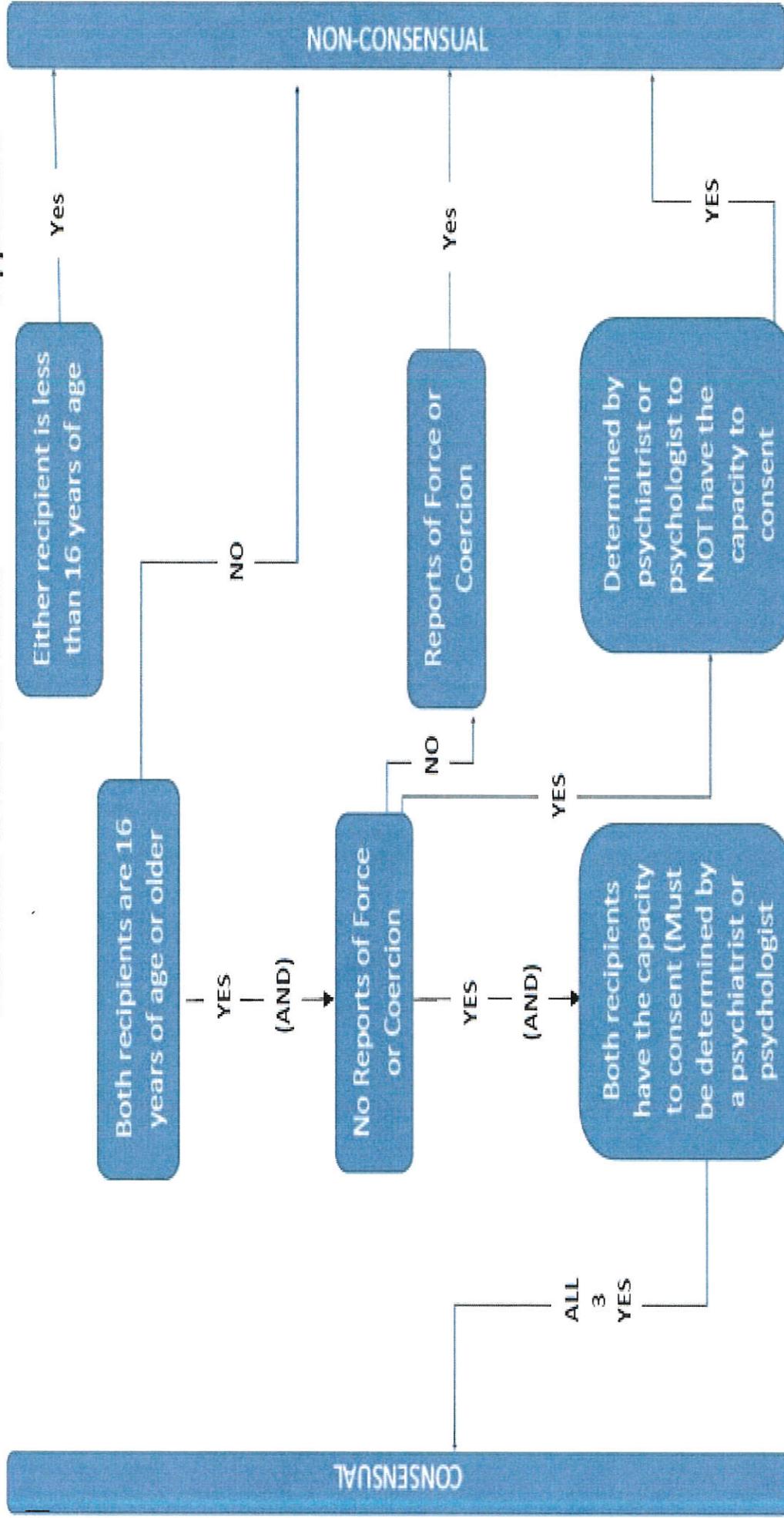
The following classifications of injuries and categories are from the NASMHPD Research-Institute, (NRI) Inc.

Severity of Injury Level:

1. **No Treatment:** The injury received does not require first aid, medical intervention, or hospitalization: the injury received (e.g., a bruised leg) may be examined by a licensed nurse or other nursing staff working within the facility but no treatment is applied to the injury.
2. **Minor First Aid:** The injury received is of minor severity and requires the administration of minor first aid. This is meant to include treatments such as the application of Band-Aids, cleaning of abrasions, application of ice packs for minor bruises, and the use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen.
3. **Medical intervention required:** The injury received is defined as a major injury and includes fractures, diagnosed head injuries, and any wound or laceration that requires 6 sutures/staples or more or requires wound adhesive of 1 inch or more. The injury requires the treatment of the recipient by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. Furthermore, the treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital.
4. **Hospitalization required:** The injury received is so severe that it required medical intervention and treatment as well as care of the injured recipient at a general acute care medical ward within the facility or at a general acute care hospital outside the facility; regardless of the length of stay, this severity level requires that the injured recipient be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room.
5. **Death occurred:** The injury received was so severe that it resulted in – or complications from the injury lead to the termination of the life of the injured recipient.

Sexual Contact Decision Tree Consensual vs Non-Consensual

Appendix B



Consensual: Follow Incident Management Plan Procedure for Reporting

Non-Consensual: Follow Incident Management Plan Procedure for Reporting including Follow Up with Investigation Findings

Instructions for Creating a GER and Doing A GERR for AL MHSA Providers

Individuals will be created in the account as a GER needs to be written. As implementation progresses, it will be important to make sure a person is not already created before creating a new individual. For every individual created, a first name, last name, DOB, and gender are required Individual Demographic information.

Creating an Individual:

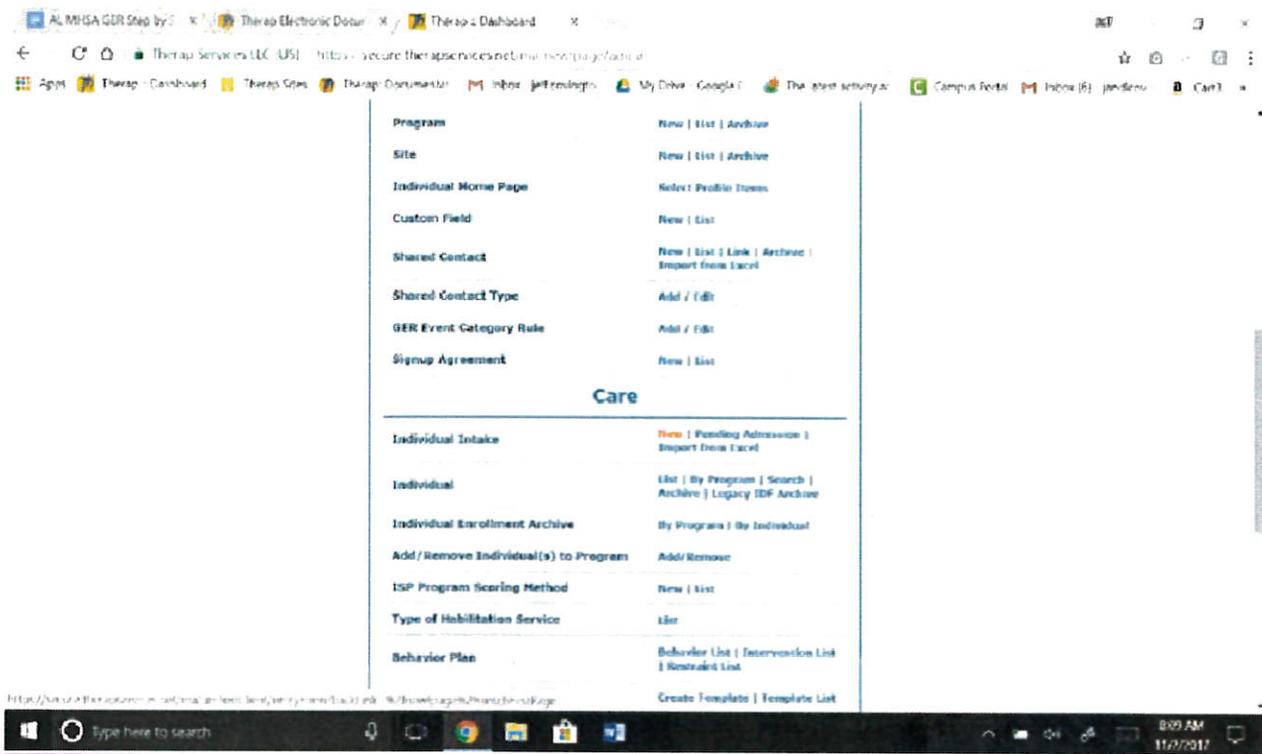
Go to the Admin Tab on your Provider Dashboard:

The screenshot shows the Therap Admin dashboard for a Demo Alabama Mental Health Provider. The interface includes a top navigation bar with the Therap logo and a 'Dashboard | Quick Links' section. Below this, there's a 'Provider' section with details for 'Demo Alabama Mental Health Provider' and options to 'Switch Provider' or 'Choose Program'. The main content area is divided into a left sidebar with navigation tabs (Individual, Admin, Agency Reports, Individual Home Page, Settings) and a central 'General' section. The 'General' section contains a table of settings and actions:

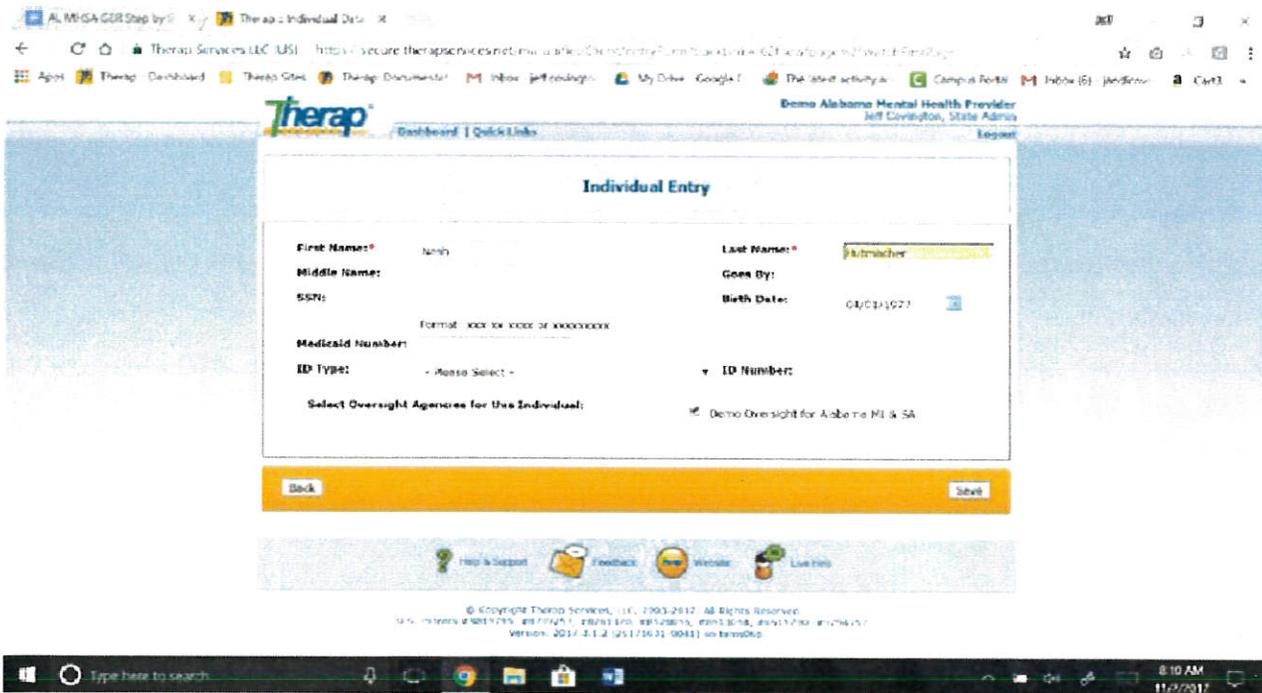
Setting	Actions
Provider	Preferences Password Policy Archive Preferences
User	New List Import from Excel Titles New Title Assign External System ID
Physician Information	List Physician List
Change Password	User List
User Privileges	Manage Archive Legacy Archive (Up to 3.1.2011)
Admin Roles	List Legacy Archive
Splash Message	Create Update/Delete
Activity Tracking	View
Caseboard	Manage Archive
Super Role	Manage Archive Legacy Archive

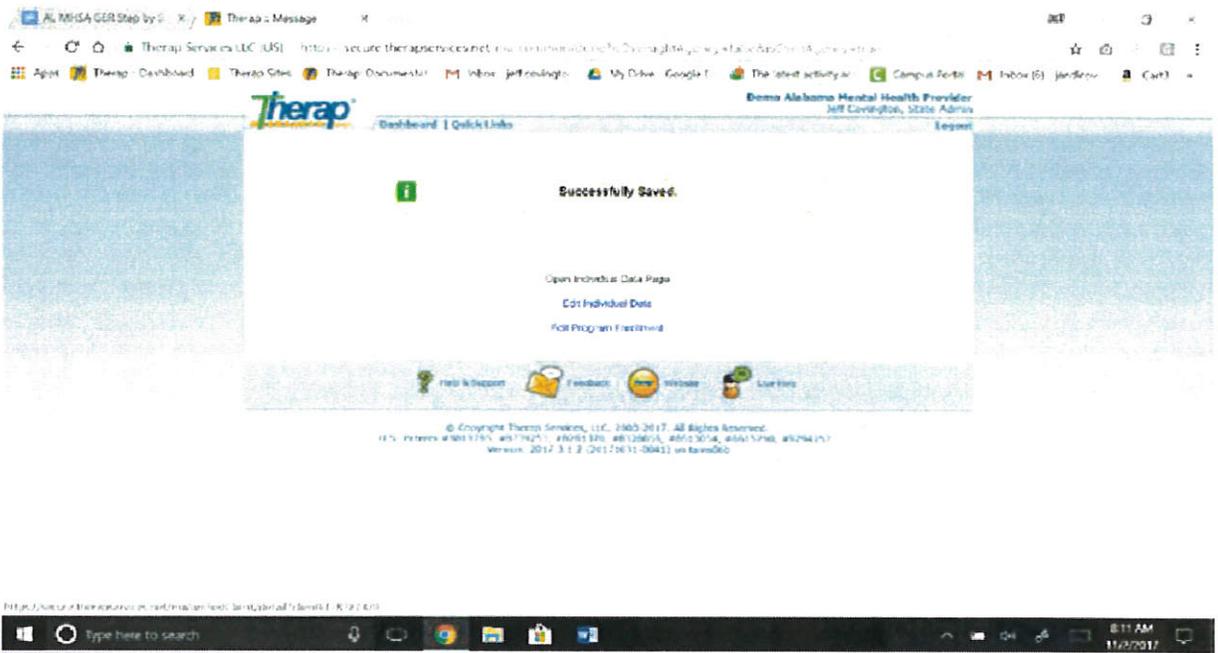
On the right side of the dashboard, there are sections for 'Issue Tracking' (My Issues), 'T-Task' (T-Task Search), and 'Classes' (Overdue, Due, View Sign-ups, View Results/Notes, Training History, Training Profile). A date widget shows 'Thursday 02 November 2017'. The bottom of the screen shows a Windows taskbar with the search bar and system tray.

Scroll Down to the Care section of your Dashboard and next to Individual Intake, click New:

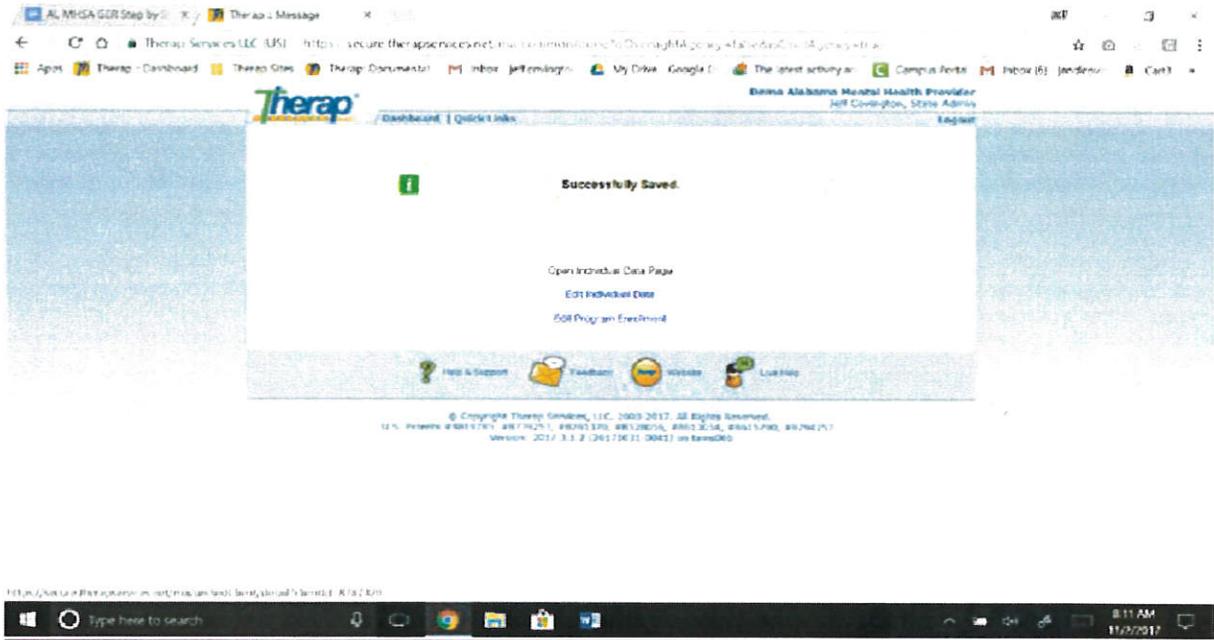


Enter in the individual's name and date of birth, then hit Save:

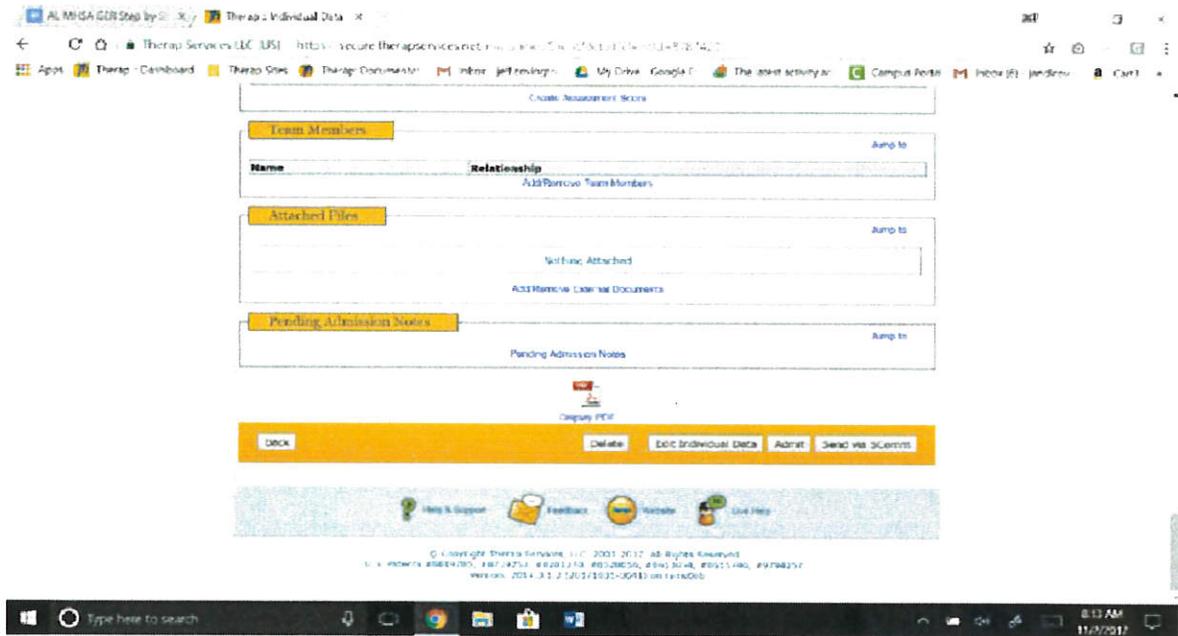




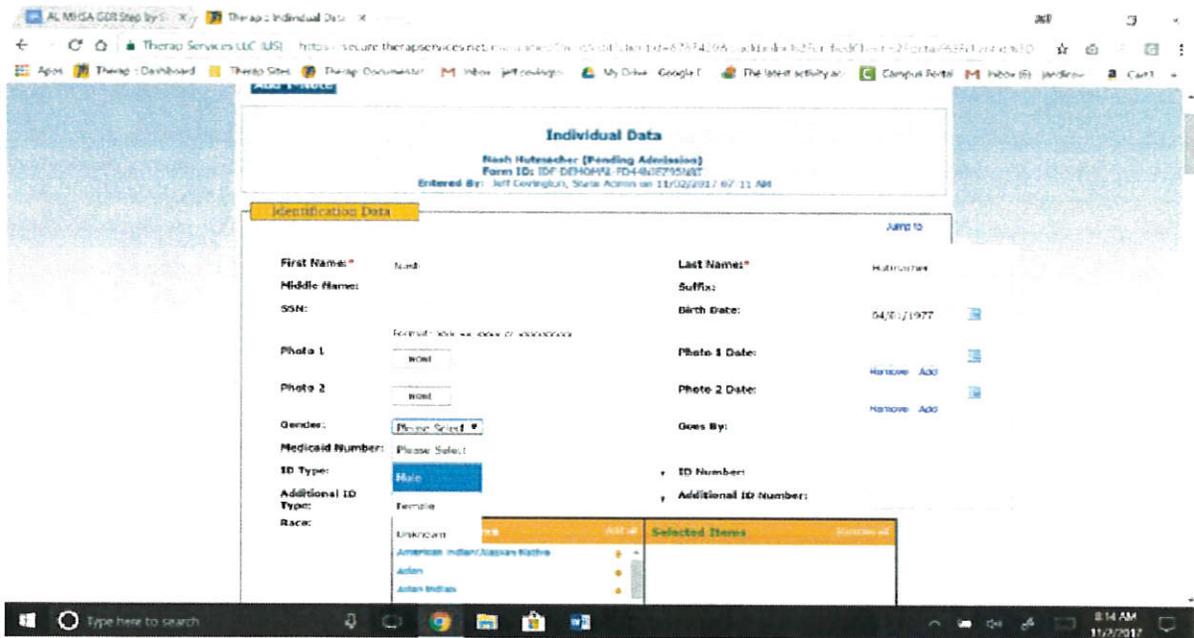
Click on Open Individual Data Page:



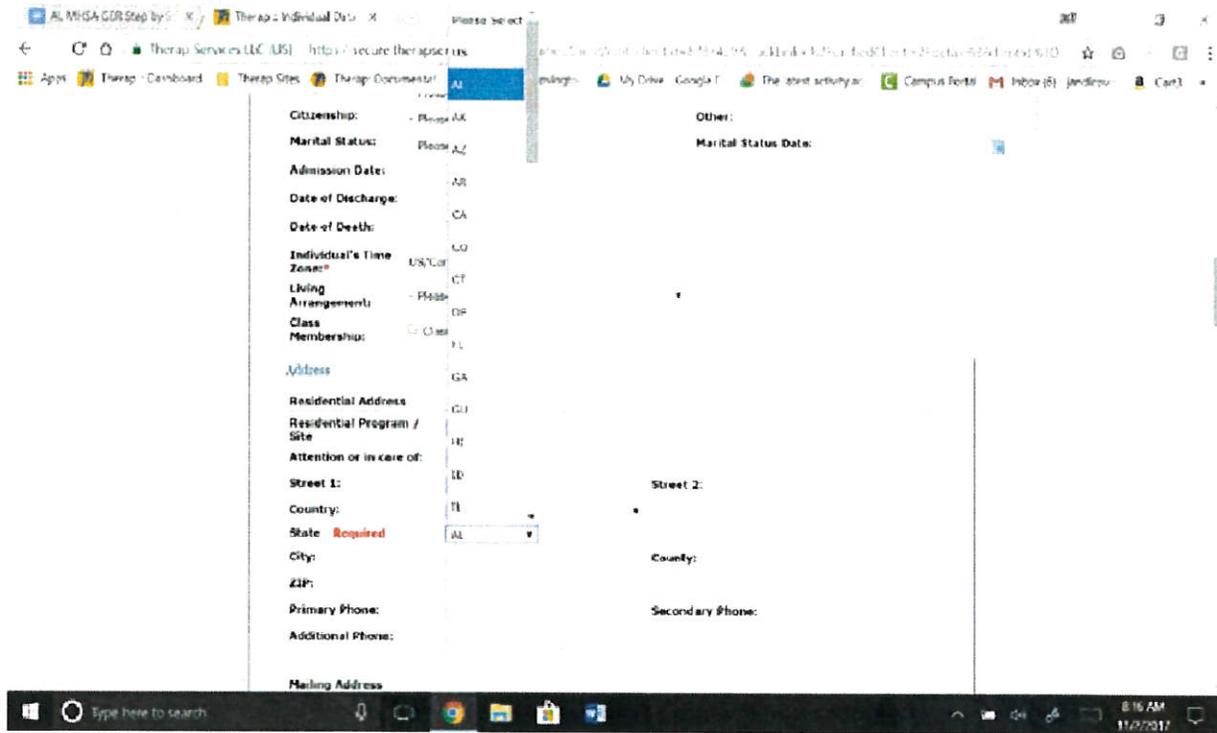
Scroll down to the bottom and click on Edit Individual Data:



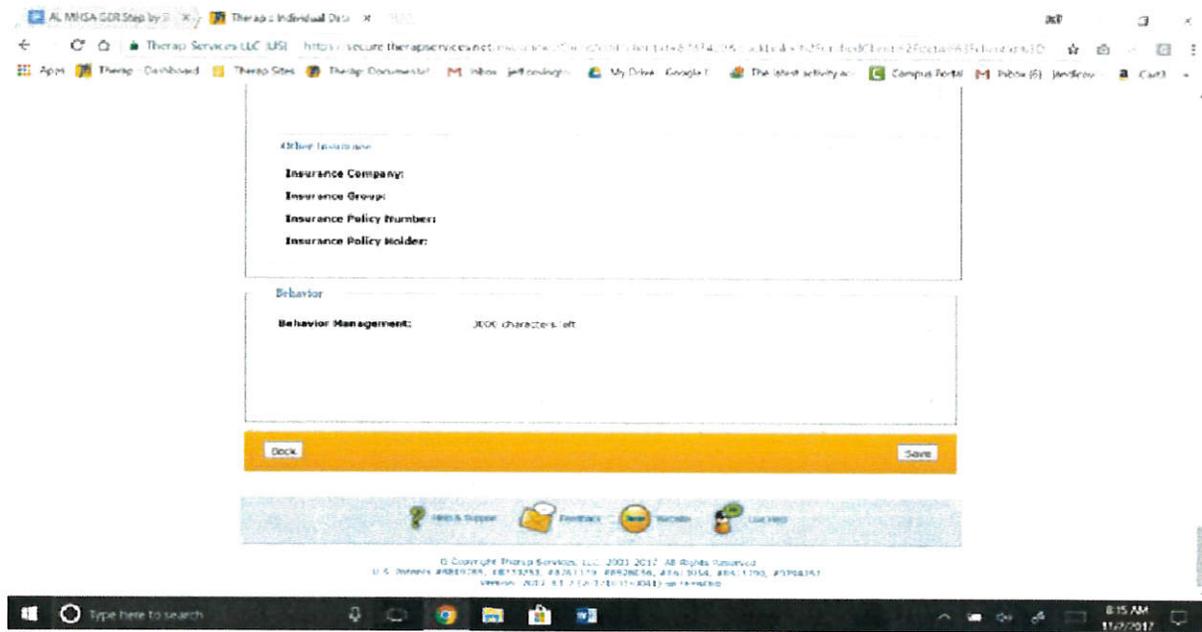
Choose the Individual's Gender:



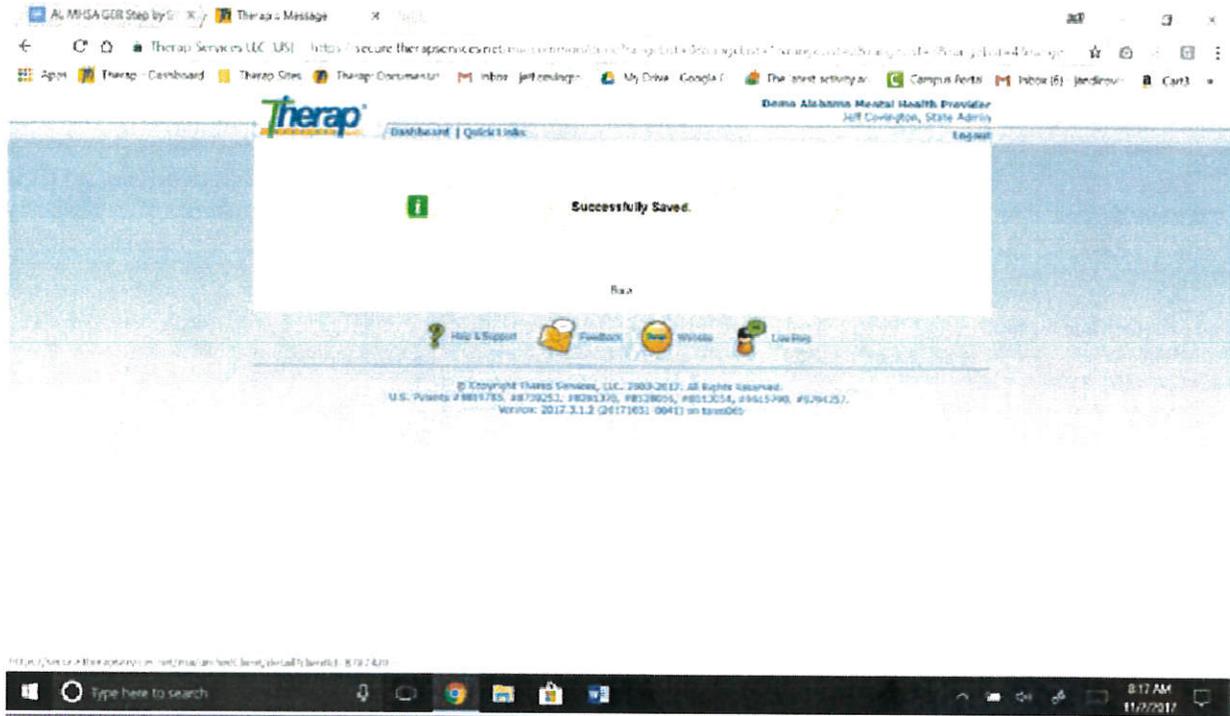
Under Residential Address, choose the state of Alabama (AL):



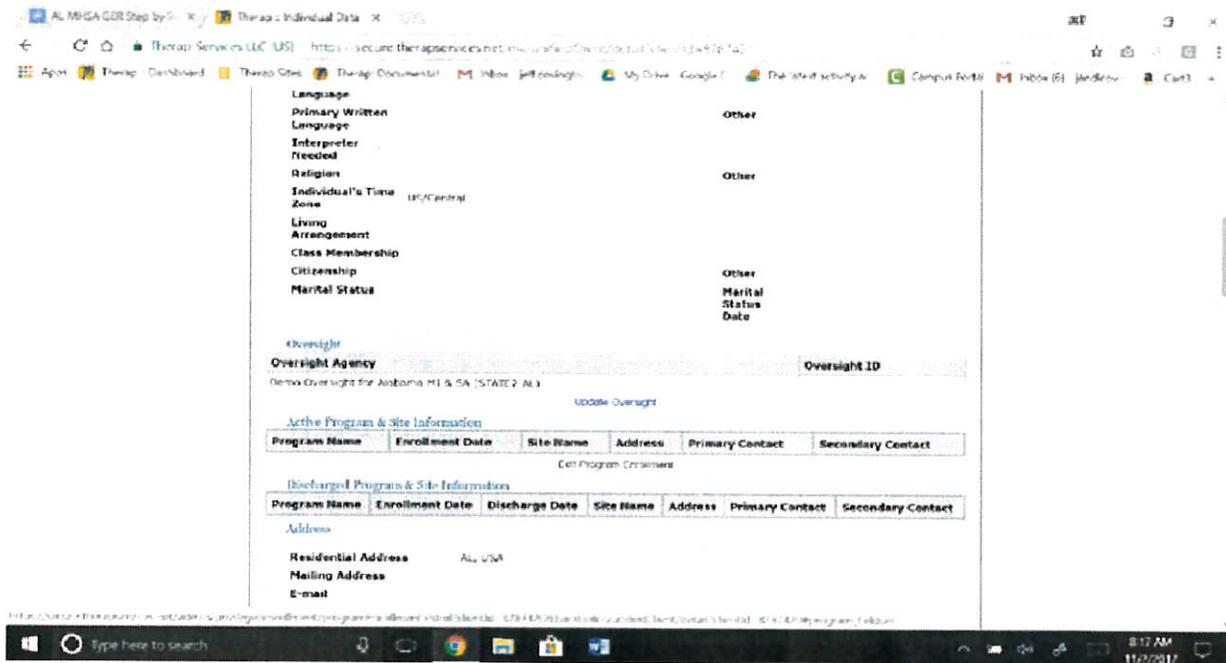
When done, scroll to the bottom and click Save:



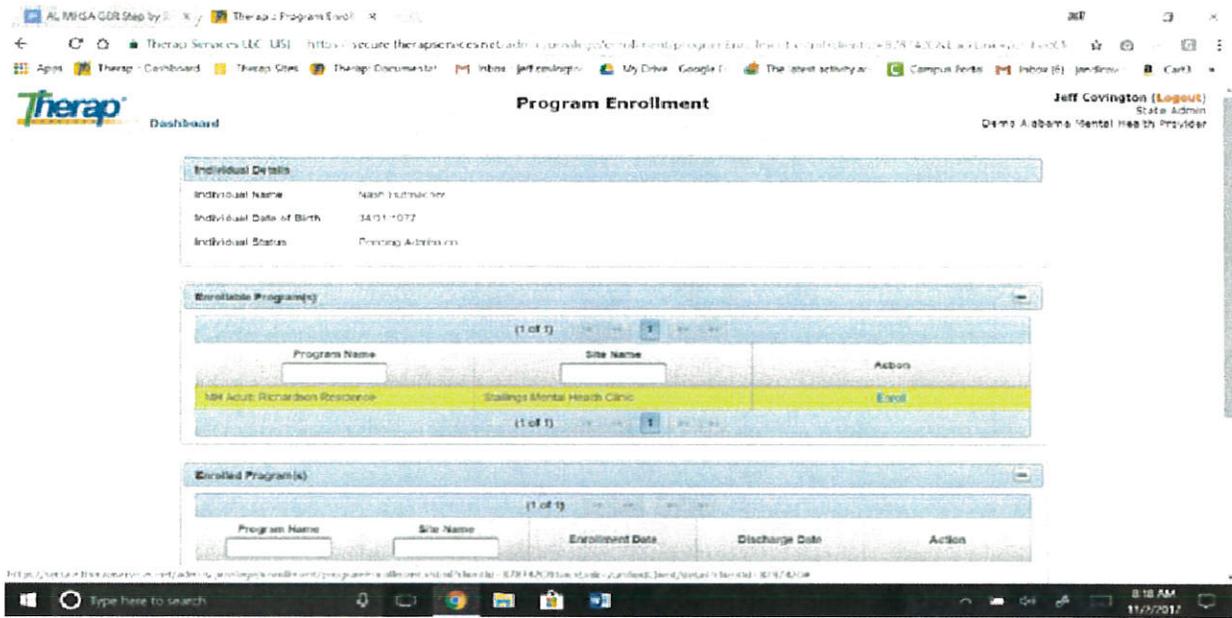
Click on Back:



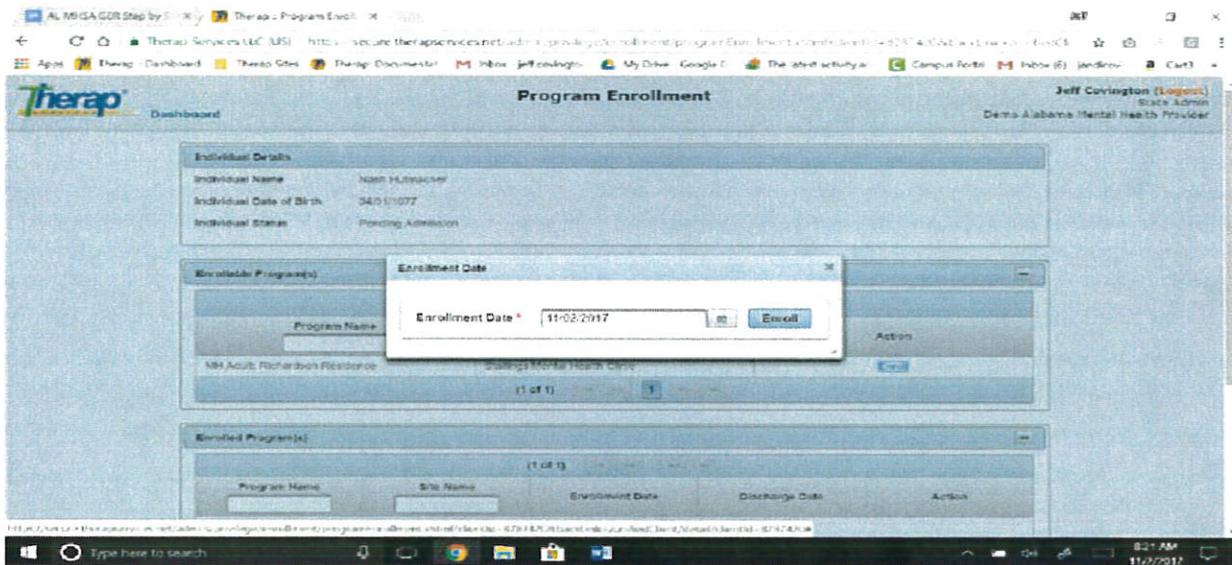
Scroll down and Click on Edit Program Enrollment:



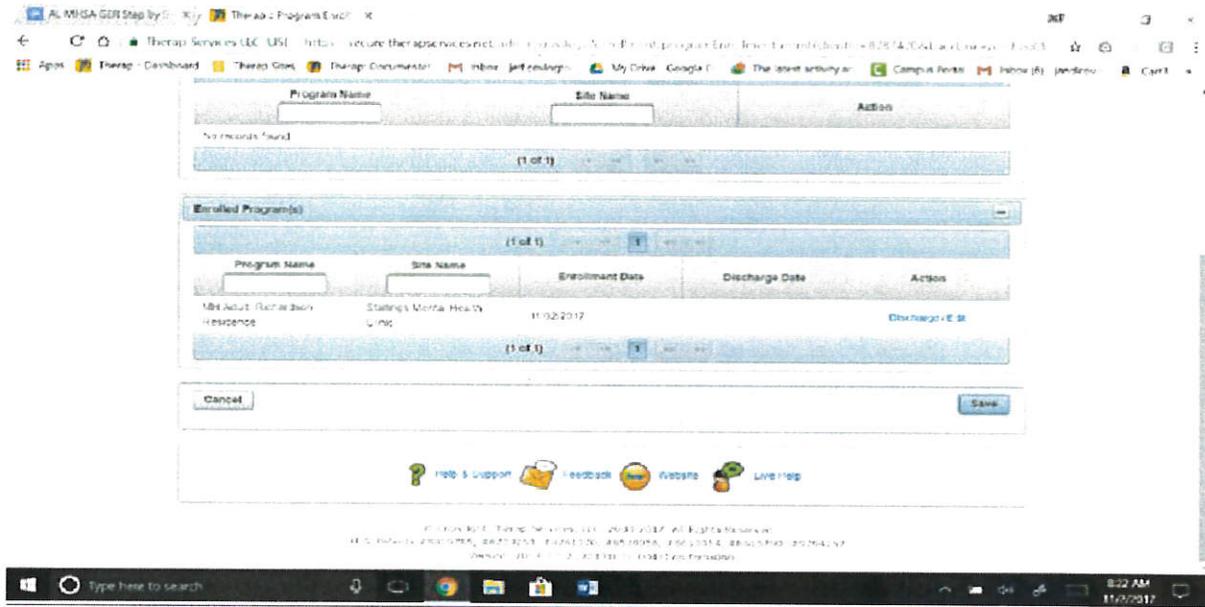
Click on Enroll next to the program name where the incident happened or which program was serving the individual when the incident occurred:



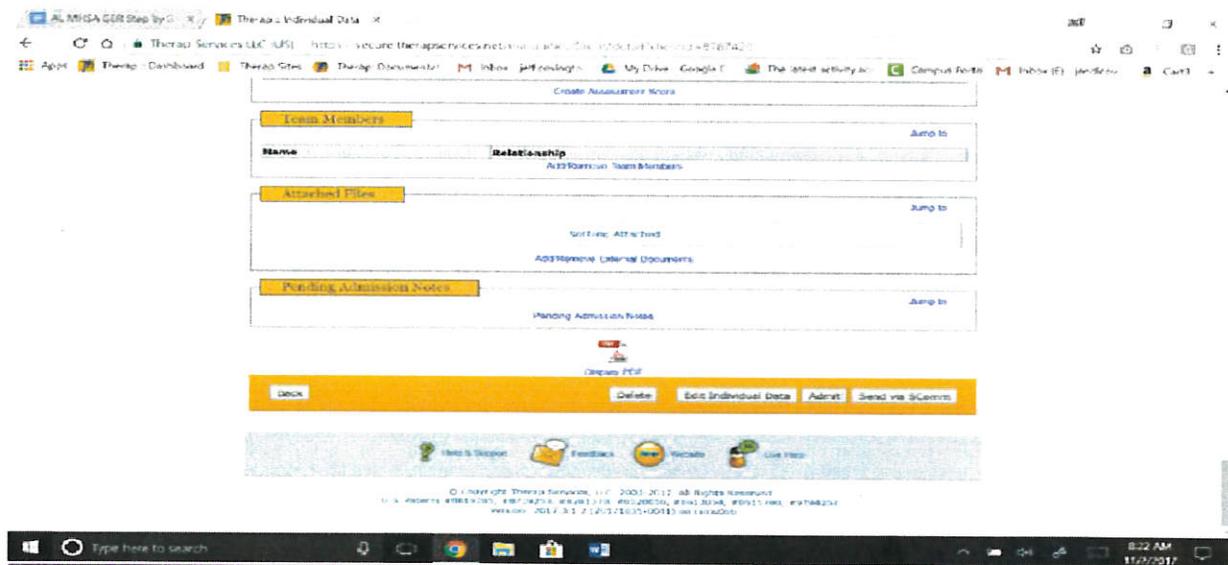
It will auto populate to today's date, keep it there and click Enroll:



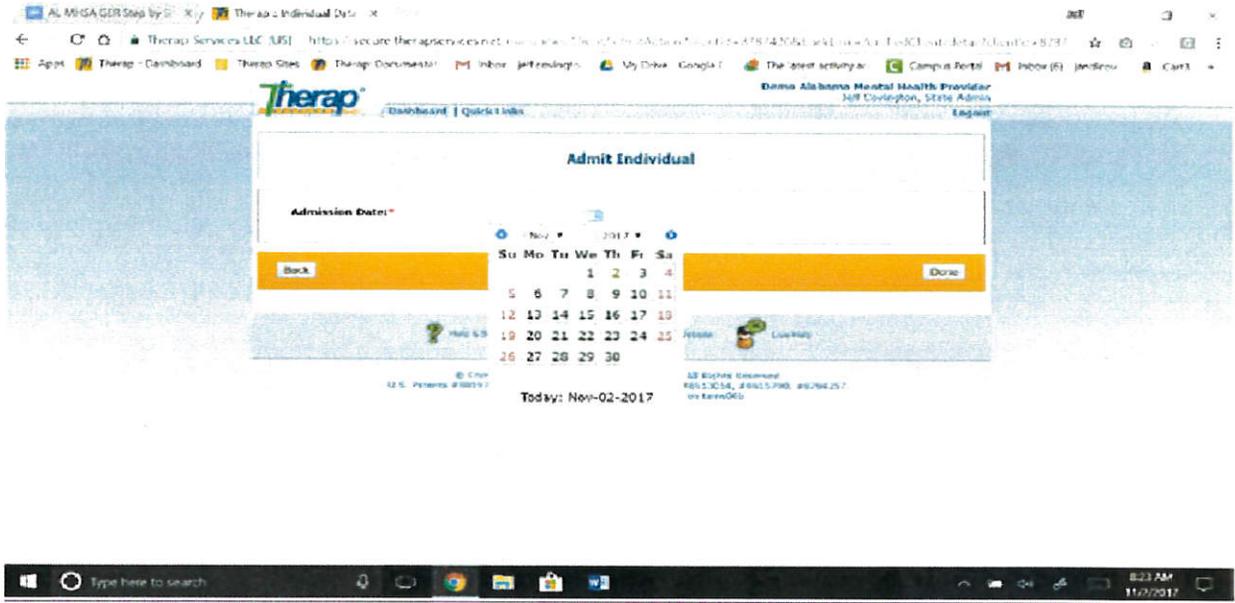
Verify that the person has been enrolled in the correct program and hit Save:



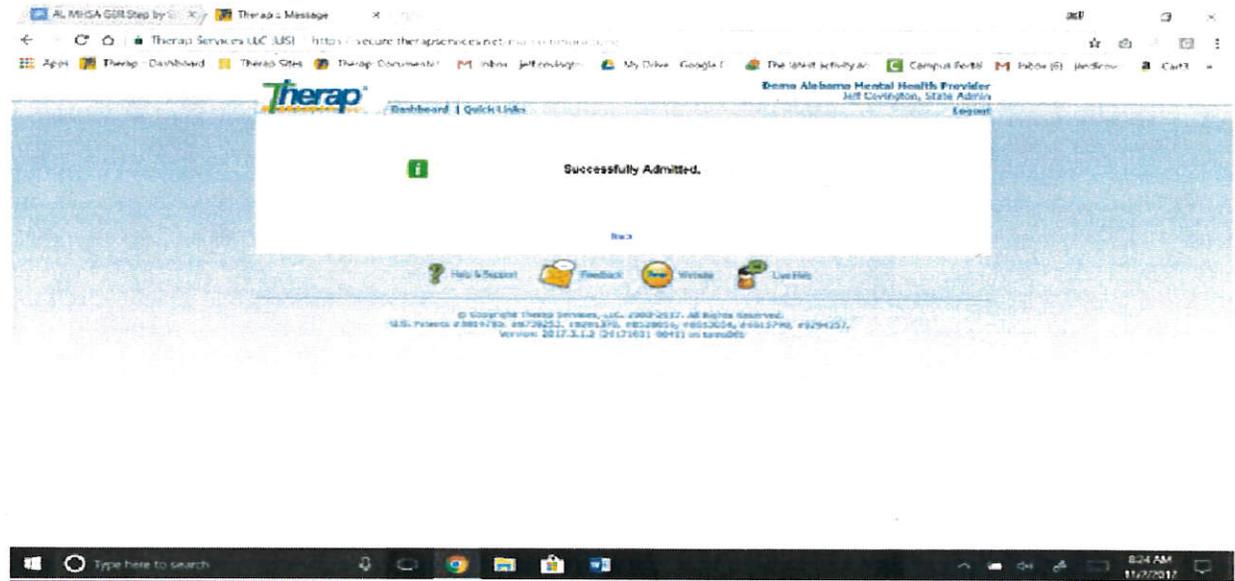
Scroll to the bottom of the page and hit Admit:



Choose today's date and hit Done:



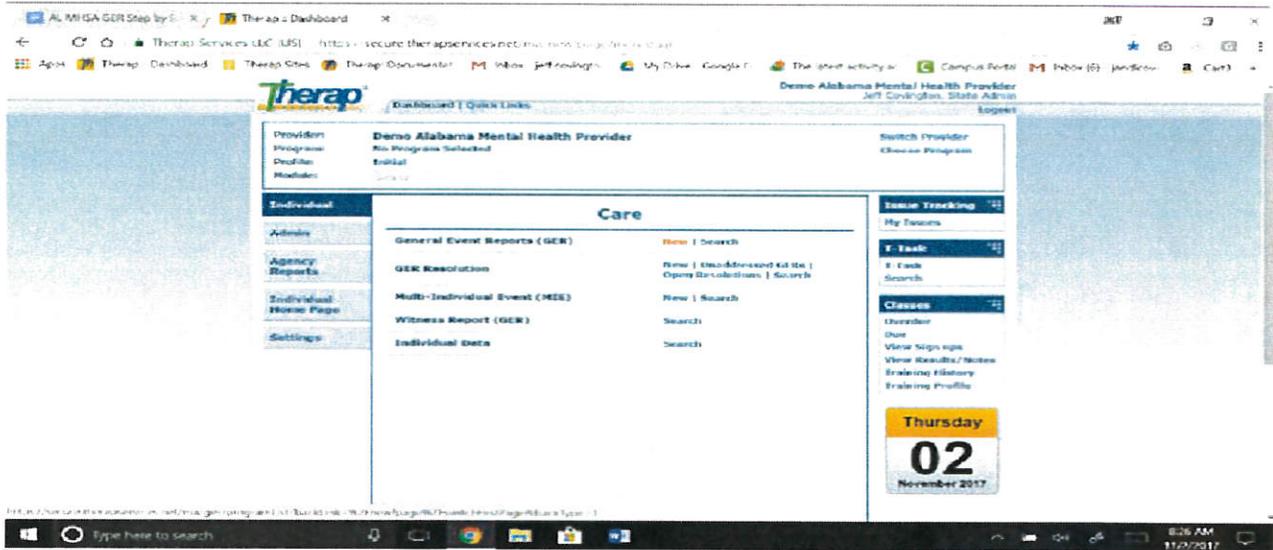
You have successfully admitted and enrolled the individual:



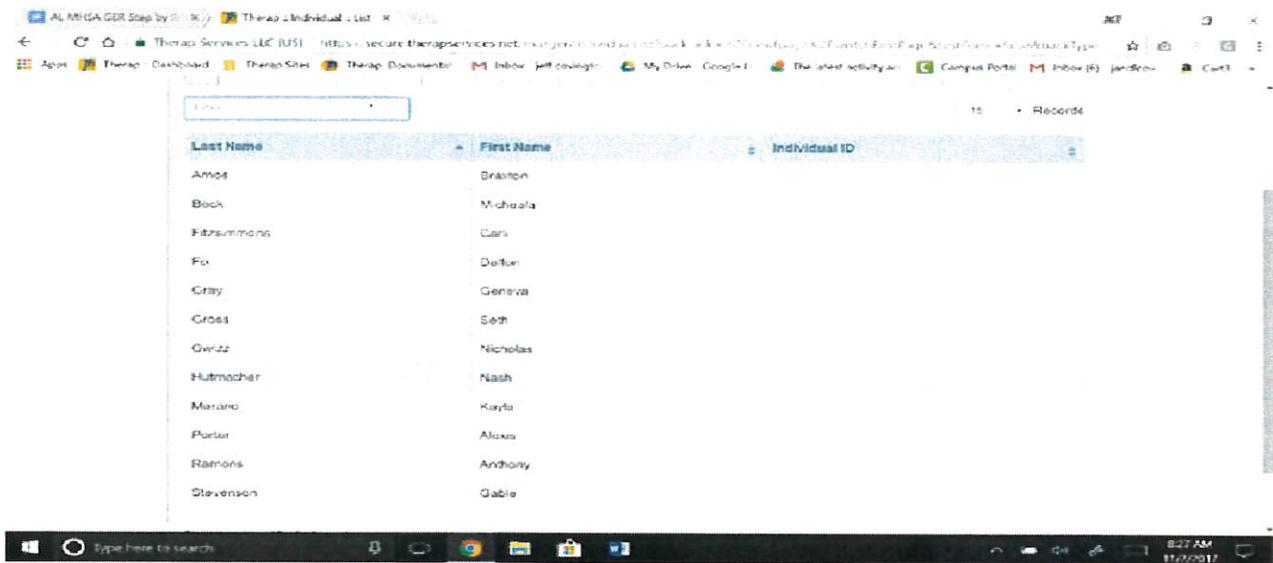
LOG OUT AND LOG BACK IN!

Writing a GER

From the Individual Tab of your Dashboard, click on New next to General Event Reports (GER):

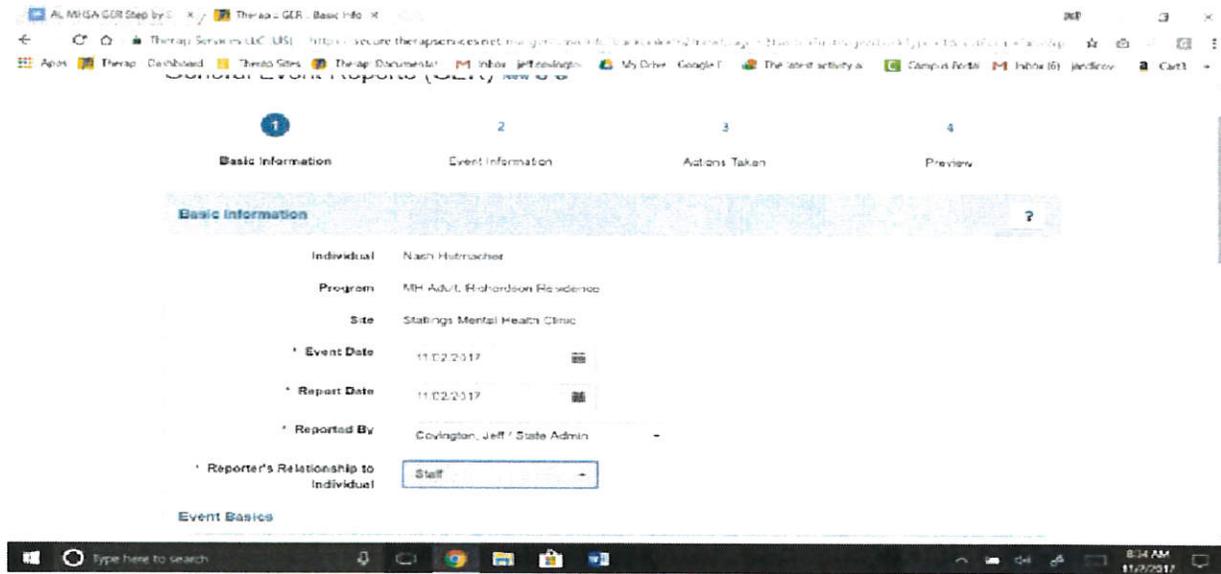


Choose the correct individual:

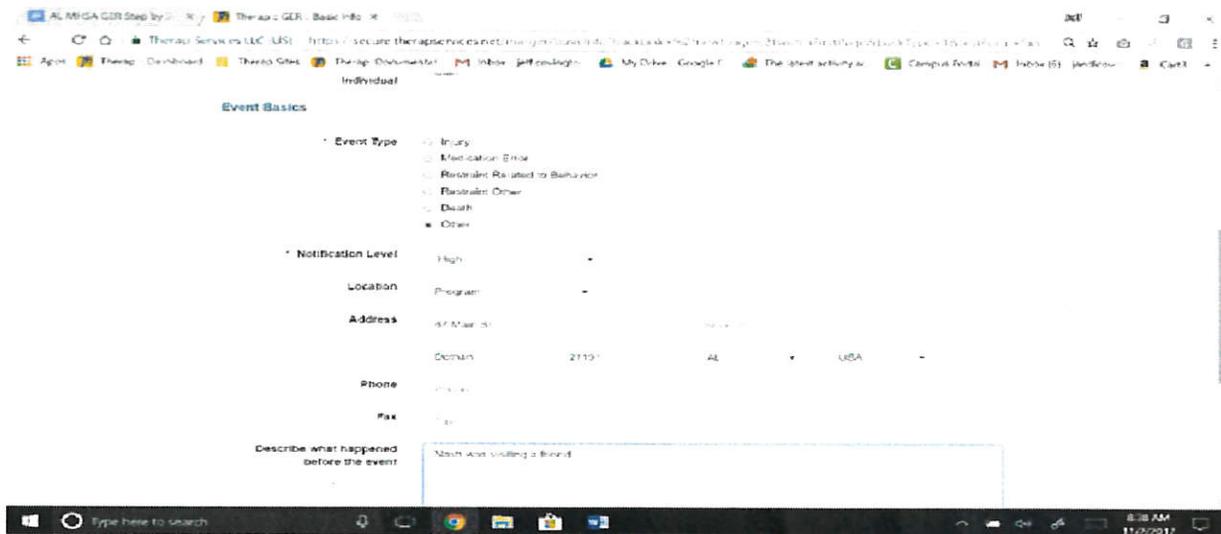


****When Completing a GER, all fields with a RED Asterisk*
are Required****

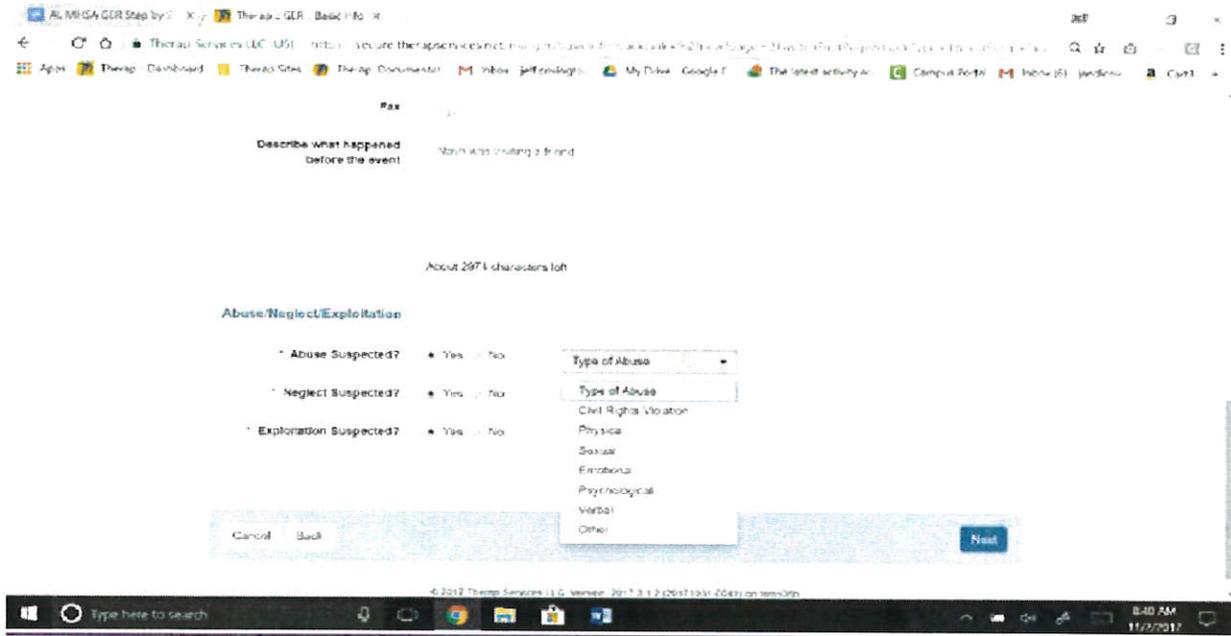
Complete Step#1: Basic Information: Fill in the date of the event, the date it was reported and the relationship of the person writing the GER to the individual:



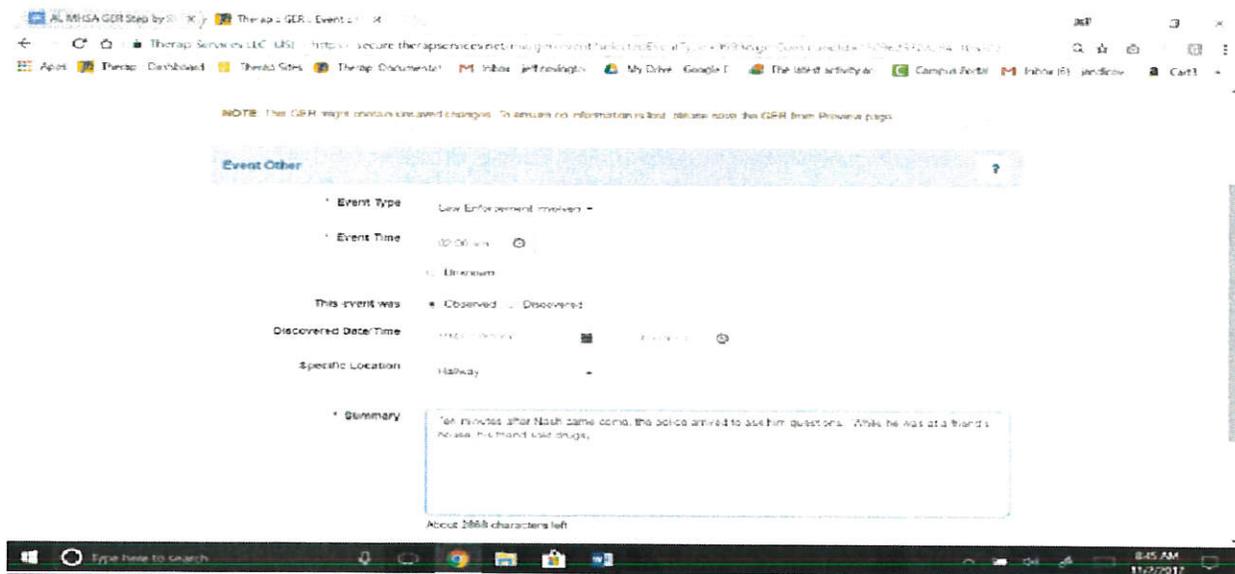
Fill in the Event Basics: Event Type, Location of the incident (if it happened at the program, choose Program from the drop down and it will auto populate the address), and the Notification Level of the incident, and Describe what Happened Before the Event:



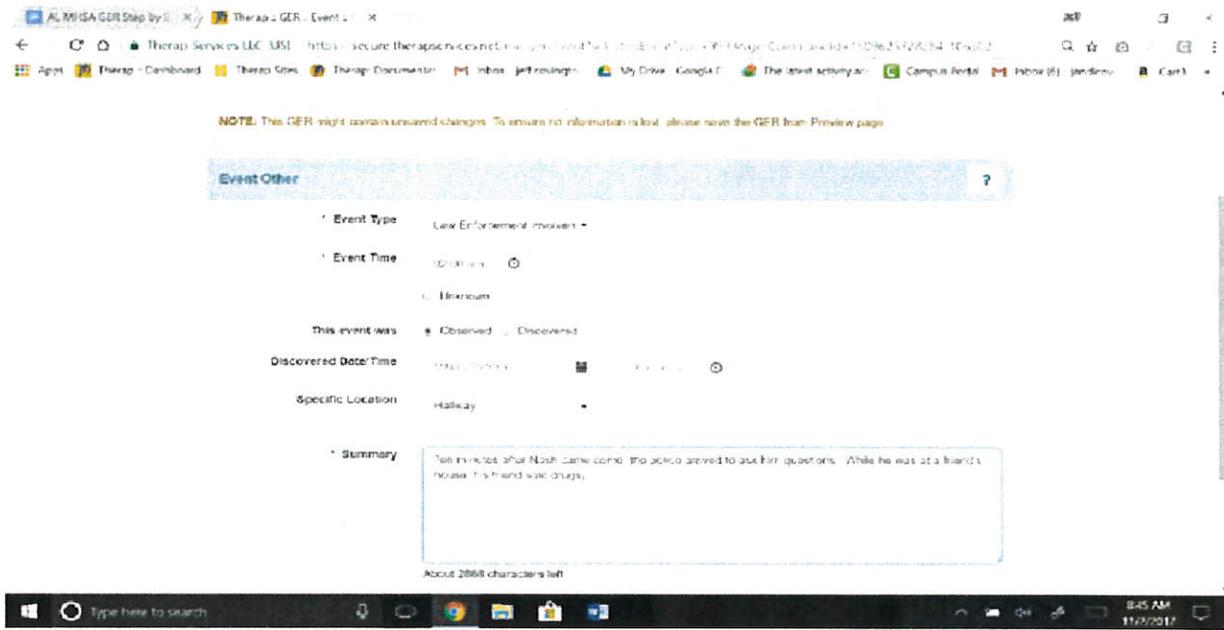
Answer "Yes" or "No" if Abuse, Neglect or Exploitation is suspected in this event. If you answer "Yes"; choose the type of ANE, then click Next:



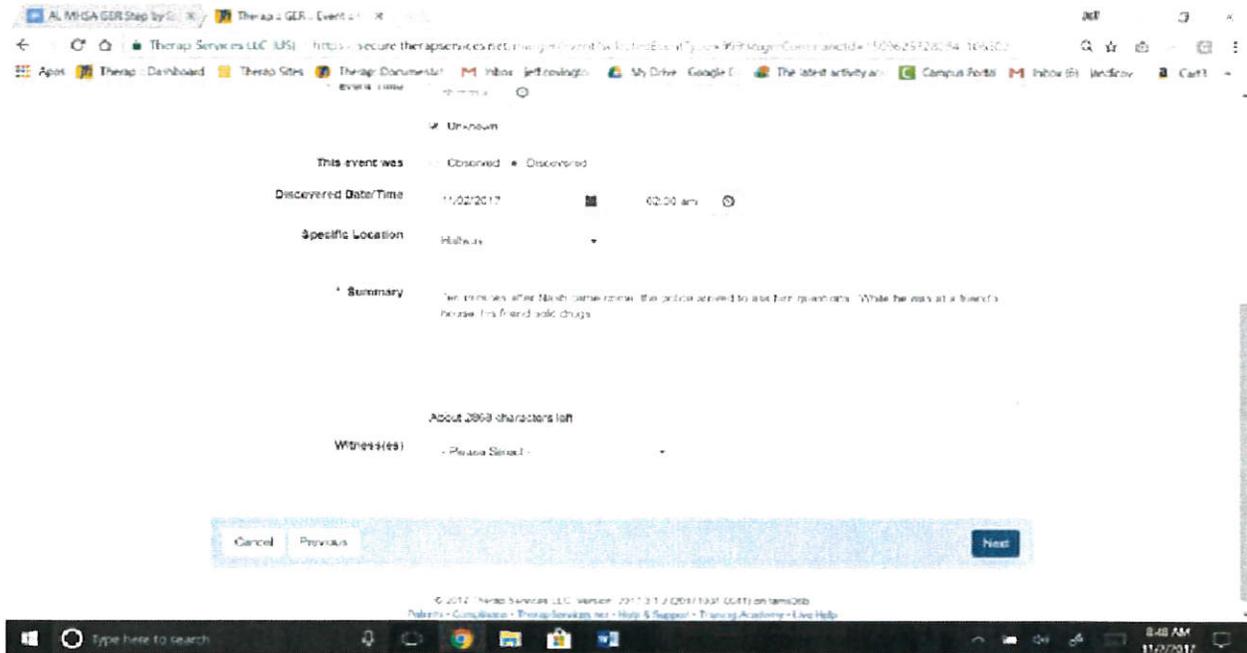
Enter in the event information including event type and sub-types if needed. If the event is observed, put down the time it was observed:



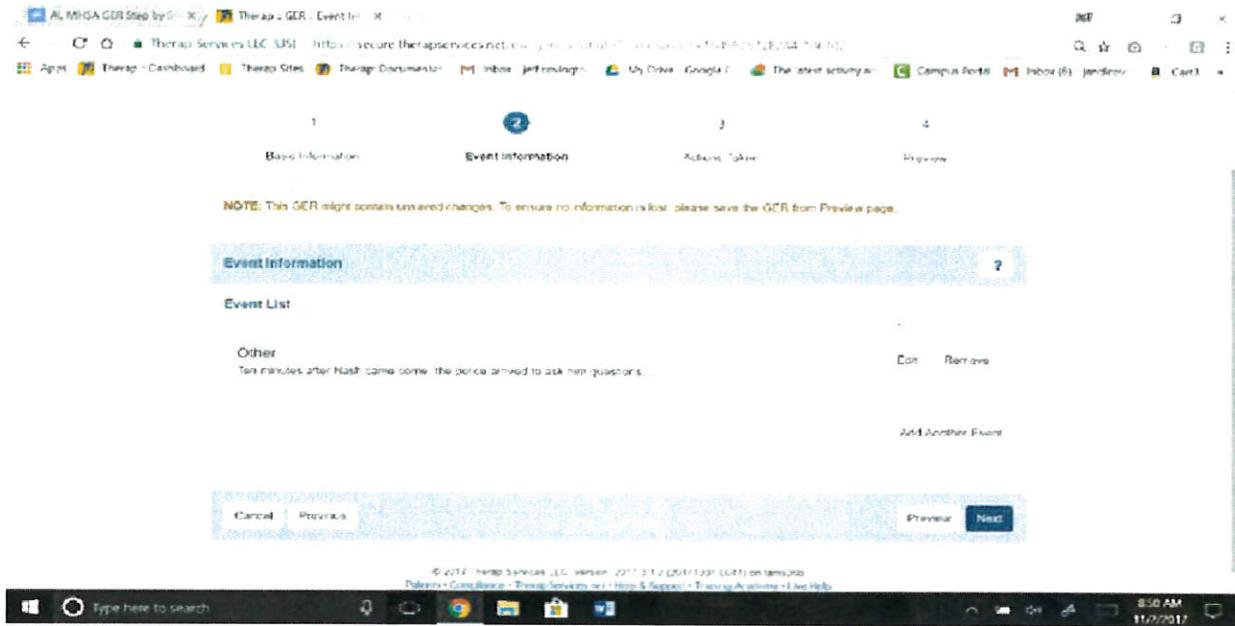
If the event was not observed, and the time is Unknown, click the box next to Unknown, and put down the date and time the incident was discovered:



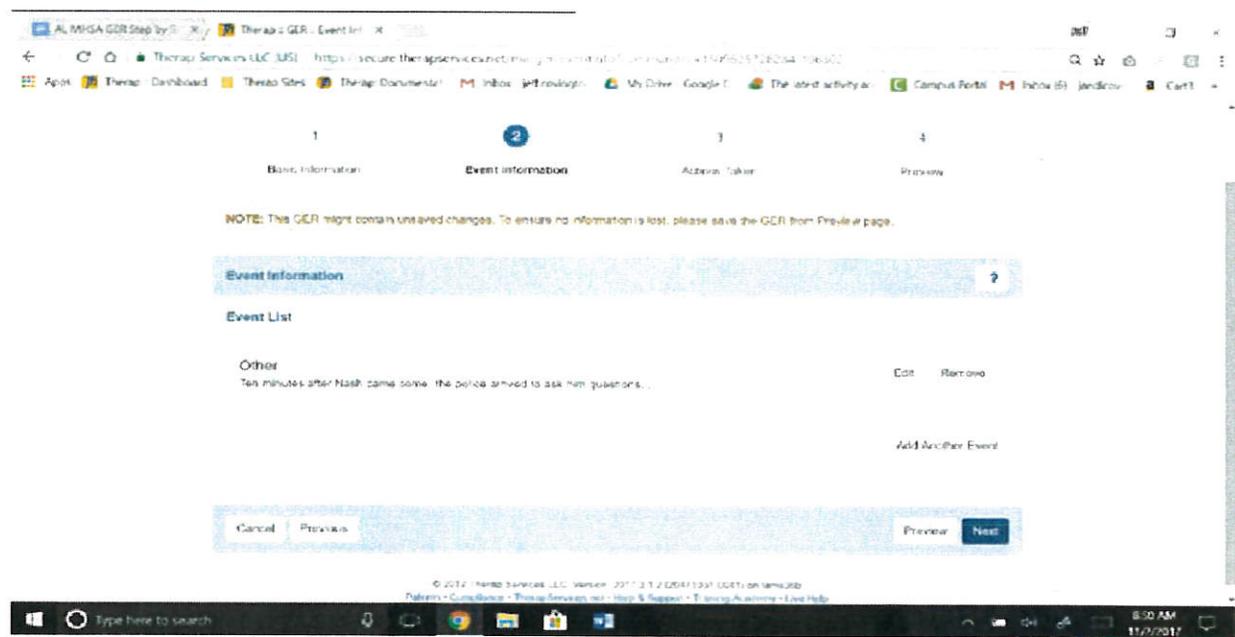
Choose a specific location where the event occurred and write a summary of the incident, then [click Next](#):



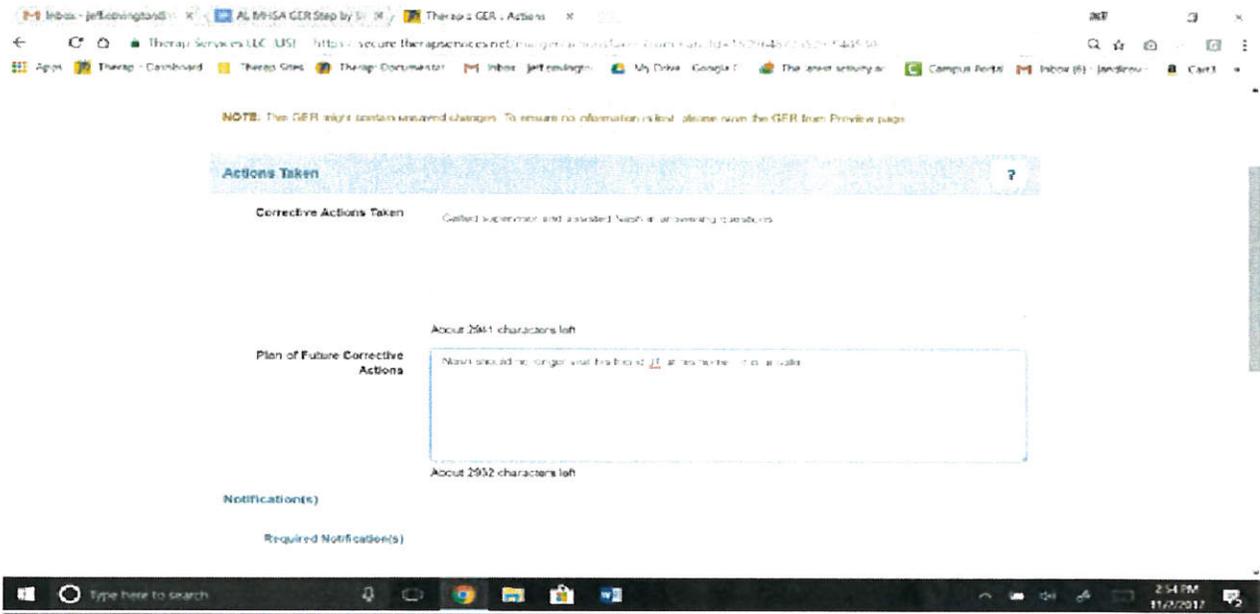
There may be instances when you'll need to add another event. You may add another event following the steps above or if it is only one event, [click Next](#):



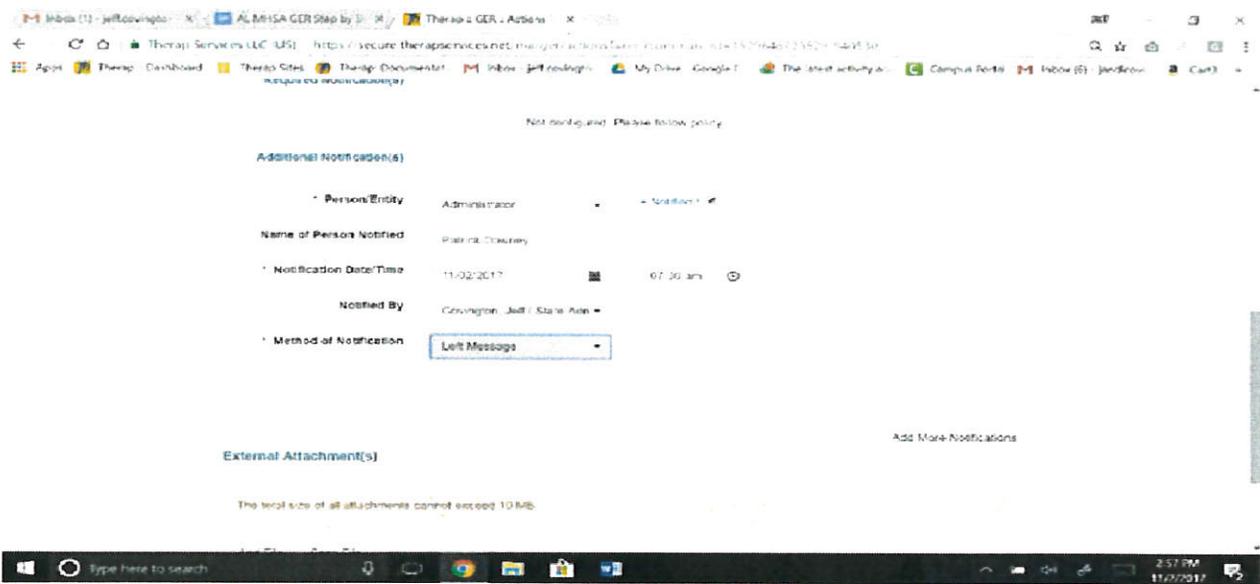
If you need to add another event (i.e. someone was the alleged victim of abuse and sustained an injury, etc.) Then click “Add Another Event”:



Choose the event type and follow the same steps you took to add the first event. Now you can fill out the Actions Taken Section. Write in Corrective Actions Taken (what did you do in the immediate aftermath of the incident to ensure health & safety). The write Plan for Future Corrective Action (what can be done to prevent a reoccurrence):

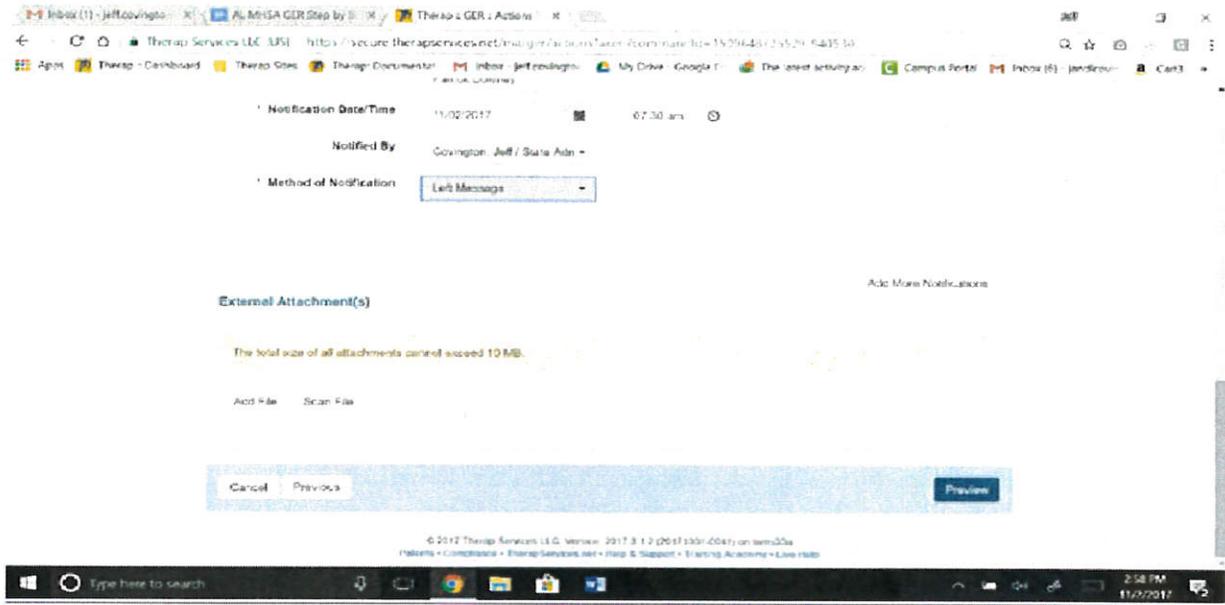


Notifications: Who did you notify of the incident. Click on the box next to “Notified.” Fill out all the required information: Person/Entity, Name of Person, Time/Date, Who Notified, and Method of Notification:

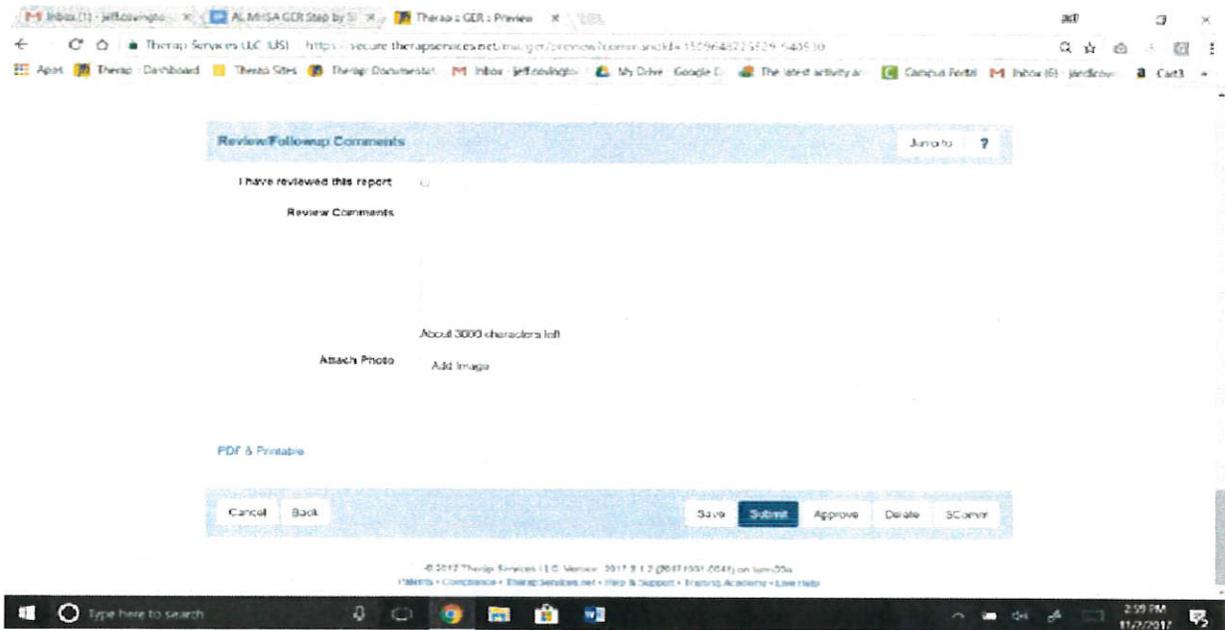


Click on Add More Notifications if you notified more than one person.

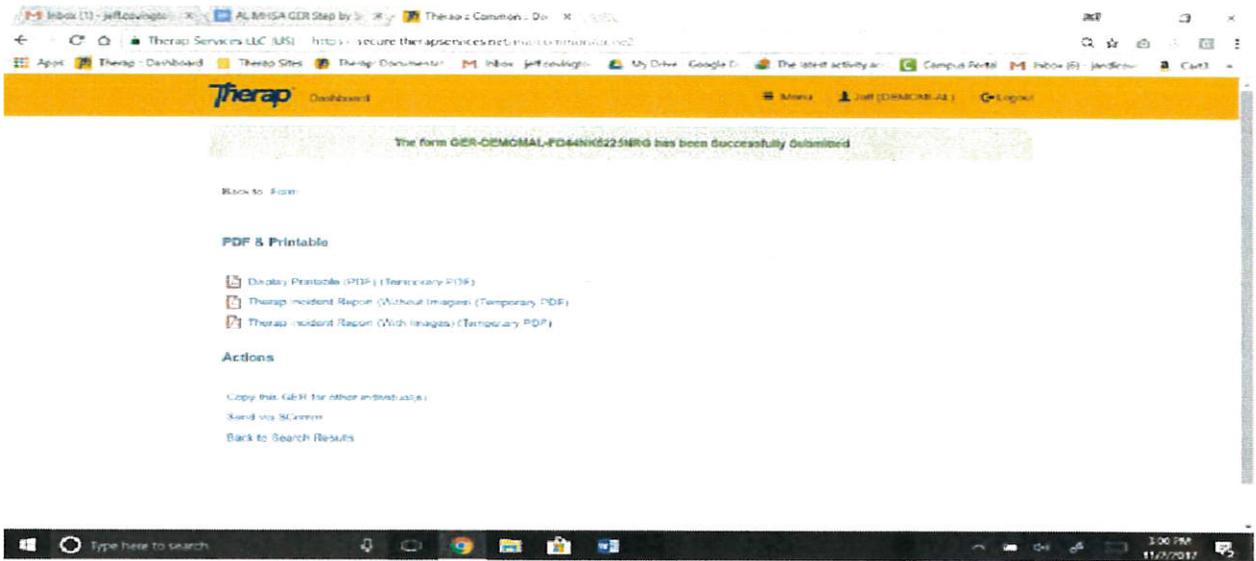
Click Preview at the bottom of the page



Review the form for accuracy. Once you are satisfied with the report, hit Submit at the bottom of the form:



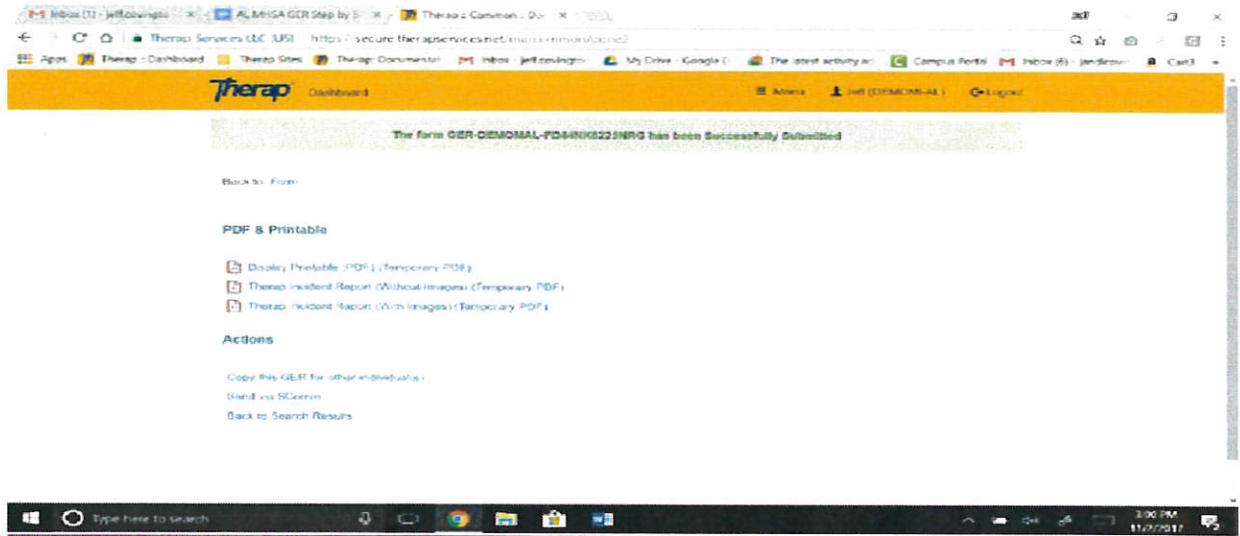
You have successfully submitted a GER:



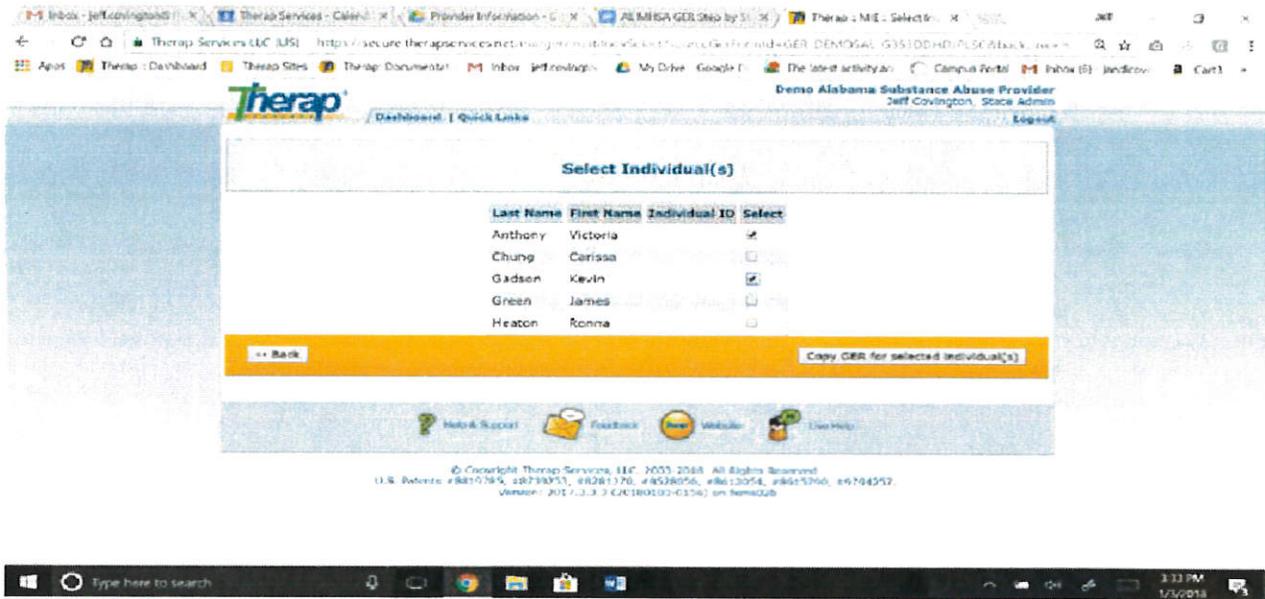
MULTI-EVENT REPORT:

There may be times where you'll need or want to attach several people from the same program to one report. For example: Sexual contact or a vehicle accident.

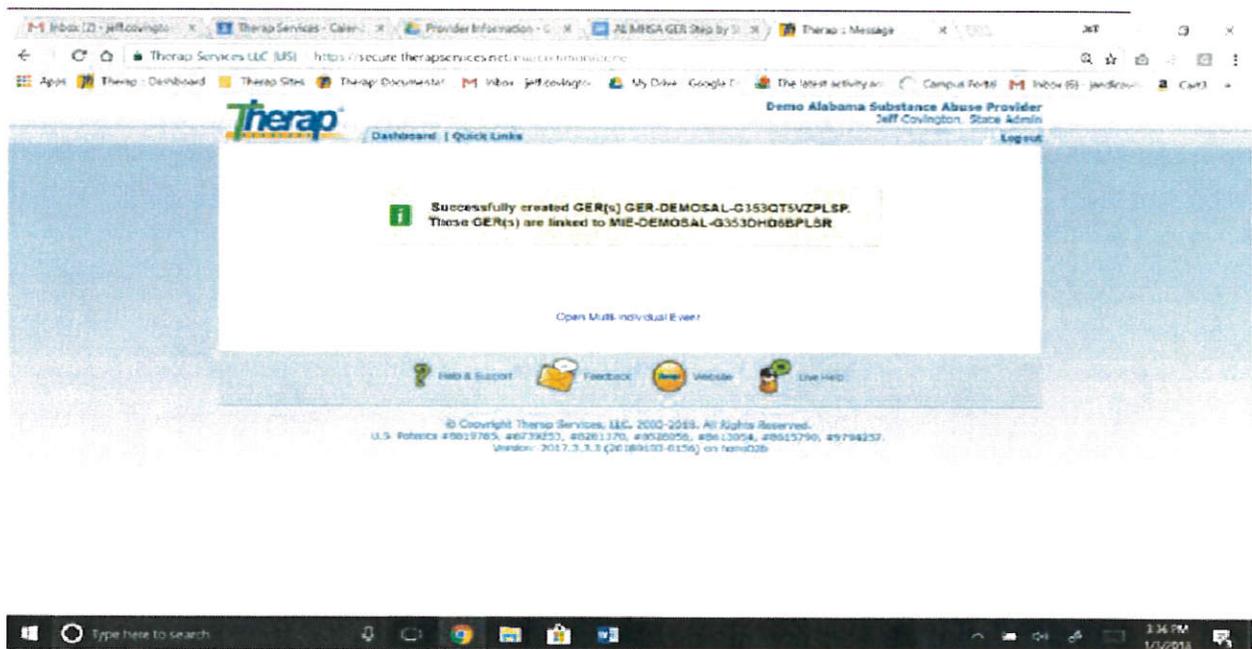
After you Submit the initial GER, you'll be given several options. To add another person(s) to this report, click on "Copy this GER to other individual(s):"



Select the individual(s) you want to add to this report by clicking the box next to their name(s) and click “Copy GER for selected individual(s)” button:



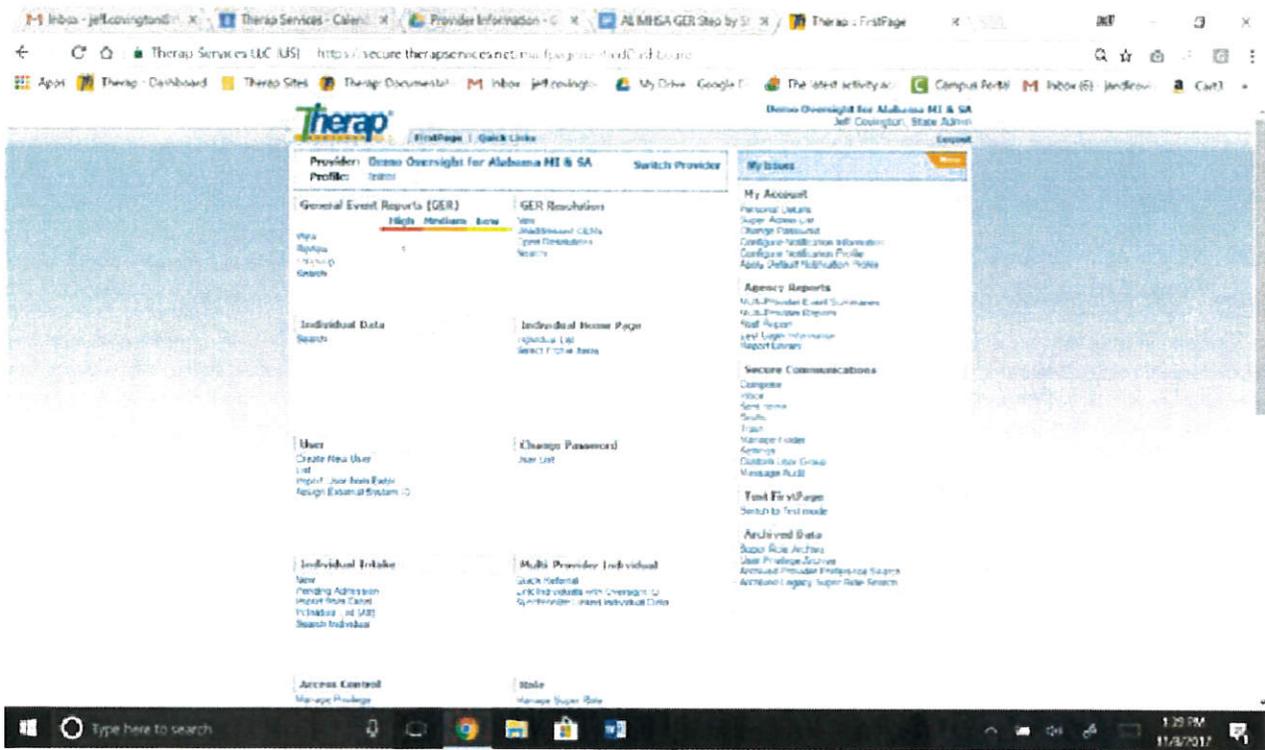
Now you have created a Multi-Individual Event Report. If you wish to edit for the particulars of that individual’s role in the event, click on “Open Multi-Individual Event” and edit as needed:



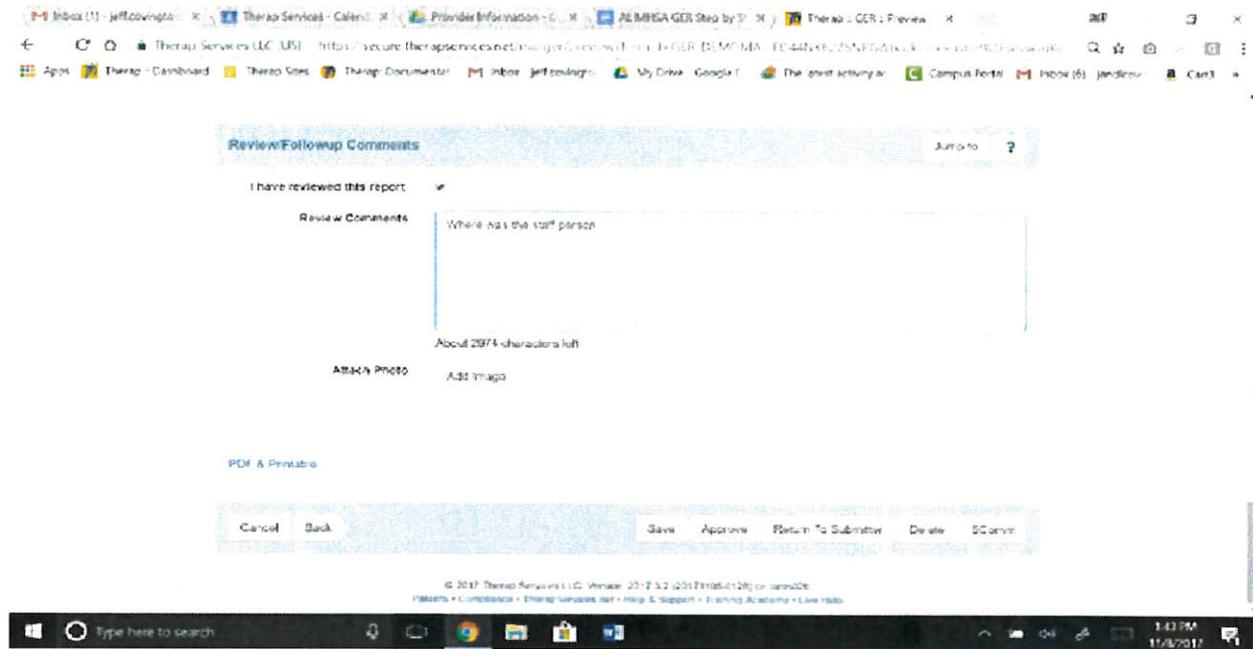
Approving a GER:

Once a GER is submitted, it must be approved before it can be seen by the ADMHSA staff within their oversight account. Approval for 24-hour incident reports can be done no more than 24 hours after the incident is discovered or observed.

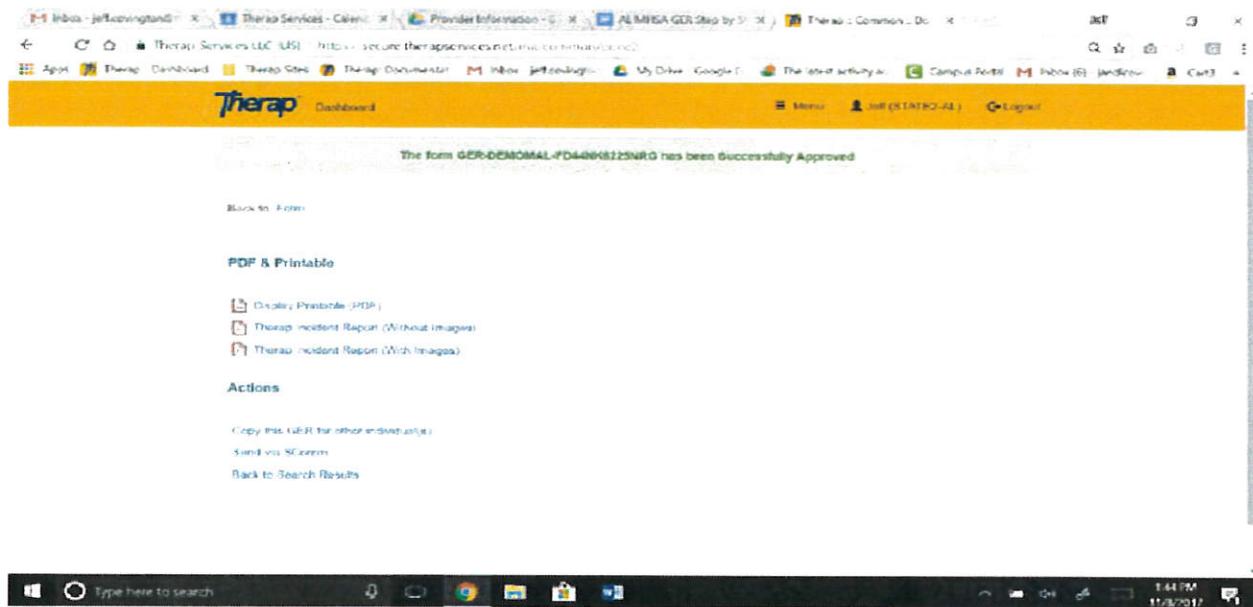
A submitted GER that is pending approval will show up on the To Do Tab of the person(s) responsible for approving GERs. Open it up by clicking on it in the To Do Tab:



Review the GER for accuracy. It may be edited prior to approval if needed to change category, add information, or change notification level. It can also be returned to the submitter. Check off that you have reviewed the report and write any comments if necessary. Once it meets your standards, scroll to the bottom and click on the Approve Button:



The GER has been approved and is now viewable by ADMHSA:



Creating a GER Resolution:

Open the GER you wish to write a Resolution for. In the GER click on: Create a New GER Resolution:

Basic Information

Individual: Nash Hutchner

Program: MH Adult Residential Residential

Site: Stallings Mental Health Clinic

Event Date: 11/02/2017

Report Date: 11/02/2017

Reported By: Jeff Corrigan, State Admin

Reporter's Relationship to Individual: Staff

GER Resolution: Create a new GER Resolution

Event Basics

Notification Level: High

Location: Program

Address: 87 Main St, Dothan, AL 36901, USA

Phone:

Fill out the GER Resolution as needed:

GER Information

Individual Name: Nash Hutchner

GER Form ID: GER RESOLV - FD44475485

MCR Form ID: The corresponding MCR is not linked to an REC

Abuse/Neglect/Exploitation Suspected: No

Event Date: 11/02/2017

Approval Status: Approved

Notification Level: High

General Information

Date Opened: 11/02/2017

Date Closed:

Status: Open Closed

Was this a critical event?: Yes No

Is an investigation needed?: Yes No

Abuse/Neglect/Exploitation Types

Verbal Abuse Physical Abuse Physical Abuse

Emotional Abuse Psychological Abuse Civil Rights Violation Abuse

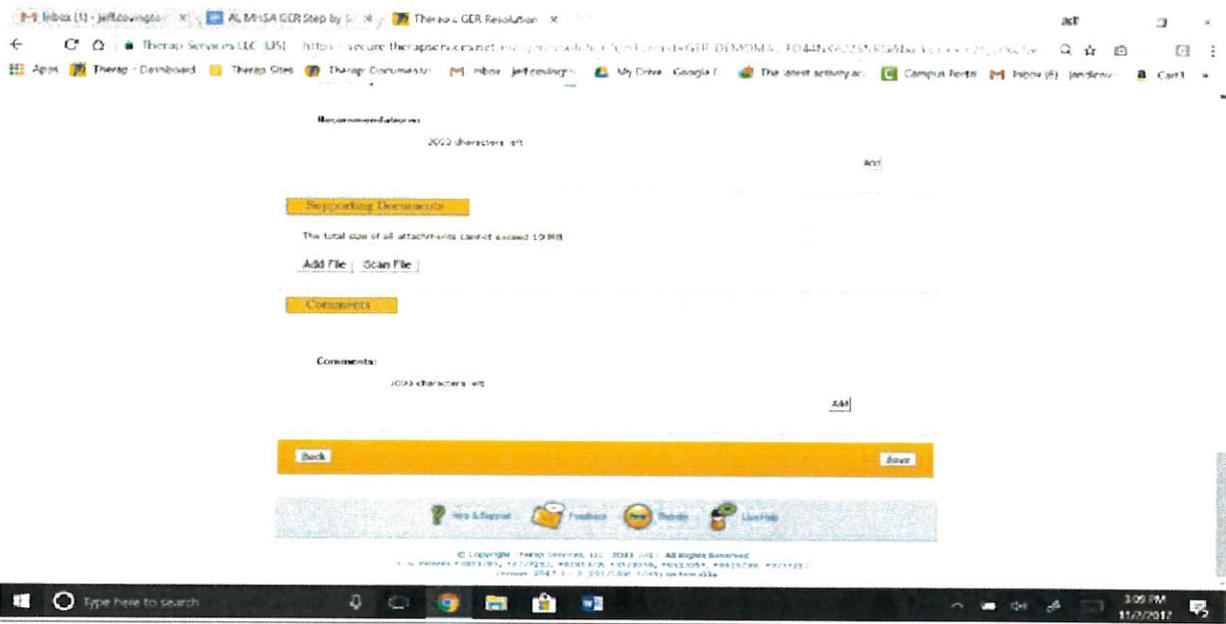
Neglect By Responsible Provider Questionable Clinical Practice / Neglect Social Exploitation

Sexual Exploitation Financial Exploitation Emotional Exploitation

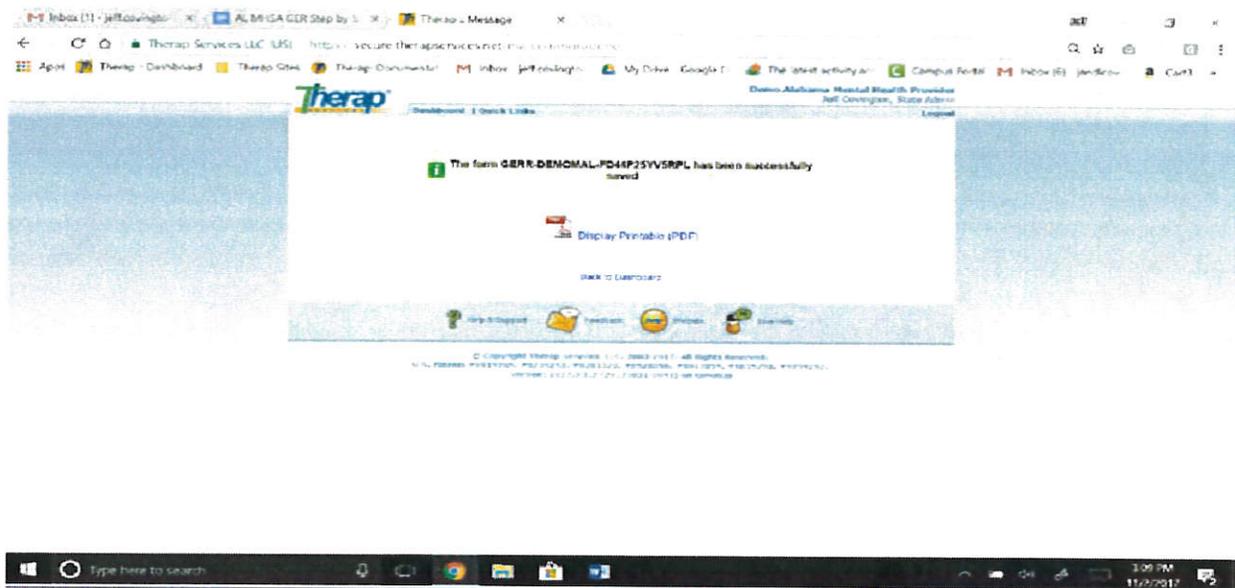
Findings

Abuse Neglect Exploitation Inconclusive Unsubstantiated Other

Click on Save when completed:



Resolution is Saved:



APPROVAL

Approval of the Mental Health Substance Abuse Services (MHSA DIVISION) Incident Management Plan Part B shall be attested to by the signatures below.

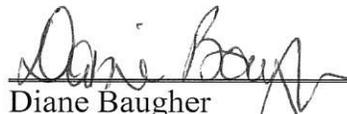
APPROVED:



Lynn Beshear
Commissioner

2-5-19

Date



Diane Baugher
MHSA Associate Commissioner

2-5-19

Date



Kim Hammack
MHSA Director of Community Programs

1/30/2019

Date



Nicole Walden
MHSA Director of Substance Abuse Treatment Services

1/30/2019

Date