

Alabama Department of Mental Health



Mental Health and Substance Use Services Incident Management Plan Part B

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Part B
MHSU Division Certified Community Providers
Incident Management Plan

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**Alabama Department of Mental Health
Division of Mental Health and Substance Use Services
*Incident Management Plan***

Part B – MHSU Certified Community Providers

I. POLICY

Each MHSU 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, Alabama 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 written report shall be made via email girm.dmh@mh.alabama.gov. Report should list reporter's name with title, agency name, contact number, name of recipient(s) involved in incident, incident date, and a brief description of the incident. 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 Use 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. The system provides 24-hour access for all users to facilitate real-time reporting. All certified mental health and substance use 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. Failure to abide by this standard will result in a critical finding and an automatic one-year certification. Additional findings will further impact the score.

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. Naloxone (Narcan) Administered
- L. Opioid Overdose
- M. Relocation
- N. Restraint
- O. Seclusions
- P. Sexual Contact
 - 1. Consensual
 - 2. Non-Consensual
- Q. Suicide attempt
- R. 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 and approval within 7 days. ADMH recognizes that all incident details may not be available at the time of the incident. Providers must adhere to reporting timelines and include all known details regarding the incident in the GER. Additional details regarding the incident can be added in the follow-up comment section of the GER and documented in the GER Resolution.

Important: GERs that have not been Approved by the Provider have not been reported to ADMH.

THE INCIDENTS INVOLVING RECIPIENTS LISTED ON THE FOLLOWING PAGES MUST BE REPORTED TO ADMH 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 CARE HOMES, CRISIS RESIDENTIAL UNITS, FOSTER HOMES, TRANSITIONAL AGE CARE PROGRAMS, CHILD/ADOLESCENT RESIDENTIAL, MEDICATION/OBSERVATION/MEALS (MOMs), CRISIS DIVERSION CENTERS, CCBHC's, DUAL DIAGNOSIS RESIDENTIAL FACILITIES
 - IN PROVIDER CONTRACTED CARE CERTIFIED BY ADMH
 - IN DESIGNATED MENTAL HEALTH FACILITY (ADMHF) HOSPITAL UNDER CONTRACT WITH CMHC PROVIDING POST COMMITMENT CARE
 - IN DESIGNATED MENTAL HEALTH FACILITY (ADMHF) NON-HOSPITAL
 - ON THE PROVIDER'S PREMISES
 - ANY APARTMENT SETTING AT WHICH THE CERTIFIED PROVIDER PROVIDES A RESIDENTIAL MANAGER
 - WHILE INVOLVED IN AN EVENT SUPERVISED BY THE PROVIDER.
- A. **GER - Critical Incident** - Report to ADMH and approve 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 MHSU certified community provider are reportable regardless of where the abuse/neglect was alleged to have occurred.**

3. Death

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

4. 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 (ADMHF) or
- d. Is on a locked unit or
- e. Forensic recipient under Conditional Release order

5. Elopement – Child/Adolescent/Transitional Age

- a. Any elopement of a child or adolescent

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

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

7. Law Enforcement Involvement

8. Major Injury

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

9. Media Event

10. Medication Error Level 3

11. Naloxone (Narcan) Administered

12. Nonconsensual Sexual Contact

13. Opioid Overdose

14. Relocation

15. Suicide Attempt

16. Discretionary

SUBSTANCE USE PROVIDERS ONLY #17 and #18

17. Confidentiality/Privacy Breach

18. Legal/Criminal Activity

14. 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 MHSU 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 till 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.
3. **NOTE FOR SUBSTANCE USE 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 though Friday, 8 am till 5 pm, to the Director of Substance Use Programs or designee at 334-242-3962 within 24 hours of occurrence. If calling after 5 pm Monday though Friday, weekends, and/or state holidays, notification should be made to the Director of Substance Use Programs at 334-328-6477, within 24 hours of occurrence.

B. **GER - Incidents**

1. For incidents that do not require reporting within 24 hours, the provider shall complete and approve the appropriate GER within 7 days.

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

1. The MHSU Certified Community Provider must investigate all reported incidents of non-consensual sexual contact and allegations of abuse/neglect in a comprehensive and timely manner. The MHSU Certified Community Provider is responsible for conducting their own investigation even though the incident may be investigated by another entity, such as the Department of Human Resources (DHR). Investigations should be completed within 15 days of their initiation. The results of the investigation shall be documented in the GER Resolution (GERR). For abuse/neglect investigations, documentation in the GERR must indicate if the allegation was substantiated or not substantiated. This is accomplished by selecting the type of abuse/neglect originally alleged or selecting the type of abuse/neglect substantiated by the investigation from a dropdown in the GER Resolution (GERR) and selecting substantiated or not substantiated from a dropdown in the GER Resolution (GERR). GERR's must be initiated upon creation of the GER 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.

The investigation must be completed by provider staff who have received the ADMH 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 15 days and are entered using the GER Resolution (GERR). In all incidents that required a GER Resolution, a GER Resolution must be initiated immediately upon creation of the GER.

VII. **REVIEW OF INCIDENT DATA**

- A. Each MHSU 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 Office of Quality Improvement and Risk Management shall compile periodic reports of all reported incidents for distribution to the Associate Commissioner for MHSU, Director of MI Community Programs, Director of Substance Use Treatment and Development, Director of Internal Advocacy, and the Director of the Office of MHSU Certification, upon request.
- C. The Office of Quality Improvement and Risk Management shall compile and report quarterly to the Performance Improvement Committee on all incidents and critical incidents reported by MHSU 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 MHSU 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 ADMH, in addition to those defined above, should be reported to the Director of Community Programs, as soon as possible, but no later than 24 hours of the provider's knowledge of the occurrence, utilizing the ADMH approved electronic reporting system.
- 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 15 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, and 3rd and 4th degree burns. (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 ADMH. Media includes TV, radio, internet, newspaper, or social media sites, including Facebook, Twitter, Instagram, etc.
11. **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 ADMH. 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. (ER Visit Required)
3. Level 3 includes incidents in which the recipient experienced life-threatening and/or permanent adverse consequences. (Hospitalization required)

*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. **Naloxone (Narcan) Administered:** Naloxone was administered by program staff, peer, or medical personnel to program recipient on provider premises or while under provider supervision.
- T. **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.
- U. **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.

- V. **Opioid Overdose**: Suspected or confirmed opioid overdose of program recipient that occurs on provider premises or under provider supervision.
- W. **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.
- X. **Recipient**: A person diagnosed with a serious mental illness, serious emotional disturbance, or substance use disorder, who is actively receiving services provided by an MHSU Certified Community Provider.
- Y. **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.
- Z. **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.
- AA. **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.
- BB. **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; deviant sexual intercourse or contact; physical and non-physical behaviors between an employee and recipient; employee using computers, cell phones, or social media outlets to make sexual overtures to a recipient; an employee encouraging a recipient to perform sexual acts; an employee performing sexual acts in a recipient's presence; and any form of sexual contact.
- CC. **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.

DD.**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.

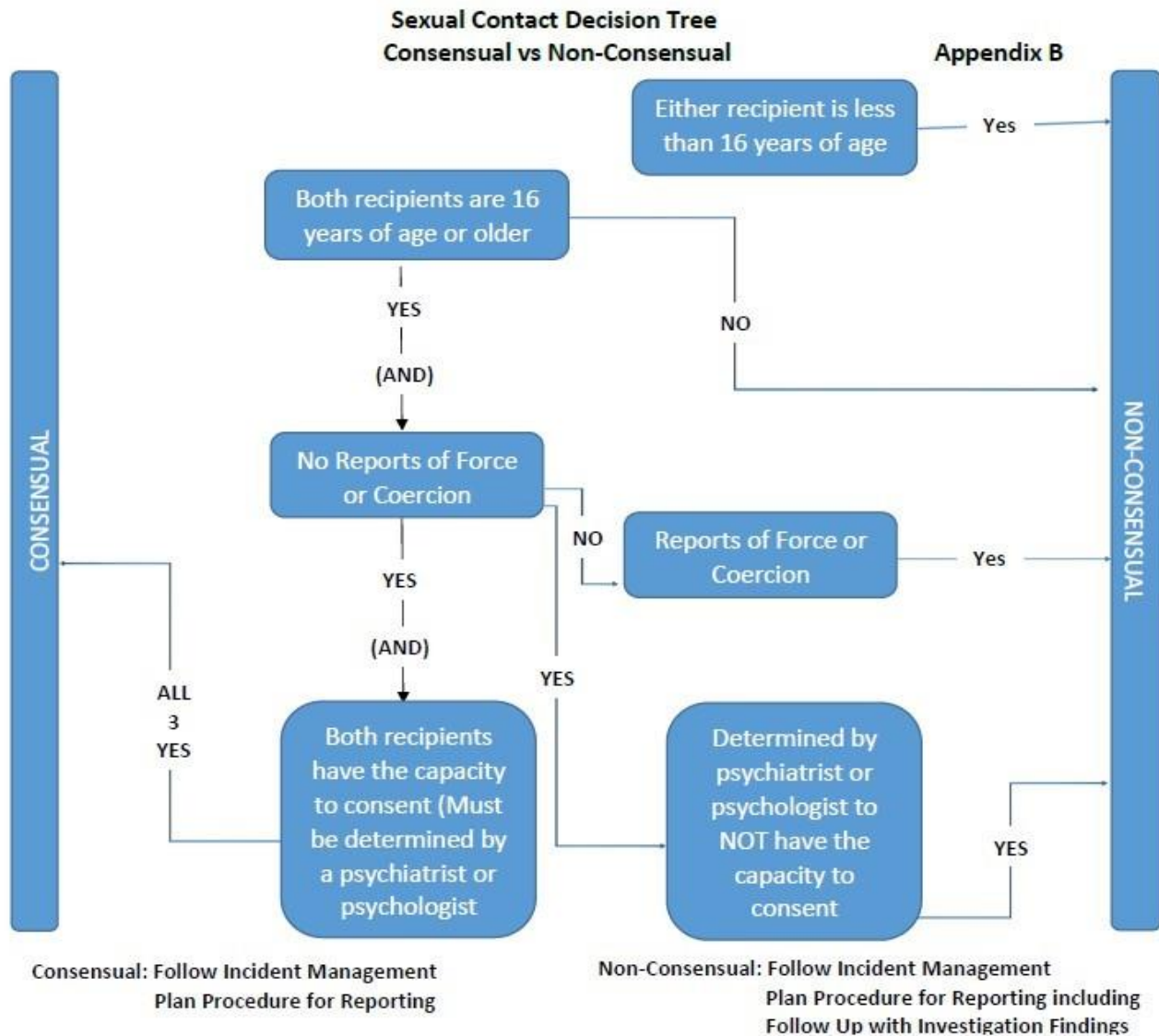
Appendix A

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.



APPROVAL

Approval of the Mental Health Substance Use Services (MHSU DIVISION) Incident Management Plan A and B shall be attested to by the signatures below.

APPROVED:

Kimberly Boswell
ADMH Commissioner

Date