

<b>Milwaukee County</b> <b>Department of Health &amp; Human Services</b>	Date Issued: 12/20/21	Reviewed: By: DHHS Contract Admin	Section: <b>ADMINISTRATION</b>	Policy No: <b>DHHS  010</b>	Pages: <b>1 of 6  (1 attachment)</b>
<input checked="" type="checkbox"/> Aging & Disabilities Services (ADS) <input checked="" type="checkbox"/> Behavioral Health Services (BHS) <input checked="" type="checkbox"/> Housing Services (HS) <input checked="" type="checkbox"/> Children, Youth & Family Services (CYFS) <input checked="" type="checkbox"/> Director's Office/Management Services	Effective Date: <b>December 20, 2021</b>  Revise Date: <b>August 15, 2022</b>	Subject: <p style="text-align: center;"><b>CRITICAL INCIDENT POLICY</b></p>			

## I. PURPOSE

To ensure timely and accurate documentation and notification of Critical Incidents (CI) involving Milwaukee County Department of Health & Human Services (DHHS) service recipients and/or their families/guardians/visitors and/or any other contacts, DHHS contractors and service providers.

## II. SCOPE

This policy applies to **all** DHHS contractors or service providers having reimbursable or non-reimbursable agreements including agencies/organizations with which DHHS has Purchase of Service contract(s), Fee-for-Service Agreement(s), Professional or Non-Professional Service Agreement(s), Procurement or Price Agreement(s) or Memorandum(a) of Understanding.

## III. POLICY

It is the policy of Milwaukee County Department of Health & Human Services, (DHHS) that all "critical incidents" (CI) must be documented and reported to DHHS within **24 hours of becoming aware of the critical incident** to confirm that necessary actions are taken in an attempt to ensure the health, safety and welfare of clients and providers.

DHHS CI Form (*see Attachment 1 – Updated DHHS CI Form*).

## IV. DEFINITIONS

**“Critical Incidents”** - defined as any actual or alleged event or situation that jeopardize the physical or mental health or safety of Service Recipients or of staff.

**“Any Instance of Abuse or Neglect to Service Recipient by any person including another Service Recipient”** - any instance of abuse or neglect to Service Recipient by any person including another Service Recipient.

**“Auto Accident”**- service provider involved in an auto accident with client in the vehicle at the time of the accident.

**“Any credible allegation of Caregiver Misconduct (as described in DHS 13)”** - any credible allegation of caregiver misconduct (as described in DHS 13).

[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/13](https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/13)

#### IV. DEFINITIONS (cont'd)

**“Damage to Facility”**- any damage to the DHHS funded site or facility that the agency is seeking compensation for.

**“Death”** - death that occurs at DHHS funded site, or while enrolled in DHHS funded service. For CARS please also follow “CARS Death Policy.”

**“Direct Service Provider”** (DSP) – Provider employee, volunteer, paid or unpaid intern, Independent Service Provider or subcontractor, who provides direct care and/or Covered Services to a Participant/Service Recipient on behalf of a Provider, for which the Provider receives compensation from the Purchaser under the agreement.

**“Disease Outbreak”** - an outbreak of a serious communicable disease as defined in DHS 145 Appendix A.

**“Environmental Hazard”** - exposure to a toxin, biohazard, or potentially life-threatening environmental hazard by service recipient that the service provider or agency becomes aware of in the course of providing services from DHHS funded program.

**“Evacuation or Closure of Facility or Provider Site”** - any condition requiring the closure of DHHS funded site or facility requiring the execution of agency’s Emergency Management Plan, which necessitates a need to evacuate (other than a fire drill) or remove service recipients.

**“Fire Setting”** – fire setting. For Children’s Community Mental Health Services and Wraparound Milwaukee Wraparound only: deliberate act of setting a fire.

**“Indirect Staff”**- is an employee, individual independent contractor or subcontractor who is not a DSP, but is associated with Covered Services as a supervisor, billing staff, case records and/or quality assurance worker, and/or is someone (i.e.: volunteer) who has access to clients, client property, and/or client information of Service Recipients. Agency owner, President, CEO, Executive Director, and/or Senior Staff are considered Indirect Staff if reporting to work at a site where Covered Services are provided.

**“Law Enforcement involvement”** - law enforcement involvement due to an incident that jeopardizes the physical or mental health, safety and wellbeing of service recipients or DSP or Indirect Staff.

**“Unfavorable Media Exposure”** - any event involving law enforcement or first responders that could result in unfavorable media exposure/publicity (e.g., published or broadcasted) – see section V. for further follow-up requirements. For Children’s Community Mental Health Services and Wraparound Milwaukee only –follow Media Protocol.

**“Medication Error”** - a medication administration error with significant consequence e.g., need for consultation with a doctor, ER visit, etc.

**“Missing service recipient”** - includes abduction that occurred to a service recipient receiving service at DHHS funded site/facility or at any other location related to the services; missing person’s report filed with law enforcement and/or For Housing Services if a wellness check is performed. For CYFS only – follow requirements per CYFS CI Policy No. 10 and Missing Youth Policy No. 26. For Children’s Community Mental Health Services and Wraparound Milwaukee only – follow Runaway/Missing protocol.

**“Other”** - any other incident of a critical nature that may not be identified above (i.e., death threat made to a Service Recipient, DSP, or Indirect Staff, etc.)” - any other Incident of a critical nature as stated.

#### IV. DEFINITIONS (cont'd)

**“Overdose of drugs or alcohol by Service Recipient”** - any overdose that occurs by service recipient.

**“Owner/admin/board member convicted or being investigated by Governmental Agency”** - when an owner/license holder, administrator, board member has been convicted of any crime or has been or is being investigated by any governmental agency for any act or offense.

**“Physical Force to Apprehend”** - any use of physical force to apprehend a service recipient attempting to elope.

**“Physical injury”** - a serious injury, trauma, or acute physical distress requiring the services of a licensed medical practitioner that occurred in a DHHS funded site/facility, or at any other location related to the services. For Housing Services only - includes Mental Health Emergencies; psychiatric emergency that leads to an intervention at a psychiatric ER and/or psychiatric hospital admission if incident occurs in a DHHS funded site/facility, or at any other location related to the services.

**“Physical or sexual assault/misconduct or Commercial Sexual Exploitation/Trafficking”** - physical or sexual assault/misconduct or commercial sexual exploitation/trafficking or possessing child pornography.

**“Protective Services Contact”** – Any event that requires contacting child or adult protective services (CPS or APS) including abuse, neglect, malnourishment, etc.

**“Provider”** – an agency, organization or individual with whom a DHHS contract, agreement or Memoranda of Understanding has been executed.

**“Purchaser”** - Purchaser is a governmental subunit of Milwaukee County managing and providing mental health, substance abuse and/or health and social services.

**“Service Recipient”** - Person or persons identified in a service authorization or service plan as the recipient of Covered Services provided by the Direct Service Provider. Also referred to as participant, consumer, client, patient, enrollee, or resident.

**“Suicide attempt by Service Recipient”** – significant attempt by service recipient to end one’s life. Note: Do not report CI for acts of self-injury/abuse where intent to end one’s life is not present, injury is superficial and/or medical attention is not sought. For BHS, CARS use definition per BHS Sentinel Event Policy.

**“Service Recipient Restraint and/or Injury to a Service Recipient during a restraint”** - any use of a restraint of a service recipient. Any injury of a service recipient during the use of a restraint.

**“Violence”** – threat of harm/physical assault, actual physical assault, or use of weapons if medical attention and/or law enforcement is involved; and/or incident falls under “Duty to Warn” (Tarasoff rule).

#### **CYFS Only**

**“Youth damaging, losing and/or stealing the personal property of others, e.g., other youth or staff”**

**“Property of Youth being damaged, lost and/or stolen”**

**“Death”** - Death of someone who had a direct connection with youth who is a service recipient.

## V. REQUIREMENTS and PROCEDURE

All required notifications to Purchaser must be submitted using the DHHS Critical Incident Form:

- Provider who witnessed the CI is responsible for the completion of the CI Form.
- For incidents that agency did not witness (within 24 hours of becoming aware of the critical incident) agency supervisor or designee must conduct investigation as necessary, and complete CI Form.

Providers' supervisor is responsible for reviewing CI Form prior to submitting to DHHS and ensuring the CI Form is submitted to DHHS in a timely manner. All Critical Incidents must be retained at agency in accordance with state of WI record retention requirements.

Critical Incidents must be reported in writing to Purchaser as defined by the respective contract Service area Policy and Procedures.

Following your agency's submission of a CI Form, the respective Service area will be in contact with you to provide further guidance. Please also follow the policy protocol or procedure as applicable to the respective program for such incident.

### **Refer to page 6 of this Policy: location and submission of CI Form**

In addition, Provider must immediately report Critical Incidents to the parent/guardian, Care Coordinator, Care Management/Support and Service Coordination Agency, Case Management Agency, Recovery Support Coordinator, and/or Human Service Worker/Justice Worker (if applicable).

Critical Incidents must also be reported to the appropriate State, Federal and local agencies as required.

Reported DHHS Critical Incidents that additionally meet criteria as a Sentinel Event as defined by the BHS' Sentinel Event Policy may additionally be reviewed in accordance with that policy. Critical incident and notifications shall be documented in the Case Notes.

**Critical Incident situations that must be reported include, but are not limited to, the following or as otherwise defined by the policy of the respective contract Service area:**

1. Any Instance of Abuse or Neglect to Service Recipient by any person including another Service Recipient
2. Auto Accident
3. Any Credible Allegation of Caregiver Misconduct (as described in DHS 13)
4. Damage to Facility
5. Death
6. Disease Outbreak
7. Environmental Hazard
8. Evacuation or Closure of Facility or Provider Site
9. Fire Setting
10. Law Enforcement Involvement
11. Unfavorable Media Exposure
12. Medication Error
13. Missing Service Recipient
14. Other - An Incident of a Critical Nature that may not be identified above (i.e., death threat made to a Service Recipient, DSP, or Indirect Staff, etc.)

## V. REQUIREMENTS and PROCEDURE (cont'd)

15. Overdose of drugs or alcohol by Service Recipient
16. Owner/admin/board member convicted or being investigated by Gov't Agency
17. Physical Force to Apprehend
18. Physical Injury
19. Physical or Sexual Assault/Misconduct or Commercial Sexual Exploitation/Trafficking
20. Protective Services Contact
21. Suicide Attempt by Service Recipient
22. Service Recipient Restraint and/or Injury to a Service Recipient during a Restraint
23. Violence

### **CYFS Only**

24. Youth damaging, losing and/or stealing the personal property of others, e.g., other youth or staff
25. Property of Youth being damaged, lost and/or stolen
26. Death of someone who had a direct connection with youth who is a service recipient

### **Provider Critical Incident Procedure**

Written procedure must be developed by the Provider outlining the following key elements for managing critical incidents. Procedure must be made available to DHHS upon request:

- Provider will develop and implement systems and processes for appropriate, effective and timely responses to, communication and management of, CI's.
- Provider process will identify designated staff members to assist in prevention, management, and appropriate communication of CI's.
- The Provider's process should include what steps need to be taken in the event of an actual or alleged CI, who and what entities need to be notified, and parties responsible to investigate actual and alleged CIs to prevent future incidents of the same nature. Process must include root cause analysis and any corrective actions implemented.
- Related to "Unfavorable Media Exposure" (any event involving law enforcement or first responders that could result in unfavorable media exposure/publicity (e.g., published or broadcasted)):

Provider/Agency CI Procedure to designate agency Communications Liaison to be responsible for following up if contacted by the media. Subsequent to a media inquiry, Liaison's name and contact information, including a cell phone number, should be shared with the DHHS Director's Office, in the event DHHS needs to reach someone in a crisis situation. Provider/Agency to ensure DHHS has up-to-date records should there be a change made to Agency Communications Liaison information.

### **Before responding to any questions** being asked by the Media:

1. If contacted by the Media regarding a crisis situation, do not immediately comment. Obtain pertinent information, including: name of media outlet, name of the reporter, contact information, the focus of the inquiry, and the deadline for responding back to them.
2. Notify DHHS Communications Manager before the deadline to respond to the reporter. Discuss an appropriate response. Once a response has been developed, designate a spokesperson from your agency to respond to the media inquiry. (see notification information below):

V. **REQUIREMENTS and PROCEDURE** (cont'd)

**Before responding to any questions** being asked by the Media: (cont'd)

Contact DHHS immediately to notify of Media contact to formulate an appropriate response before speaking with Media as well as strategize best course of action, etc.

**DHHS Notification Information:**

**Director's Office:** DHHS Communications Manager

**Phone No.** - (414) 289-5885 (leave voice message if necessary)

**Email** – [jill.lintonen@milwaukeecountywi.gov](mailto:jill.lintonen@milwaukeecountywi.gov)

3. After discussion with DHHS/Communications Manager, agency to respond back to Media inquiry.

**Provider Critical Incident Procedure must be reviewed annually and updated as needed.**

**CI Form Submission Requirements:**

**Critical Incidents must be reported to DHHS in writing to [DHHSCI@milwaukeecountywi.gov](mailto:DHHSCI@milwaukeecountywi.gov) using DHHS CI (fillable) Form.**

- When submitting CI Form, email and attachment must be safeguarded by the sender for all service recipient specific CIs as well as for agency or service provider specific CIs if it includes electronic Protected Health Information (ePHI), or Personally Identifiable Information (PII).
- On Subject Line of email please include applicable Service area. **Do Not include PII on the subject line** (name of service recipients or providers on CI).
- For Children's Community Mental Health Services and Wraparound Milwaukee, Care Coordinators must complete the Critical Incident Report in Synthesis. Providers must submit their CI Forms via File Store in Synthesis.

**Location to Access CI Policy and Form:** [Provider Portal \(milwaukee.gov\)](http://milwaukee.gov)

or at Service area locations as specified below:

- BHS CARS Providers: <http://milwaukeebhd.policystat.com/?lt=qhaRCXS6xPmzmujl7g3RdN>  
(search for CI Policy No. 010)
- Wraparound Providers: <http://wraparoundmke.com/quality-assurance/policies-procedures/>
- CYFS Providers: <https://county.milwaukee.gov/EN/DHHS/Provider-Portal/DYFS-Providers>

**Attachment:**

1. Updated DHHS Critical Incident Form



# UPDATED DHHS CRITICAL INCIDENT FORM

ver 082022

**USE OF FORM** within 24 hours of becoming aware of the critical incident: The CI must be documented on DHHS CI Form.

CI form ([page 1 & 2](#)) shall be completed and emailed to [DHHSCL@milwaukeecountywi.gov](mailto:DHHSCL@milwaukeecountywi.gov) (email must be safeguarded by the sender for all service recipient specific CIs as well as for agency or service provider specific CIs if it includes electronic Protected Health Information (ePHI), or Personally Identifiable Information (PII)). A copy of the completed form shall be placed in the record; agency/personnel or client record.

**CHECK ALL Applicable Service and Program/Network below:**

- Aging and Disability Services (ADS)**
- Behavioral Health Services (BHS)**
  - Community Access to Recovery Services (CARS)
  - Comprehensive Community Services (CCS) – Adults
  - Crisis Services – Adults
  - Children’s Community Mental Health Services and Wraparound Milwaukee (WM)
- Children, Youth & Family Services (CYFS)**
  - Youth Justice       Multiple Program Involvement
  - Birth to Three       Children’s Community Options Program (CCOP)       Children’s Long-Term Support (CLTS) Program
- Housing Services (HS)**
- Director’s Office/Management Services**
  - Veterans’ Services

**Refer to CI definition page, “Instructions” for further clarification in completing fields below:**

<b>1. Agency Name and Address</b>	<b>2. Agency Phone Number</b>	<b>3. Location of Incident</b>
<b>4. DHHS Service Recipient(s) Involved – Full Name(s)</b>	<b>5. Date of Incident</b>	<b>6. Time of Incident</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>7. Staff Directly Involved (if any)</b>	<b>8. Date of Report</b>	<b>9. *Name of Person Reporting</b>
<b>10. Supervisor’s Name who Reviewed CI Form</b>	<i>*Typing your name above constitutes your signature</i>	

**Event or Situation (Incident) Type – check all that apply:**

- Any Instance of Abuse or Neglect to Service Recipient by any person including another Service Recipient
  - Auto Accident
  - Any Credible Allegation of Caregiver Misconduct (as described in DHS 13)
  - Damage to Facility
  - Death
  - Disease Outbreak
  - Environmental Hazard
  - Evacuation or Closure of Facility or Provider Site
  - Fire Setting
  - Law Enforcement Involvement
  - Unfavorable Media Exposure
  - Medication Error
  - Missing Service Recipient
  - Other - An Incident of a Critical Nature that may not be identified (i.e., death threat made to a Service Recipient, DSP, or Indirect Staff, etc.)
  - Overdose of Drugs or Alcohol by Service Recipient
  - Owner/admin/board member convicted or being investigated by Gov’t Agency
  - Physical Force to Apprehend
  - Physical Injury
  - Physical or Sexual Assault/Misconduct or Commercial Sexual Exploitation/Trafficking
  - Protective Services Contact
  - Suicide Attempt by Service Recipient
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  - Violence
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- Youth damaging, losing and/or stealing the personal property of others, e.g., other youth or staff
  - Property of Youth being damaged, lost and/or stolen
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# UPDATED DHHS CRITICAL INCIDENT FORM

ver 082022

Page 2

COMPLETE **BOTH** SECTIONS (I and II) OF THIS PAGE

I. **Summary of Incident** – in space below describe what happened.

II. **Agency Response** – in space below describe agency efforts to respond to the incident thus far.



# UPDATED DHHS CRITICAL INCIDENT FORM ver 082022

## **INSTRUCTIONS to completing CI Form (10 fields)**

Fill in all fields, your Agency Name and Address, Phone No., Location of Incident, etc.

4. **“DHHS Service Recipient(s) Involved – Full Name(s)”** – include only DHHS service recipients receiving service at your agency
  5. **“Date of Incident”** – actual date of Incident
  7. **“Staff Directly Involved (if any)”** – include only staff directly involved in incident (not staff that witnessed incident or were not directly involved in the actual incident)
  8. **“Date of Report”** – date person completing CI Form
  9. **“Name of Person Reporting”** – a typed name on this Form constitutes your signature
  10. **“Supervisor Name who Reviewed CI Form”** – First and Last Name of Supervisor
- 

## **DEFINITIONS**

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# UPDATED DHHS CRITICAL INCIDENT FORM ver 082022

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