



## DHHS Critical Incident Policy No. 010 : “Contractor Q & A” ~ May 2022

### Applicable Dept/Service Areas:

- Aging & Disabilities Services (ADS)
  - Behavioral Health Services (BHS)
  - Housing Services (HS)
  - Children, Youth & Family Services (CYFS)
  - Director’s Office/Management Services
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### Q 1: **Where is the case notes the critical incident and notifications should be documented in (i.e., Synthesis)?**

*Providers should document and/or enter case notes in the required system (i.e., Synthesis, Provider Connect, etc.) and agency own records, and send in the CI report (CIR) to DHHS email: [DHHSCI@milwaukeecountywi.gov](mailto:DHHSCI@milwaukeecountywi.gov)*

### Q 2: **Who is responsible for reporting a CI?**

*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.*

### Q 3: **Will agencies be told if they are submitting unnecessary or inaccurate reports or submissions?**

*Dept Areas are encouraged to provide feedback to agencies as needed if CIRs are not appropriately submitted.*

*Review Critical Incident Form for accuracy prior to submitting (i.e., date of CI, names spelled correctly, etc.).*

*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 include applicable Division and/or Network (i.e., ADS, BHS, CYFS, HS, Director’s Office/Management Services) Do Not include PII on the subject line (name of service recipients or providers on CI). DO NOT USE First and/or Last Names or Initials.*

### Q 4: **It is a requirement to report critical incidents to parent/guardian, CC, etc. asap but is there a window of time required?**

*Refer to DHHS CI Policy; defines notifications as “immediate.” Every attempt should be made to notify the appropriate parties immediately.*

**Q 5: How would you report a CI that's happening in real time such as elopement, police contact or would you follow what is written as policy for CI reports?**

Agency has the responsibility to address all immediate health and safety needs. CIs are to be reported to DHHS within 24 hours of becoming aware of or witnessing the incident.

*Complete all required and appropriate actions per DHHS CI Policy as well as any other Dept Area Policies.*

*If an agency needs to reach a Department Service Area during the incident, please contact our staff or a supervisor immediately.*

**Q 6: When an incident occurs, are providers to send reports to, DHHS within 24 hours, and DCF within 72 hours? I understand Wraparound has their own synthesis portal for reporting.**

*Each entity has their own reporting requirements. CIs are to be reported to DHHS within 24 hours of becoming aware of or witnessing the incident.*

**Q 7: We have kids placed with us funded by Wraparound Milwaukee and some kids funded by DMCPs. On occasion we have kids funded through DYFS. Are we to email Critical Incident reports to DHHS for both the kids funded by DMCPs and DYFS?**

*CIs for youth receiving services/funded by CYFS (aka DYFS) are to be submitted to DHHS.*

*If youth is not funded by MC, please do not submit the CI to DHHS.*

**And for the Wraparound Milwaukee funded kids we use Synthesis to submit CI reports?**

*Yes, please continue to follow this policy requirement.*

**Q 8: This critical incident report policy requires the DHHS form be completed. Programs have other forms dictated by agencies that are completed and for different incidents since all of the funders and licensors define critical incidents differently and have differing reasons. Is there a way to streamline these processes for state licensed programs? Many of the items listed as critical incidents do not qualify to be reportable to the state who licenses the program.**

*DHHS Reporting has separate reporting requirements from State reporting (i.e., DCF Serious CIR, etc.). DHHS CI Policy includes the required CI events or situations (incidents) that DHHS requires to be reported.*

**Q 9: Clarify that we not only need to report on incidents that occur directly with staff, but also incidents that are reported to us by a parent or guardian?**

**Is a critical incident that occurs ONLY when we're there?**

**The incident must take place while the child is receiving ongoing services (i.e. incidents that take place prior to intake do not need to be reported) is that correct?**

*CI Report incidents to be submitted via DHHS CI Form: incident that occurs in DHHS funded site/facility or at any location related to services unless otherwise defined by policy: i.e., Protective Services Contact.*

*Follow all mandating reporting requirements, CPS/APS, law enforcement, etc.*

**Q 10: Are the families aware that we are making and reporting on a critical incident? A family may not want us to make the report, what do we do?**

*Each program is required to document service(s) in the appropriate case management and/or medical record or other reporting requirements for each service recipient. Parent/guardian should be aware upon enrollment into programming that services are documented.*

**Q 11: How far in the past should incidents be considered for reporting?**

*DHHS CI Policy No. 010 is effective as of 12/20/21 and agencies are held to reporting all CIs as of the effect date of the policy.*

**Q 12: What if the incident reported by parent involves a different child than the one you are providing services to?**

*DHHS CI Form reporting is specific to the enrolled Service Recipient.*

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

*Refer to DHHS CI Policy definition; “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.*

**Q 13: Would service recipient include child and parents (so if the parent reports domestic violence would that be considered a CI?)**

**What if law enforcement was not involved and DV was expressed by parent?**

*Service Recipient is the enrolled recipient of service; DHHS CI Form is not used to report on non-enrolled individuals (other family members, etc.)*

*Follow all mandating reporting requirements, CPS/APS, law enforcement, etc.*

**Q 14: Besides logging and tracking data, do you use the information for anything else?**

*From a client perspective, CIs are utilized to assist to develop appropriate safety plans in attempts to prevent and/or reduce the risk of future incidents.*

*Allows the Dept to provide a quicker response upon requests for information, provides important data for funding sources and stakeholders, helps to improve/impact racial and health equity outcomes; if we can reduce the number of CIs by conducting root cause analysis for those areas in which we see inordinate or unusual numbers of CIs. Also allows DHHS to improve procedures and shows us where more resources may be needed, etc.*

**Q 15: Auto accident – this appears to involve when staff are driving in general for work purposes, not if a youth is involved, can you clarify the request with this?**

*Refer to DHHS CI Policy definition; “Auto Accident” - service provider involved in an auto accident with client in the vehicle at the time of the accident.*

**Q 16: Medication error – is this for every medication error?**

*Refer to DHHS CI Policy definition; “Medication Error” - a medication administration error with significant consequence e.g., need for consultation with a doctor, ER visit, etc.*

**Q 17: If a participant fell and was provided and ice pack do we complete this form as well? If so, what box would we check?"**

*A minor injury not requiring medical attention is not a critical incident per DHHS Policy. Refer to DHHS CI Policy definition; "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.*

**Q 18: Just wanted to clarify. We need to make an incident report when a child has been hospitalized due to preexisting medical conditions or surgeries?**

*Refer to DHHS CI Policy definition; "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.*

*Continue to report any other hospital or medical treatment to the respective team members of the service recipient.*

**Q 19: What does service recipient restraint all include? There are hands on techniques we use that are not considered restraints but escorts or stabilization strategies without restricting movement.**

*Refer to DHHS CI Policy definition; "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.*

**Q 20: I did look at the list of things and physical apprehension was on there and physical injury... is this for physical holds for kids in residential and is the physical injury an injury that is taken care of by our nurse? Those are already documented in our internal incident report system and sent to our DYFS and Wrap workers. Do you mean injuries needing medical attention?**

*Refer to DHHS CI Policy definition; "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.*

*"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.*

**Q 21: Do we need to report COVID-19 positive cases?**

Only if the case results in an outbreak at the facility or service site.

*Refer to DHHS CI Policy definition; "Disease Outbreak" - an outbreak of a serious communicable disease as defined in DHS 145 Appendix A.*

*Two (2) or more COVID-19 positive cases (service recipient and/or Staff) is defined as disease outbreak.*

**Q 22: Other: any incident of critical nature such as a death threat made to service recipient, DSP or indirect staff. Is a youth reporting the want to self harm in need of being reported?**

*Refer to DHHS CI Policy definition; "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.*

**Q 23: How are we defining an overdose of substances? Is this when medical attention is required?**

*Refer to DHHS CI Policy definition; “Overdose of drugs or alcohol by Service Recipient” - any overdose that occurs by service recipient.*

*No, must be reported for all actual or alleged overdose incidents.*

**Q 24: Suicide attempt by service recipient – how is this defined versus SIB?**

*Refer to DHHS CI Policy definition; “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.*

**Q 25: Youth damaging/losing/stealing the property of others – what does this include?**

*Youth damaging/losing/stealing the property of others (peers and/or staff) while in out of home placement.*

*This question and response is specific to CYFS only.*

**Q 26: Death of someone in direct connection with youth – would this be a family member?**

*Refer to DHHS CI Policy definition; “Death” - Death of someone who had a direct connection with youth who is a service recipient.*

*Death of someone with a direct connection or significant relationship with a youth.*

**Q 27: Our clinic currently has a Death Reporting policy, and we report to DHS DQA when there is a client death. Must we also submit a critical incident report to the County?**

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

*For Wraparound, please follow Critical and Serious Incident Policy, No. 014.*

**Q 28: What happened to reporting to 220-SAFE?**

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

**All staff of the agency are mandated reporters which includes reporting to the County’s 220-SAFE number. Must staff also submit a critical incident report to the County for Wrap/CCS youth clients if CPS report has been made?**

*Yes*

**Q 29: Is this in addition to the mandated reporting we already are responsible for. What if the family/caregiver is involved in the harm inflicted upon the child?**

*The CI Policy does not relieve/alleviate you from any mandated reporting requirements.*

*CI to be submitted for example, refer to DHHS CI Policy definition - “Protective Services Contact” – Any event that requires contacting child or adult protective services (CPS or APS) including abuse, neglect, malnourishment, etc.*

**Q 30: What if child is privy to DV or witnesses it? Are we accounting for social emotional wellbeing or just physical manifestations of harm?**

*Follow all mandating reporting requirements, CPS/APS, law enforcement, etc.*

*CI to be submitted for example, refer to DHHS CI Policy definition - “Protective Services Contact” – Any event that requires contacting child or adult protective services (CPS or APS) including abuse, neglect, malnourishment, etc.*

**Q 31: What are my requirements as a professional as a mandated reporter?**

*For additional information and trainings about mandated reported, see WI Child Welfare Professional Development System-Mandated Reporter Online Training site:*

*<https://media.wcwpds.wisc.edu/mandatedreporter/#:~:text=A%20person%20who%20is%20required,to%20report%20suspected%20child%20maltreatment>*

**Q 32: Police involvement - does this include any types of involvement? for instance a service recipient calling 911 or someone calling police on a service recipient for allegations?**

*Refer to DHHS CI Policy definition; “Law Enforcement involvement” - law enforcement involvement due to an incident that jeopardizes the health, safety and wellbeing of service recipients or DSP or Indirect Staff.*

*Refer to DHHS CI Policy; p. 5, 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.*

*It is important that case notes for all these situation types are created as well as seeking support from DHHS as needed.*

**Q 33: If a service recipient is pedaling for money does this put them in a dangerous position and would this apply as a CI report?**

*If a critical situation arises from this action yes complete a CI. Otherwise, the case note documentation will be sufficient to inform of the service recipients’ behaviors and plans to safety.*

**Q 34: What if service recipient is found intoxicated would this require a CI report?**

*Refer to DHHS CI Policy definition; “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.*

*Refer to DHHS CI Policy; p. 5, 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.*