

DHHS Critical Incident Policy Overview

[DHHS Critical Incident Policy DHHS 010](#)

[Training Video](#)



Summary of Policy Overview

Goal: An overview of the policy to provide information and training to increase awareness, compliance and consistency in critical incident reporting across DHHS.

- **Who?** All POS & FFS Contractors
- **What?** DHHS Critical Incident (CI) Policy DHHS 010, effective 12/20/2021
- **Why?** Contracted agencies are required to adhere to policy
- **Actions Required:**
 - Contractors to review this presentation and submit any questions on/by 4/15/2022
 - DHHS Virtual Q&A Session(s) will be offered (Session Date: TBD)



Policy/Contract Requirement (POS & FFSA, Section 3)

Critical Incidents:

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. It is the policy of DHHS that all "critical incidents" 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.



Definition

“Critical Incident” - any actual or alleged event or situation that jeopardize the health or safety of Service Recipients or of staff

Note: Policy provides standardized language across all Department Areas, with references to Area or Program specific policy for some types of incidents.

- Policy outlines and defines the CIs that must be reported on and follow up action taken.
- Event or Situation (Incident) Types that must be reported are outlined in the Definitions section of the policy (page 1-3)



Reporting & Submission Process (Policy Section V)

- Critical Incidents must be reported to DHHS in writing by using the [DHHS Critical Incident Form](#)
 - Email to DHHSICI@milwaukeecountywi.gov
 - For Children's Community Mental Health Services and Wraparound Milwaukee (WM), Providers must submit their CI Forms via Vendor File Store in Synthesis.
 - Critical Incidents must be reported in writing to Purchaser as defined by the respective contract division/department Policy and Procedures.
 - Only submit CIs for Milwaukee County funded clients



Other Reporting & Documentation (Policy Section V)

- Notifications
 - 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).
- Other Reporting Responsibilities
 - Critical Incidents must also be reported to the appropriate State, Federal and local agencies as required.
 - Continue to follow any other program specific CI Policy as the program may have additional specific CI requirements.
- Documentation
 - Critical incident and notifications shall be documented in the Case Notes.



Provider Critical Incident Procedure (Policy Section V)

- Written procedure must be developed by the Provider outlining key elements for managing critical incidents.
 - Procedure must be made available to DHHS upon request.
- Unfavorable Media Exposure – see policy for specific details
 - Provider/Agency CI Procedure to designate agency Communications Liaison to be responsible for following up if contacted by the media



DHHS Critical Incident Form

Section: Division & Program/Network

- Ensure correct Department Area and/or Program is selected



DHHS CRITICAL INCIDENT FORM

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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 DHHS CI@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. After completing this FORM please be sure to **SAVE** document before closing.

Check applicable Division and Program/Network below:

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



DHHS Critical Incident Form

Section: Agency & Incident Information

- Ensure all fields are complete and accurate (i.e.: verify spelling of names)
- “Date of Report” is the date the agency is completing the CI form (i.e.: 03/31/2022)
- “Date of Incident” is the date the incident occurred (i.e.: 03/25/2022)

| | | |
|---|--------------------------------------|--|
| Agency Name | Agency Telephone Number | Date of Report |
| | | |
| Agency Address | Date and Location of Incident | Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | |
| All Recipient(s) Involved – Full Name(s) | Staff Involved | Signature of Person Reporting |
| | | |

(Digital Signature in field above required)



DHHS Critical Incident Form

Section: Event or Situation (Incident) Type

- Mark all applicable events or situations related to the incident based on the policy definitions

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
- Service Recipient Restraint and/or Injury to a Service Recipient during a Restraint
- Violence

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 of someone who had a direct connection with youth who is a service recipient



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DHHS Critical Incident Form

I. Summary of Incident

Who was involved? What happened? Step-by-step, what occurred?

II. Agency Response

What actions were taken? Any other recommendations, actions or plans identified?

Complete both Section I & II thoroughly

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.



DHHS Critical Incident Form

Submission Requirements

Critical Incidents must be reported to DHHS in writing by using the [DHHS Critical Incident Form](#)

- Email to DHHSICI@milwaukeecountywi.gov
- Email and attachment must be safeguarded by the sender if it includes Protected Health Information (PHI) or Personally Identifiable Information (PII).
- Subject line of email should include applicable Department Area and/or Program/Network and **should not include PHI/PII.**
Example Subject: *CYFS Youth Justice CI*
- Carefully review DHHS Critical Incident Form prior to submission

Note: For WM, CCs must complete the Critical Incident Report in Synthesis. Providers must submit their CI Forms via Vendor File Store in Synthesis.



Critical Incident Policy & Form Links

[DHHS Provider Portal](#)

- <https://county.milwaukee.gov/EN/DHHS/Provider-Portal>

Department Areas and/or Networks

• [BHS CARS Providers](#)

- <http://milwaukeebhd.policystat.com/?It=qhaRCXS6xPmzmujl7g3RdN>
- Search “DHHS Critical Incident Policy”

• [WM Providers](#)

- <http://wraparoundmke.com/quality-assurance/policies-procedures/>

• [CYFS Providers](#)

- <https://county.milwaukee.gov/EN/DHHS/Provider-Portal/DYFS-Providers>



Next Steps: Actions Required

- Agencies are responsible to share this presentation, DHHS Critical Incident Policy and DHHS Critical Incident Form with all Agency Staff responsible for reporting and/or responding to CIs.
- Agency to submit any questions related to the policy and form within the on/by 04/15/2022 to DHHSQA@milwaukeecountywi.gov
 - Note: Contractors will be invited to attend the DHHS Virtual Q&A Session(s) (Session Date: TBD)





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