

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Reporting a Major Unusual Incident and an Unusual Incident		
POLICY NUMBER DBH Policy 480.1A	DATE MAY 03 2019	TL# 324

Purpose. To establish policy and procedures in reporting a Major Unusual Incident (MUI) to the Department of Behavioral Health (DBH) and provide guidelines for how providers handle an Unusual Incident (UI). This policy does not preclude, and is not a substitute for, internal notifications or reporting through supervisory levels required by the provider's internal protocols. This revision includes modifications in reporting forms (see Exhibit 2); prohibits the faxing of reports (section 5b (6)); adds a section on any suspected or allegation of misconduct by a contractor (section 5d (2)); and requires each provider on an annual basis to submit a point of contact for MUI report submissions to DBH (section 5g (1)).

Applicability. DBH mental health and substance use disorder services certified providers with a Human Care Agreement, Saint Elizabeths Hospital (SEH), DBH contractors providing behavioral health services/supports (e.g., psychiatric residential treatment facilities), Mental Health Community Residential Facilities (MHCRFs), and the Behavioral Health Authority (BHA) offices.


Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective immediately. DBH's Division of Incident Management and Investigation (DIMI) will conduct an orientation to providers regarding this policy within three months after publication. For immediate questions, providers may contact the Craig Stewart, Division of Incident Management and Investigation, at craig.stewart@dc.gov.

Superseded Policy. DMH Policy 480.1, Reporting Major Unusual Incidents (MUI) and Unusual Incidents (UI) dated January 4, 2016

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Please contact Ana Veria at ana.veria@dc.gov or Keri Nash at keri.nash@dc.gov for a Microsoft Word version of this policy. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.


Barbara J. Bazron, Ph.D.
Acting Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 480.1A	Date MAY 03 2019	Page 1
	Supersedes DMH Policy 480.1, Reporting Major Unusual Incidents (MUI) and Unusual Incidents (UI) dated January 4, 2016		
Subject: Reporting a Major Unusual Incident and an Unusual Incident			

1. **Purpose.** To establish policy and procedures in reporting a Major Unusual Incident (MUI)¹ to the Department of Behavioral Health (DBH) and provide guidelines for how providers handle an Unusual Incident (UI).² This policy does not preclude, and is not a substitute for, internal notifications or reporting through supervisory levels required by the provider's internal protocols. This revision includes modifications in reporting forms (*see* Exhibit 2); prohibits the faxing of reports (section 5b (6)); adds a section on any suspected or allegation of misconduct by a contractor (section 5d (2)); and requires each provider on an annual basis to submit a point of contact for MUI report submissions to DBH (section 5g (1)).

2. **Applicability.** DBH mental health and substance use disorder services certified providers with a Human Care Agreement, Saint Elizabeths Hospital (SEH), DBH contractors providing behavioral health services and supports including out-of-state psychiatric residential treatment facilities, Mental Health Community Residential Facilities (MHCRFs), and the Behavioral Health Authority (BHA) offices.

3. **Authority.** The Department of Behavioral Health Establishment Act of 2013; 22A DCMR Chapter 34 Mental Health Rehabilitation Services (MHRS) Provider Certification Standards, and 22A DCMR Chapter 63 Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

4. **Policy.** DBH requires that all incidents considered to be an MUI (including unauthorized leave) are reported timely and accurately. The Exhibit 2 reporting form shall be used to document both MUIs and UIs, although the form must be provided to DBH as indicated in this policy only for an MUI, not a UI. Reporting abuse or neglect under this policy does not exempt mandatory reporters pursuant to D.C. Official Code Section 4-1321.02 (child abuse and neglect) and Section 7-1903 (adult abuse and neglect) from their mandatory reporting requirements.

4a. Written reports (Exhibit 2) of MUI (*see* MUI categories and definitions in Exhibit 1a) shall be submitted to DBH by e-mailing MUI.OA@dc.gov. (A convertible PDF link to this report form (Exhibit 2) can be accessed by contacting the DBH Division of Incident Management and Investigation (DIMI) at craig.stewart@dc.gov).

4b. For reconciliation purposes, a quarterly report documenting all MUI incidents shall be submitted to the DBH Accountability Administration (AA) by the 5th day of October, January, April and June. (A convertible PDF link to this form (Exhibit 2) can be accessed by contacting the DBH DIMI, craig.stewart@dc.gov).

¹ See MUI Categories and their definitions in Exhibit 1a.
² See UI Categories and their definitions in Exhibit 1b.

4c. An Unusual Incident (UI) shall be reported per provider internal policy and procedures using the written form in Exhibit 2. At the Behavioral Health Authority (BHA) level, a UI shall be reported to the designated program manager (e.g., manager at a Core Service Agency).

4d. At the BHA level offices, program managers at each component of the Behavioral Health Authority (or office directors/designees where there are no subordinate levels) shall notify the DBH DIMI directly of MUI and make internal notifications based on their established reporting lines.

4e. For DBH consumers in out of state facilities, MUIs shall be reported to DIMI in accordance with this policy. Providers shall also be in compliance with other requirements of the District of Columbia or the state in which the facility is located, or by contract or other types of arrangements with DBH or other District agencies.

4f. School-based Mental Health Program (SMHP) managers shall report MUI to DBH and to appropriate school officials, when authorized by the D.C. Mental Health Information Act, and in accordance with the Department's written agreements with the District of Columbia Public Schools and the Office of the State Superintendent of Education.

4g. At the BHA, MUI/UI from the general public reported through the Access HelpLine will be turned over to the DIMI.

5. Procedures for Reporting and Handling MUI.

5a. Verbal Reporting of MUI.

(1) MUI or UI that require immediate verbal reporting to DBH are:

(a) Death of a consumer or employee while on duty.

(b) Incidents requiring notification to a law enforcement agency (including U.S. Secret Service for White House cases). These are incidents which are not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer.

(c) Incidents involving the Office of Inspector General (OIG) for the District of Columbia.

(d) Incidents requiring notification to Adult Protective Services (APS) when related to performance of services by a DBH contracted provider.

(e) Incidents requiring notification to Child Protective Services (CPS) of the Child and Family Services Agency (CFSA) or Metropolitan Police Department (MPD) when related to performance of services by a DBH contracted provider.

(f) Incidents that result in a behavioral health provider receiving inquiries from the media regarding any MUI or UI (that could be perceived by the media as MUI) that is not yet reported to DBH.

(g) Incidents related to consumer care that raise immediate concerns from the determination of the provider agency regarding the health and safety of any consumer, employee, or visitor (*see* section 5a(1)b above).

(2) MUI have to be verbally reported to the DBH DIMI immediately no later than one hour after discovery/learning of the incident (*see* 5a(1) above), and shall follow the reporting procedures below:

- Call the DIMI at (202) 673-2292 during normal business hours (8:30 a.m. to 5:00 p.m., Monday through Friday).
- Outside of normal business hours (before 8:30 a.m. or after 5:00 p.m., Monday through Friday, weekends and holidays), contact the Compliance Hotline at (800) 345-5564.

(3) Verbal notifications at the provider level or BHA shall also be followed (*e.g.*, provider or DBH employee who is first aware of the incident shall immediately verbally notify the designated supervisor).

(4) The verbal report must be followed by a written report within twenty-four (24) hours of discovery, learning, or witnessing of the MUI.

(5) The DIMI will provide the DBH Communications Director with the MUI report upon receipt from provider.

5b. The procedures for submitting a written report (Exhibit 1) for the MUI are as follows:

(1) The MUI Report (Exhibit 2) shall be completed by the person who first became aware of the incident and he or she shall submit it to the AA within six (6) business days of the incident via email at MUI.OA@dc.gov. This person must complete the written report by the end of the tour of duty. The instructions for completing the MUI Report form are outlined in Exhibit 1.

(2) In incidents involving staff, written statements are required from all individuals who witnessed the incident; the statements must be dated and signed. These statements can be submitted with actual signatures using a PDF document or electronic signature attached to an email to MUI.OA@dc.gov (*see* section 5b(6) below).

(3) The MUI Report shall be complete and accurate with the description of the incident, date and type of service, name and contact information of everyone involved, witness names and contact information, and outcome of any intervention or service to the consumer.

(4) SMHP managers shall ensure that a MUI report is submitted to DBH AA for any report to the Child Protective Services (CPS) of CFSA or Metropolitan Police Department (MPD).

(5) If requested by DBH, a follow-up report (Page 6, Exhibit 2) or an internal investigation must be finalized by the provider and submitted to DBH DIMI within ten (10) business days following their internal procedures for investigations (*see* DBH Policy 662.1 Major Investigations).

(6) Signature lines shall be complete. MUI can be submitted with actual signatures using a PDF document or electronic signature attached to an email to MUI.OA@dc.gov. All MUI must be submitted electronically (email or scan). Faxes are not acceptable.

5c. MUI Investigation. Upon receipt of the MUI report, the DIMI shall initiate an investigation for the following MUI:

- (1) Death of a consumer or employee while on duty.
- (2) Incidents requiring notification to a law enforcement agency (including U.S. Secret Service for White House cases).
- (3) Incidents involving the OIG for the District of Columbia.
- (4) Incidents requiring notification to APS when related to performance of services by a DBH contracted provider.
- (5) Incidents requiring notification to CPS of CFSA or MPD when related to performance of services by a DBH contracted provider.
- (6) Incidents that result in a provider receiving inquiries from the media regarding any MUI or UI that is not yet reported to DBH.
- (7) Incidents related to consumer care that raises immediate concerns from the determination of the provider agency regarding the health and safety of any consumer, employee, or visitor.

5d. Major investigations. Other than the MUI investigations listed in Section 5c above, DBH AA may elect to independently investigate specific MUI reports.

- (1) The major investigation shall be completed by the DBH DIMI and submitted to the Director, AA/designee within sixty (60) business days. This investigation serves as one of the major analytical tools in MUI and Mortality Reviews.
- (2) For incidents within BHA, the following will be implemented:

- (a) A timely investigation for any suspected or allegation of misconduct by a DBH employee or contractor that rise to the level of MUI.
- (b) In the case of DBH employees, appropriate actions are to be taken in accordance with D.C. Personnel Manual in consultation with the DBH Division of Human Resources (e.g., placing the employee on administrative leave pending the results of the investigation).
- (c) For DBH contractor, appropriate steps have to be taken per signed agreement such as suspension of services from which consequences will be determined upon completion of the investigation.

5e. Follow-Up Reports.

(1) A follow-up report (Page 6, Exhibit 2) shall be submitted by the provider within ten (10) business days from the date of the initial submission of the written MUI report to DBH, as required by the DBH DIMI Director when more information is needed in the MUI report. This can be submitted via MUI.OA@dc.gov.

(2) The DIMI Director/designee shall be notified when more time is needed. The follow-up report may serve as the investigation summary, as applicable, and shall contain the following information, as applicable:

- final disposition,
- summary of corrective actions by management, and
- systemic changes toward quality improvement.

(3) In some cases, AA may require providers to submit an expedited follow-up report and/or the disposition of the incident within five (5) business days from the date of the initial verbal notification or written MUI.

5f. Mortality Reviews by Providers. Mortality Review Reports by providers shall be sent to DBH DIMI within forty-five (45) days of consumer death or notification of a death (or sooner if expected review is warranted). DBH Policy 115.1, Mortality Review, shall be followed.

5g. DBH and Provider Responsibilities.

(1) Ensure that Program Managers/supervisors or designee and DBH employees understand their direct responsibility for following the MUI reporting from verbal and written notifications, to submission of a follow-up, as requested by the DIMI, or other internal investigation. Each provider must, on an annual basis, provide the name or position/title, of the person(s) of the responsible person/entity within their agency in the submission of MUI reports and the quarterly MUI reports.

(2) Ensure that employees cooperate in incident investigations as required by law or labor contracts (*e.g.*, submitting to interviews, providing oral or written testimony, or giving investigators physical evidence).

(3) The designated DBH managers/designee shall ensure that providers, especially all out of state facilities, are aware of the requirement in MUI reporting and have copies of this policy.

5h. Actions by DIMI. After review of MUI report (verbal and written), the DIMI shall:

(1) Make contact with provider CEO or designee, as needed, for further verification.

(2) Coordinate with BHA, as necessary, to determine the appropriate response(s) to MUI.

(3) Notify the following within DBH:

- Director,
- Office of the General Counsel,
- Office of Consumer and Family Affairs,
- Compliance Officer,
- Chief Clinical Officer, and
- Other relevant offices, as applicable.

(4) Ensure that the provider submits a written follow-up report (Exhibit 2) on the disposition of MUI, if requested by DIMI.

(5) Follow-up with the provider to ensure that it completes and submits a Mortality Review Report for all consumer deaths within forty-five (45) days from death or notification of death to DBH.

(6) Conduct an investigations either because it is warranted (*see* section 5a. above) after reviewing the provider's internal investigation report or at the decision of the Director of DBH or AA. Review the provider's internal investigation report to determine further actions to determine further actions.

(7) Complete the MUI follow-up and monitoring on corrective or improvement actions as indicated in Exhibit 2.

(8) Determine whether the MUI is "pending" or closed.

(9) Monitor status of implementation of remedial actions and quality improvement.

(10) Maintain MUI reports, and identify issues and concerns, both systemically and per individual service provider.

6. Procedures for Reporting and Handling UI.

6a. Providers shall report all incidents categorized under UI to the DIMI twice a year by April 30th and September 30th. (A convertible PDF link to this form (Exhibit 2) can be accessed by contacting the DBH DIMI, craig.stewart@dc.gov).

6b. At the BHA, UI shall be reported to the designated program manager (e.g., UI at the Residential Treatment Center (RTC) shall be reported to the RTC Program Manager).

6c. The MUI/UI Report Form (Exhibits 2) shall be used to document all events that fit the definition of a UI (Exhibit 2). (A convertible PDF link to this form (Exhibit2) can be accessed by contacting the DBH DIMI, craig.stewart@dc.gov).

7. Documentation of MUI and UI.

7a. Provider-level program managers/designees shall maintain a log of all MUI in electronic documentation. These logs and other records relevant to incidents must be made available to DBH upon request. The log shall include:

- consumer identifying number,
- date of incident,
- date UI was reported at the provider level/date MUI was reported to DBH AA,
- type of incident,
- immediate administrative actions taken, as applicable, and
- Outcome/final result.

7b. Appropriate documentation about the MUI/UI incident must be included in the progress notes section of each consumer clinical record.

7c. The MUI and UI reports and follow-up documents shall be filed separately from consumer's records, unless otherwise required by law or regulation.

8. Reports and Analysis of Incidents.

8a. The DIMI shall maintain a computerized database on MUI and submit the summary analysis on MUI tracking and trending.

8b. The Director, AA shall review the summary analysis and provide written recommendations to the DBH Director on how to address any issues and concerns, if needed.

8c. The DBH DIMI shall maintain a separate tracking and trending of MUI and UI from the (a) Assertive Treatment Team, (b) Community Behavioral Intervention, (c) residential facilities and hospitals, and (d) detoxification facilities/clinics. Relevant information to providers will be available in the DBH website.

9. Other Requirements for Providers.

9a. Behavioral health providers shall establish internal policies and procedures consistent with this DBH policy.

9b. Per their contractual agreements, certain providers will provide copies of their MUI and UI incident logs to the DIMI quarterly.

10. **Confidentiality.** All incident reports and investigations are confidential documents.

11. **Sanction for Non-Compliance.** Non-compliance of this policy shall result in appropriate action in accordance with DBH policies and rules (*see* Section 3).

12. Definitions.

Consumer. Individuals who receive mental health and substance use disorder supports and/or services from DBH and contracted providers. Note: The common term used in the substance use disorder (SUD) service delivery systems is “clients.” At Saint Elizabeths Hospital, persons served are referred to as “individuals in care.”

Division of Incident Management and Investigation (DIMI). The Division within the DBH Accountability Administration that is responsible for receiving all MUI and Mortality Review reports and conducts investigations.

Employee. The term “employee” when used in this policy applies to all DBH staff, including employed consumers; volunteers, students and interns; and employees of behavioral health providers/contractors.

Major Unusual Incident (MUI). Adverse events that can compromise the health, safety, and welfare of persons, such as employee misconduct, fraud and actions that are in violations of law or policy (*see* MUI Categories and their definitions in Exhibit 1a).

MUI status. A determination made by Accountability Administration (AA) if the incident is pending, requires follow-up or is closed.

Provider. Any individual or entity, public or private, that is licensed or certified by the District of Columbia to provide behavioral health services or supports; or any individual or entity, public or private, that has entered into an agreement with DBH to provide behavioral health services or supports.

Psychiatric Residential Treatment Facility (PRTF). A psychiatric facility that (1) is not a hospital; and (2) is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the state in which it is located; and (3) provides inpatient psychiatric services for individuals under the age of twenty-two (22) and meets the requirements set forth in §§ 441.151 through 441.182 of Title 42 of the Code of

Federal Regulations, and is enrolled by the District of Columbia Department of Health Care Finance (DHCF) to participate in the Medicaid program.

Unusual Incident (UI). Any significant occurrence or extraordinary event deviating from regular routine or established procedure, but does not rise to a major unusual incident (MUI) (see UI Categories and their definitions in Exhibit 1b).

13. Related DBH Policies and Exhibits.

DBH Policy 115.1A, Mortality Review
DBH Policy 482.1, DBH Policy on Protecting Consumer from Abuse, Neglect or Exploitation
DBH Policy 662.1 Major Investigations
Chap. 5, Title 22A 52 DCR 7229 - DBH Use of Restraints and Seclusion Rule

14. Exhibits.

Exhibit 1 - MUI/UI Instructions
Exhibit 1a - MUI Categories
Exhibit 1b - UI Categories
Exhibit 2 - MUI/UI Report Form (DBH 1243)
(A convertible PDF link to this form (Exhibit2) can be accessed by contacting the DBH DIMI, craig.stewart@dc.gov).

Approved By:

Barbara J. Bazron, Ph.D.
Acting Director, DBH


(Signature) 53.19
(Date)

Government of the District of Columbia
 Department of Behavioral Health



MAJOR UNUSUAL AND UNUSUAL INCIDENT (MUI/UI) REPORT
 Instructions on How to Complete the Form

Data #	What to Enter
1.	Date of Incident: Enter the date of the incident.
2.	Time of Incident: Time at which the reported incident occurred. Always indicate whether AM or PM.
3.	Name of Agency Submitting Report: The actual agency/organization that is submitting the report
4.	Incident Location/Address: The address where the incident occurred (e.g. Saint Elizabeth's Hospital, parking lot at 64 NY Ave., NE).
5.	Type of Program Supporting the Consumer: Select the type of program supporting the consumer (i.e., mental health, CRF, Crisis, PRTF, School MHP, ACT/CBI, hospital, substance use, ARC, or other (specify)).
6.	Last Name: Name of primary person involved in the incident (separate MUI report should be filed for each consumer/client substantially involved in an incident).
7.	First Name: Name of primary person involved in the incident (separate MUI report should be filed for each consumer/client substantially involved in an incident).
8.	Middle Initial: First Letter of the Middle name of primary person involved in the incident.
9.	Date of Birth: Enter month, day, and year of primary person involved in the incident.
10.	Ethnicity: The ethnicity of the named individual in numbers 6 – 7.
11.	Gender: Indicate the gender of the primary person involved in the incident.
12.	ID Number: Enter Consumer's identifying number (e.g. iCams) for the relevant DBH electronic database.
13.	Legal Status: Indicate whether named individual is a voluntary consumer/client (includes SUD client), an involuntary consumer/client, or if the category is not applicable.
14.	Person(s) Involved: Select the classification for person named in numbers 6 – 9. Choices are consumer, visitor, staff, or Agency.
15.	Select Type of Incident: A Major Unusual Incident or an Unusual Incident
16.	Incident Type Category: Enter the number(s) associated with the MUI Categories that pertain to this incident. (Select from all categories that apply).

Government of the District of Columbia
 Department of Behavioral Health



MAJOR UNUSUAL AND UNUSUAL INCIDENT (MUI/UI) REPORT
 Instructions on How to Complete the Form

17.	Detailed Description of the Incident: Describe exactly what happened (who, what, where, when, why, and how?).
18.	<p>Current Status and Planned Actions for Prevention: Describe the provider's response to the MUI/UI, and the disposition of the consumer/client. Not all sections will be completed for every MUI/UI.</p> <p><u>Clinical Treatment Provided:</u> Describe any clinical Treatment provided to the consumer/client and indicate by whom it was provided.</p> <p><u>Administrative Action Taken:</u> Describe any administrative action taken by the provider and indicate by whom it was taken.</p> <p><u>Current Status:</u> Describe the current disposition of the consumer/client.</p> <p><u>As of (Date):</u> Use this field to note the date for which the "Current Status" is current.</p> <p><u>Planned Actions for Prevention:</u> Describe clinical, administrative, or policy changes that will be made in order to prevent a re-occurrence of this incident, or incidents of this type</p>
19.	Consumer(s) Involved in the Incident**: Enter details about all the consumer/clients involved in this incident. Consumer/client #1 should be the individual named at the top of the MUI/UI form. Identify the "Role in Incident" using the following codes: 1=Aggressor, 2=Victim, 3=Involved, 4=Witness, or 5=Other (please specify further).
20.	Provider Employee(s) Involved in the Incident: Enter names of all staff involved in this incident. Describe their position as well as the Unit or Office for which they work. Identify the "Role in Incident" using the following codes: 1=Aggressor, 2=Victim, 3=Involved, 4=Witness, 5=Other (please specify further), or 6=Staff.
21.	Other Person(s) Involved in the Incident: Enter names of other people involved in the incident. Use this space to list involved consumer/clients who do not fit into the space provided in Section 19. Identify the "Role in Incident" using the following codes: 1=Aggressor, 2=Victim, 3=Involved, 4= Witness, or 5=Other (please specify further).
22.	Major Unusual Incident Categories: Check all categories which best describe this MUI.
23.	Employee Who First Witnessed Incident: Provide all requested information for the preparer of this MUI/UI form. The preparer should be the employee who first became aware of the incident.
24.	Authorizing Official/Reviewer: Provide all requested information regarding the Agency Supervisor who signed off on this MUI/UI report.

Government of the District of Columbia
Department of Behavioral Health



MAJOR UNUSUAL AND UNUSUAL INCIDENT (MUI/UI) REPORT
Instructions on How to Complete the Form

25.	Additional Contact Person for DBH Follow Up Questions or Investigations: Provide all requested information for the direct contact person serving as the point of contact for further information needed regarding the incident.
26.	Parties Notified (as Required): List person(s) notified, include their affiliations and titles, indicate who performed the notification, the date, the number at which they were contacted, and any relevant notes. While all MUI incidents must be reported to DBH Accountability Administration, other necessary notifications will depend on the incident described.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH



MAJOR UNUSUAL INCIDENT CATEGORIES AND THEIR DESCRIPTION

MUI Code	Categories	Description
1a	Death	Check classification of cause of death
1b	Death of an employee while on duty	Death of employee while on the job
2a	Physical injury (consumer)	Bodily harm, pain, or impairment which requires medical or dental treatment beyond facility-based first aid
2b	Physical injury (staff)	Bodily harm, pain, or impairment while on duty which requires medical or dental treatment beyond facility-based first aid
2c	Physical injury (other)	Bodily harm, pain, or impairment by those other than (1) and (2) (e.g. visitors, student interns, volunteers, etc.) while at service location)
3	Medical emergency	Unplanned/unanticipated medical event requiring calling "911", emergency room intervention, or hospitalization
4	Psychiatric emergency (community residence facility)	Unplanned or unanticipated psychiatric event experienced by a consumer who resides in a community residence facility
5	Physical Assault	Physical attack using force or violence upon a consumer, consumer to staff, or staff while on duty
6	Sexual Assault	Unwanted sexual or attempted sexual activity, when one party has not given or cannot give consent (e.g., staff as perpetrator)
7a	Physical Abuse	Any physical contact with, or handling of a consumer with more force than is reasonably necessary in order to ensure his/her safety or the safety of others
7b	Psychological or verbal abuse	Verbal or nonverbal expression or other actions in the presence of a consumer that subjects him/her to humiliation, contempt, harassment, threats of punishment, wrongful manipulation, or social stigma
8	Neglect	The failure of an employee to act responsibly which could compromise the safety and well-being of consumers and others (e.g., driving a government owned or leased vehicle recklessly or under the influence of drugs or alcohol)
9	Exploitation	Misuse or misappropriation of the consumer's assets (includes the use of a position of authority to extract personal gain from a consumer)
10	Sexual harassment	Events which involve any sexual or attempted sexual activity between an employee and a current or former contract worker/consumer regardless of whether or not the consumer consents. Also, when privileged information or direct therapeutic relationship about a former consumer is used by staff against him/her to gain sexual favors

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 DEPARTMENT OF BEHAVIORAL HEALTH



11	Crime	Any police involvement or event which is or appears to be a crime under District of Columbia or Federal law involving a consumer or staff, either as the victim or the perpetrator (e.g., arson, assault, homicide, possession of a deadly weapon, possession or sale of narcotics, theft, sexual offense)
12a	Restraint	Any manual or physical method, use of drugs as a restraint, mechanical device, material, equipment that immobilizes or reduces the ability of a consumer to move his or her arms, legs, body, or head freely
12b	Seclusion	The involuntary confinement of a consumer in a room or area where he/she is prevented from leaving, or believes that he or she cannot leave at will
13	Suicide Attempt	Actions of a consumer that are self-inflicted towards the goal of ending one's life; may or may not have resulted in an injury
14	Fall	The unintended and sudden loss of a person's upright or erect position resulting to resting on the ground, floor, or other lower level, which results in an injury, loss of consciousness, altered mental state, continued loss of equilibrium, complaints of head pain, nausea, or requires medical treatment or calling 911
15	Reportable Disease	A disease or condition that must be reported to public health authorities at the time of diagnosis due to mandatory reporting law
16a	Severe adverse reactions due to medication error	Any medication error that has the potential of resulting to prolonged hospitalization, significant or permanent disability, or death. Any unplanned or unanticipated medical event requiring calling "911", emergency room intervention or hospitalization that has been found to be related to a medication error
16b	Missed Medication	Any medication orders that are not followed according to schedule when the consumer is present in a community residence facility (e.g., CRF)
17a	Unauthorized Leave/Elopement	A situation in which a consumer is found missing from the expected location and time (SEH, RTC, PRTF)
17b	Missing Consumer	A situation in which a consumer is first identified as missing in the community
18a	Illegal drugs and weapons on DBH/Provider premises	Illegal drugs or weapons are found in provider premises and a community residence facility
18b	Illegal possession and distribution of goods	Situations where a consumer(s) possesses or distributes goods illicitly (e.g. goods that may normally be owned but are liable to be seized because they were used in committing an unlawful act and hence begot illegally, such as smuggled goods, stolen goods)
19	Fire	Fire occurring in any occupied, licensed, certified, or contracted residence, treatment, or office facility that results in serious injuries

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH



		or is of a suspicious nature or causes property damage rendering the facility or part thereof unusable
20a	Vehicle accident (consumer is passenger)	Any vehicle accident (minor or major) that occurs when a consumer is a passenger
20b	Vehicle accident (Injury)	Any vehicle accident that occurs while an involved staff is on duty resulting in serious injury
20c	Vehicle accident (Government vehicle)	Any vehicle accident (minor or major) that involves a District of Columbia Government vehicle
21a	Security (Facility)	Any facility, required to be locked, that has faulty locks or security equipment, or any lost government issued keys or security badge
21b	Security (PHI)	Any unauthorized release of a consumer's protected health information
21c	Theft	Any theft of property, occurring on property or service location
22	Environmental	Any loss of utilities or structure impacting the health, safety or welfare of consumers which may or may not require evacuation or transfer to another location. This includes any violation of federal or District laws regarding building occupancy.
23	False Claim	The term used when a person knowingly makes an untrue statement or claim to gain a benefit or reward. Knowingly means actual knowledge, reckless disregard for the truth, or deliberate indifference.

----- END OF MUI CODES -----

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH



CATEGORIES OF UNUSUAL INCIDENTS (UIs)
(Not included in Major Unusual Incident (MUI) Report Categories)

UI CATEGORIES ARE NOT REPORTED TO THE DBH ACCOUNTABILITY ADMINISTRATION (AA). UIs ARE ONLY REPORTED AT THE PROVIDER LEVEL OR BHA PROGRAM LEVEL.

UI Code	UI Categories	Descriptions
A	Consumer criminal activity with no police involvement	Alleged/suspected/actual criminal activity by consumer <u>not</u> resulting in police involvement
B	Non-consumer criminal activity with no police involvement	Alleged/suspected/actual criminal activity by employee or any other person (non consumer) <u>not</u> resulting in police involvement
C	Operational Breakdown	Operational breakdown that may lead to but is not yet causing direct threats to life and safety of consumers (e.g. an electrical blackout, telephone outage, natural disaster that requires the residential relocation of consumers)
D	Self-Injurious behavior	Alleged, suspected, or actual physical injury of a consumer intentionally brought about by the consumer that does not require medical or dental treatment attention beyond first aid, and which does not have as a goal to end one's life (e.g. punching a wall, biting oneself)
E	Minor physical injury of a staff member (e.g. Residential Treatment Center, BHA Staff)	Physical injury of a staff member resulting from participating in crisis intervention (e.g., at a facility or during transport) with a consumer which does not require treatment beyond first aid
F	Property damage	Damage of any property that the facility is or can be accountable for (e.g. vehicle, other people's belongings, etc.) or that is at the facility (e.g. furniture, appliance, etc.) or involves the structure of the facility (e.g. walls, doors, etc.) as a result of behavioral issues
G	Verbal threats	Verbal threats made by a consumer towards another consumer or by a consumer towards a staff or by a staff to another staff.
H	Staff Shortage	Significant, unexpected staff shortage causing threat to life and safety of others
I	Police Emergency	Any non-medical emergency requiring police intervention
J	OTHER	Incidents that clearly do not fit under any other UI code

End of UI Categories



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

MAJOR UNUSUAL INCIDENT (MUI/UI) FORM

GENERAL INSTRUCTIONS: To be completed and submitted by the first person who learned/witnessed/discovered an MUI / UI to the appropriate authority per policy. Add pages as necessary. Refer to DBH Policy 480.1. Submit by E-mail directly to Accountability Administration: MUI.OA@DC.GOV

PROVIDER INFORMATION
Date of Incident: Click here to enter a date.
Time of Incident [] a.m. [] p.m.
Name of Agency Submitting Report:
Incident Location/Address:
Type of Program Supporting Consumer:
[] Mental Health [] CRF [] Crisis [] PRTF [] School MHP [] ACT/CBI [] Hospital [] Substance Use [] ARC []
Other (specify):
CONSUMER/CLIENT INFORMATION
Last Name: First Name: Initial: Date of Birth: Click here to enter a date.
Ethnicity: Gender: [] Male [] Female [] Transgender
Consumer's Last Known Address: Consumer's Last Known Phone # or E-mail: Consumer's Family Member/Guardian: Phone #:
ID Number: Legal Status: [] Voluntary [] Involuntary Person(s) Involved: [] Staff [] Consumer/Client [] Visitor
Select Type of Incident: [] Major Unusual [] Unusual
Incident Type Category (Select from all categories that apply)
Detailed Description of the Incident:



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**

Consumer(s) Involved in the Incident**						
<i>* Identify 'Role in Incident' by number as follows: 1) Aggressor 2) Victim 3) Involved 4) Witness 5) Other (Specify)</i>						
Name	ID No	Provider	Legal Status	DOB	Gender	Role in Incident*
			<input type="checkbox"/> Vol. <input type="checkbox"/> Inv.	Click here to enter a date.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender	
			<input type="checkbox"/> Vol. <input type="checkbox"/> Inv.	Click here to enter a date.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender	
			<input type="checkbox"/> Vol. <input type="checkbox"/> Inv.	Click here to enter a date.	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender	
Provider Employee(s) Involved in the Incident						
Name	Unit/Office		Title/Position		Gender	Role in Incident*
					<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender	
					<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender	
					<input type="checkbox"/> F <input type="checkbox"/> M	
Other Person(s) Involved in the Incident						
Name	Organization	Relation to Consumer		Gender	Role in Incident*	
				<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender		
				<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender		
				<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender		



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**

Major Unusual Incident Categories		
<input type="checkbox"/> 1a Death (currently enrolled DBH Consumer/Client) <input type="checkbox"/> <i>Suicide</i> <input type="checkbox"/> <i>Homicide</i> <input type="checkbox"/> <i>Natural causes</i> <input type="checkbox"/> <i>Accident</i> <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> 1b Death (Employee while on duty) <input type="checkbox"/> 2a Physical Injury (Consumer/Client) <input type="checkbox"/> 2b Physical Injury (Staff) <input type="checkbox"/> 2c Physical Injury (Other) <input type="checkbox"/> 3 Medical Emergency <input type="checkbox"/> 4 Psychiatric emergency (CRF) <input type="checkbox"/> 5 Physical Assault <input type="checkbox"/> 6 Sexual Assault	<input type="checkbox"/> 7a Physical abuse <input type="checkbox"/> 7b Psychological /Verbal Abuse <input type="checkbox"/> 8 Neglect <input type="checkbox"/> 9 Exploitation <input type="checkbox"/> 10 Sexual Harassment <input type="checkbox"/> 11 Crime <input type="checkbox"/> 12a Restraint <input type="checkbox"/> 12b Seclusion <input type="checkbox"/> 13 Suicide Attempt <input type="checkbox"/> 14 Fall <input type="checkbox"/> 15 Reportable Disease <input type="checkbox"/> 16a Severe Adverse Reaction due to Medication Error <input type="checkbox"/> 16b Missed Medication <input type="checkbox"/> 17a Unauthorized Leave/Elopement <input type="checkbox"/> 17b Missing Consumer	<input type="checkbox"/> 18a Illegal drugs/weapons on DBH/provider premises <input type="checkbox"/> 18b Illegal Possession and Distribution of Goods <input type="checkbox"/> 19 Fire <input type="checkbox"/> 20a Vehicle Accident (Consumer is passenger) <input type="checkbox"/> 20b Vehicle Accident (Injury) <input type="checkbox"/> 20c Vehicle Accident (Government Vehicle) <input type="checkbox"/> 21a Security (Facility) <input type="checkbox"/> 21b Security (PHI) <input type="checkbox"/> 21c Theft <input type="checkbox"/> 22 Environmental <input type="checkbox"/> 23 False Claims <input type="checkbox"/> Other:
Unusual Incident Categories: <i>(Internal Reporting Use Only)</i>		
<input type="checkbox"/> A Consumer criminal activity with no police involvement <input type="checkbox"/> B Non-consumer criminal activity with no police involvement <input type="checkbox"/> C Operational Breakdown	<input type="checkbox"/> D Self-Injurious behavior <input type="checkbox"/> E Minor physical injury of a staff member (e.g. RTC or BHA Staff) <input type="checkbox"/> F Property damage	<input type="checkbox"/> G Verbal threats <input type="checkbox"/> H Staff Shortage <input type="checkbox"/> I Police Emergency-non medical <input type="checkbox"/> Other:



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**

Employee Who First Witnessed Incident				
Name:	Title:	Office/Unit:	Telephone:	E-mail:
Signature:	<input type="checkbox"/> Electronic Signature Submission	Date Prepared: Click here to enter a date.	Fax Number:	
Authorizing Official/Reviewer				
Name:	Title:	Office/Unit:	Telephone:	E-mail:
Signature:	<input type="checkbox"/> Electronic Signature Submission	Date Prepared: Click here to enter a date.	Fax Number:	
Additional Contact Person For DBH Follow Up Questions or Investigations				
Name:	Title:	Office/Unit:	Telephone:	E-mail:

Parties Notified (as Required)					
Affiliation	Person Notified	Notified by	Date	Telephone	Notes
<input type="checkbox"/> DBH, Accountability Admin.			Click here to enter a date.		
<input type="checkbox"/> Family/Guardian of Patient 1			Click here to enter a date.		
<input type="checkbox"/> Metro Police Department			Click here to enter a date.		
<input type="checkbox"/> APS (Adult Protective Services)			Click here to enter a date.		
<input type="checkbox"/> CPS (Child Protective Services)			Click here to enter a date.		
<input type="checkbox"/> Other:			Click here to enter a date.		

FORWARD A COPY OF THIS FORM TO: ACCOUNTABILITY ADMINISTRATION, DBH,



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**

FOLLOW-UP MAJOR AND UNUSUAL INCIDENT (MUI/UI) FORM

GENERAL INSTRUCTIONS: Complete and return to the DBH Office of Accountability (OA) within ten (10) days from the date the incident was reported to DBH OA only if full details, final disposition, etc. were not initially provided or if requested by DBH. Please include full details of the incident and of the final disposition, a summary of actions taken by management officials, and any additional corrective actions taken. Add pages as necessary. Refer to DBH Policy 480.1. Submit by E-mail directly to Accountability Administration: MUI.OA@DC.GOV

PROVIDER INFORMATION						
Date of Incident: Click here to enter a date.	Date of Follow-up Report Click here to enter a date.	Name of Agency Submitting Report:		Incident Location/Address:		
CONSUMER/CLIENT INFORMATION						
Last Name:	First Name:	Initial:	Date of Birth: Click here to enter a date.	Ethnicity:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
ID Number:	Legal Status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		Person(s) Involved: <input type="checkbox"/> Staff <input type="checkbox"/> Consumer/Client <input type="checkbox"/> Visitor			
Select Type of Incident <input type="checkbox"/> Major Unusual <input type="checkbox"/> Unusual		Incident Type Category (Select from all categories that apply)				
Initial Incident Summary:						
Detailed Description of Follow-up actions, referrals, newly implemented procedures as a result of initial investigation:						
Corrective Actions; Newly Implemented Procedures (Attach New Policy or SOP):						
						Implementation Date: Click here to enter a date.
Provider Authorizing Official/Reviewer				Date of Submission: Click here to enter a date.		
Name of submitting Official:	Title:	Office/Unit:	Telephone#:	E-mail:	Signature:	Electronic Signature <input type="checkbox"/>