


<p style="text-align: center;"><b>GOVERNMENT OF THE DISTRICT OF COLUMBIA</b></p>  <p style="text-align: center;"><b>DEPARTMENT OF BEHAVIORAL HEALTH</b></p>	<p><b>Policy No- 480.1B</b></p>	<p><b>Date 11.17.22</b></p>	<p><b>Page 1</b></p>
	<p><b>Supersedes: 480.1A, Reporting a Major Unusual and an Unusual Incident dated May 3, 2019</b></p>		
<p><b>Subject: Reporting a Major Unusual and an Unusual Incident</b></p>			

1. **Purpose.** The Department of Behavioral Health (DBH or the Department) is committed to ensuring the health, safety and welfare of its consumers, visitors staff and their property as a means of maintaining quality care throughout the DBH network. To promote accountability and prevent future incidents, DBH requires that all employees timely and accurately report any incident that may threaten the health, safety and welfare of consumers, staff, visitors or their property.

This policy updates the process for reporting Major Unusual Incidents (MUI) and Unusual Incidents (UI) to DBH to include electronic incident reporting through the E-Risk portal, a platform maintained by the District of Columbia Office of Risk Management that will serve as the central repository for incident reports. These updates are intended to streamline the incident reporting process and improve incident data collection and reporting. This policy does not preclude and is not a substitute for any provider’s internal incident reporting policies and procedures.

2. **Applicability.** All DBH employees, interns, students, volunteers, and contractors or grantees working at a facility directly operated by the Department; DBH certified providers with Human Care Agreements (HCA); Saint Elizabeths Hospital (SEH); DBH contractors and grantees providing behavioral health services and supports including out-of-state Psychiatric Residential Treatment Facilities; Mental Health Community Residential Facilities; and School-Based Behavioral Health Program (SBBHP) and Healthy Futures clinicians.

3. **Authority.**

Source	Citation
District of Columbia Law	The Department of Behavioral Health Establishment Act of 2013 (D.C. Official Code §§ 7-1141.01 <i>et seq.</i> )
District of Columbia Municipal Regulations	1. Title 22-A District of Columbia Municipal Regulation (DCMR) Chapter 25, Health Homes Certifications Standards; 2. Title 22-A DCMR Chapter 30, Free Standing Mental Health Clinic Certification Standards;

Source	Citation
	3. Title 22-A DCMR Chapter 34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards; 4. Title 22-A DCMR Chapter 38, Mental Health Community Residence Treatment Facilities; 5. Title 22-A DCMR Chapter 39, Psychosocial Rehabilitation Clubhouse Certification Standards; 5. Title 22-A DCMR Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers; 6. Title 22-A DCMR Chapter 65 Transition Planning Eligibility, Provider Certification and Service Standards; and 7. Title 22-A DCMR Chapter 80, Certification Standards for Behavioral Health Stabilization Providers.

4. **Definitions.**

4a. **Consumer.** For purposes of this policy, an individual who receives behavioral health supports and/or services from SEH, DBH or a provider.

4b. **Division of Incident Management and Investigation (DIMI).** The Division within the DBH Accountability Administration that is responsible for receiving MUI, UI and Mortality Review reports, and conducting investigations.

4c. **Employee.** When used in this policy, any person employed by DBH, a certified or licensed provider with an HCA, contractor or grantee; as well as any volunteer, student, intern, contractor or grantee affiliated with DBH or any of its certified or licensed providers with an HCA, grantees or contractors.

4d. **Major Unusual Incident (MUI).** An adverse event that may compromise the health, safety or welfare of persons or property owned or maintained by DBH or its certified or licensed providers, contractors or grantees. (*see* MUI Categories and their definitions in Exhibit 1).

4e. **Provider.** Any individual or entity, public or private, that is licensed or certified by the District of Columbia (District) 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.

4f. **Unusual Incident (UI).** Any significant occurrence or extraordinary event deviating from regular routine or established procedure but does not rise to an MUI. (*see* UI Categories and their definitions in Exhibit 1).

**5. Policy.**

All employees must timely and accurately report incidents defined as MUIs or UIs under Exhibit 1 of this policy pursuant to the procedures outlined below. Reporting abuse or neglect according to this policy does not exempt mandatory reporters under D.C. Code § 4-1321.02 (child abuse) and D.C. Code § 7-1903 (adult abuse and neglect) from their mandatory reporting requirements.

**6. Procedure.****6a. Reporting MUIs:**

All employees must timely and accurately report all MUIs as defined in Exhibit 1 of this policy via the E-Risk web portal located on the DBH website pursuant to the procedure outlined below:

- (1) Except for MUIs that require immediate verbal and written reporting, (*see* Section VI. C) within six (6) business days of becoming aware of an event that is classified as an MUI in Exhibit 1, the employee who first learned of the incident shall complete the MUI report on the E-Risk web portal.
- (2) The person who writes the MUI report must ensure that the report is complete and accurate, and includes all the following information:
  - (a) A full and detailed description of the incident, including the date of the incident;
  - (b) The location of the incident, including provider name and address;
  - (c) The names and contact information of everyone involved in the incident, and their role in the incident (i.e. victim, perpetrator, witness);
  - (d) A list of consumers involved in the incident;
  - (e) Outcome of any intervention or service to the consumer in response to the incident; and
  - (f) A signature and date at the end of the MUI report. The signature may be a “wet” signature on a PDF document, or an electronic signature attached to the E-Risk web portal submission.
- (3) The employee must immediately provide a copy of the MUI to their immediate supervisor to review for factual accuracy. The employee may provide a printed or electronic copy for supervisor review. Within twenty-four (24) hours of receiving the MUI, the immediate supervisor must review the MUI for factual accuracy, and, if approved, the employee may then submit the MUI to the E-Risk web portal. The

supervisor must provide written notification to the employee if they do not approve the MUI, which must include a detailed explanation of the reasons(s) for the disapproval. The employee must immediately notify their second-level supervisor if they do not agree with their immediate supervisor's disposition of the MUI. An employee may provide an MUI to a second-level supervisor for review and approval if the MUI addresses an incident involving their immediate supervisor, or if they otherwise believe that their immediate supervisor cannot impartially review and process the MUI.

- (4) Employees and supervisors may be subject to discipline pursuant to Title 6-B DCMR Chapter 16 for failing to timely and accurately submit an MUI report.
- (5) In addition to meeting the MUI reporting requirements delineated above, certain categories of employees and Providers may have further MUI reporting responsibilities. Specifically:
  - (a) School Behavioral Health Program managers shall ensure that an MUI report is submitted for any report to the Child Protective Services (CPS) of Child and Family Services Agency (CFSA) or Metropolitan Police Department (MPD). In addition to reporting MUIs to E-Risk, SBBHP managers shall report all MUIs to DBH and to appropriate school officials, when authorized by the D.C. Mental Health Information Act 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code §§ 7-1201.01 *et seq.*) (MHIA), 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.
  - (b) Out of state facilities treating DBH consumers shall report MUIs in accordance with this Policy. Additionally, out of state providers must also comply with any reporting requirements in the jurisdiction where the facility is located, and any reporting requirements delineated in the provider's contract or agreement with the District.
  - (c) All MUI reports generated by the general public shall be submitted through the Access HelpLine.

#### 6b. Reporting UIs

- (1) All DBH staff, volunteers, interns, students, and contractors working at a facility directly operated by the District must report all UIs to the E-Risk portal. All staff, volunteers, interns, students and contractors of DBH Providers shall report UIs either through the E-Risk web portal or in accordance with internal policies. All incidents categorized as UIs shall be reported quarterly, by January 1, April 1, July 1, and October 1. Providers must follow the procedures delineated in Section IV.C to report a UI requiring immediate verbal and written reporting.

(2) In addition to meeting the UI reporting requirements described above, certain categories of employees and providers may have further UI reporting responsibilities. Specifically:

- (a) Out of state facilities treating DBH consumers shall report UIs in accordance with this policy. Additionally, out of state providers must also comply with any reporting requirements in the jurisdiction where the facility is located, and any reporting requirements outlined in the provider's contract or agreement with the District.
- (b) All UI reports generated by the general public shall be submitted through the Access HelpLine.

**6c. MUI and UI Categories that Require both Written and Immediate Verbal Reporting**

(1) The following MUI or UI categories require both immediate verbal reporting to DBH:

- (a) Death of a consumer or employee while on duty;
- (b) Incidents that require notification to a law enforcement agency (including U.S. Secret Service for White House cases);
- (c) Incidents involving the Office of Inspector General for the District of Columbia;
- (d) Incidents requiring notification to Adult Protective Services when related to performance of services by an employee;
- (e) Incidents requiring notification to CPS or MPD when related to performance of services by an employee; and
- (f) Incidents that result in a provider receiving inquiries from the media regarding any MUI or UI that is not yet reported to DBH.

(2) The procedure to make a verbal report for any MUI or UI is as follows:

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

In addition to verbal reporting, the person who first discovered an incident must file an MUI or UI report within twenty-four (24) hours of discovering or learning about the

incident. For MUIs involving the death of consumers, the provider shall comply with the additional requirements set forth in DBH Policy 115.1 A, Mortality Review.

#### 6d. Follow-Up Reports

If requested by DBH, a provider shall submit to DIMI a follow-up report on the form prescribed by the Department within ten (10) business days from the date of the initial submission of the written MUI report. *See* Exhibit 2. For incidents that require immediate verbal and written reporting, (*see* Section VI. C), DBH may require that the provider submit a follow-up report within five (5) business days from the date of the initial verbal notification or written MUI. A provider may request an extension of these deadlines by submitting a written request to DIMI at least one (1) business day before the deadline expires stating the reason(s) that the provider requires additional time. Upon good cause, DIMI may grant a deadline extension.

The follow-up report may serve as the investigation summary and must contain the following information:

- (1) Final disposition;
- (2) Summary of corrective actions by management; and
- (3) Systemic changes toward quality improvement.

#### 6e. Reports and Analysis of Incidents

DIMI shall maintain a database for all submitted MUIs and shall make information available providers available upon request, consistent with the Health Insurance Portability and Accountability Act (42 U.S.C. §§ 1320d *et seq.*, and the regulations promulgated thereunder including 45 CFR Part 160, 162 and 164), the MHIA and 42 Code of Federal Regulations Part 2.

#### 6f. Other Requirements

Providers shall establish internal policies and procedures consistent with this DBH policy. All employees shall complete MUI training annually through the E-Risk system.

#### 6g. Confidentiality

All incident reports and investigations are confidential documents.

#### 6h. Sanctions for Non-Compliance

DBH may take adverse action against a provider's license, certification and/or HCA for failing to comply with this policy. DBH may take action as prescribed by the District Personnel Manual for DBH staff's failure to adhere to this policy.

7. **Related Policies.**


- (1) DBH Policy 115.1A, Mortality Review;
- (2) DBH Policy 482.1, DBH Policy on Protecting Consumers from Abuse, Neglect or Exploitation; and
- (3) DBH Policy 662.1, Major Investigations

8. **Exhibits.**

- (1) Exhibit 1: MUI and UI Categories and Definitions; and
- (2) Exhibit 2: Follow Up Major and Unusual (MUI/UI) Incident Form.

**Approved by:**

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

 p.p. 11/17/2022  
**(Signature) (Date)**



## Major & Unusual Incident Categories & Their Descriptions

Major Unusual Incidents (MUIs)	
Category Name	Description
<b>Attempted Unauthorized Leave/Attempted Elopement (For Saint Elizabeths Hospital Only)</b>	An individual that attempts to elope from a direct care area, hospital grounds, or while in the community, but returns or is found unsupervised despite requiring monitoring.
<b>Crime</b>	Any event involving law enforcement that is or appears to be a crime under District of Columbia or federal law in which a consumer or Employee is a victim or a perpetrator. Crimes include, but are not limited to, arson, assault, homicide, possession of a deadly weapon, possession or sale of narcotics, theft, or sexual offenses.
<b>Death</b>	Death of a consumer, Employee during their tour of duty or another individual on premises of a facility operated by DBH or a Provider.
<b>Emergency Involuntary Psychotropic Medication</b>	Psychotropic medications administered on an emergency involuntary basis when a consumer's behavior poses an imminent risk violence or injury to the consumer or others.



## Major Unusual Incidents (MUIs)

<i>Category Name</i>	<i>Description</i>
<b>Environmental (Major)</b>	Any loss of utilities or damage to a provider's facility that may impact the health, safety, or welfare of consumers, regardless of whether consumers must be evacuated or transferred to another location. This includes any violation of District of Columbia or federal laws regarding building occupancy.
<b>Exploitation</b>	Any misuse or misappropriation of a consumer's assets for one's profit, advantage, or gratification.
<b>Fall (Major)</b>	The unintended and sudden loss of a person's upright or erect position resulting in an injury, loss of consciousness, altered mental state, continued loss of equilibrium, complaints of head pain or nausea, or requiring medical treatment or a "911" call.
<b>False Claim</b>	A situation in which 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.
<b>Fire</b>	<ul style="list-style-type: none"> <li>a) Fire occurring in any location where consumers or Employees are present or expected (other than the Employee's home during telework);</li> <li>b) Fire alarm that is pulled (other than in a fire drill); or</li> <li>c) A Code Red that is called.</li> </ul>
<b>Illegal Drugs or Weapons</b>	Illegal drugs or weapons found on DBH or provider premises.
<b>Inducement</b>	Any allegation that a Provider is offering cash or a cash equivalent to a consumer for enrollment/transfer to their organization as defined in DBH Bulletin #124 – Guidance on Federal Fraud Statutes.
<b>Major Medical Emergency</b>	Unplanned/unanticipated medical event requiring calling "911", emergency room intervention or hospitalization.
<b>Major Physical Injury</b>	Bodily harm, pain, or impairment that requires medical or dental treatment beyond first aid.
<b>Missed Medication</b>	Any medication orders that are not followed by a Provider according to schedule when the consumer is present.

## Major Unusual Incidents (MUIs)

<i>Category Name</i>	<i>Description</i>
<b>Missing Consumer</b>	A situation in which a consumer who resides in the community is first identified as missing from the community.
<b>Neglect</b>	Any actual, alleged, or suspected action or failure to act by an Employee that impairs or creates a substantial risk of impairment to the physical, mental, or emotional condition of a consumer. Neglect includes an Employee's failure to adequately supervise any consumer, regardless of whether injury results.
<b>Psychiatric Emergency</b>	Any unplanned or unanticipated psychiatric event experienced by a consumer that requires intervention, including but not limited to: <ul style="list-style-type: none"> <li>a) Hospitalization (voluntary or involuntary);</li> <li>b) Comprehensive Psychiatric Emergency Program involvement (voluntary or involuntary);</li> <li>c) Restraint;</li> <li>d) Seclusion;</li> <li>e) Administration of emergency involuntary psychotropic medication; or</li> <li>f) Calling of a CODE 13.</li> </ul>
<b>Physical Abuse</b>	Any threat or physical contact initiated by an Employee towards a consumer that uses more force than is reasonably necessary to ensure the safety of the consumer and others; is an act or threat of violence; or treats a person with cruelty or violence on a regular or repeated basis (regardless of who is the perpetrator or victim).
<b>Physical Assault</b>	The act of inflicting or threatening to inflict unwarranted physical force or violence upon an individual, not limited to events which may be determined to be crimes. Disclaimers: <ul style="list-style-type: none"> <li>a) Incidents involving intimidation may be categorized as Physical Assault.</li> <li>b) Incidents in which an Employee perpetrates physical assault against a consumer are categorized as Physical Abuse.</li> </ul>
<b>Reportable Disease</b>	A disease or condition that must be reported to public health authorities at the time of diagnosis due to mandatory reporting laws, regulations, or policies.

## Major Unusual Incidents (MUIs)

<i>Category Name</i>	<i>Description</i>
<b>Restraint</b>	Any manual or physical method, mechanical device, material, or equipment that immobilizes or reduces the ability of a consumer to move their arms, legs, body, or head freely.
<b>Seclusion</b>	The involuntary confinement of a consumer in a room or area where the consumer is prevented or believes they are prevented from leaving at their will.
<b>Security (Facility or Government Property)</b>	Any facility that has faulty locks or security equipment, any lost or stolen government-issued keys or badges, or any other lost or stolen government property.
<b>Security (Protected Health Information)</b>	Any unauthorized release of a consumer's protected health information, which includes breach of an electronic health record or the unsanctioned use of credentials to access an electronic health record.
<b>Severe Adverse Reaction Due to Medication Error</b>	<ul style="list-style-type: none"> <li>a) Any medication error that may result in prolonged hospitalization, significant or permanent disability, or death; or</li> <li>b) Any unplanned or unanticipated medical event that requires calling "911," emergency room intervention, or hospitalization, which was found to be related to a medication error.</li> </ul>
<b>Sexual Abuse</b>	<p>Any sexual activity or attempted sexual activity that:</p> <ul style="list-style-type: none"> <li>a) Is initiated by an Employee on a consumer, or</li> <li>b) Occurs on a regular or repeated basis without consent (regardless of who is the perpetrator or victim).</li> </ul>
<b>Sexual Assault</b>	<p>The act of inflicting or threatening to inflict non-consensual sexual activity upon an individual, not limited to events which may be determined to be crimes.</p> <p>Disclaimer: Incidents in which an Employee perpetrates sexual assault against a consumer are categorized as Sexual Abuse.</p>
<b>Sexual Harassment</b>	Events which involve sexual or attempted sexual activity between Employees (as defined in the District of Columbia's Sexual Harassment Policy).
<b>Suicide Attempt</b>	An intentional effort by a consumer to cause their own death, regardless of whether the actions resulted in injury.

**Major Unusual Incidents (MUIs)**

<i>Category Name</i>	<i>Description</i>
<b>Staff Shortage</b>	Any instance in which a Provider is unable to meet staffing requirements per applicable District or federal laws, regulations, policies, or contracts.
<b>Unauthorized Leave/Elopement</b>	A situation in which a consumer fails to return to or is discovered missing from a group home, residential placement or inpatient setting.
<b>Vehicle Accident (Consumer is Passenger)</b>	Any vehicle accident that occurs when a consumer is a passenger.
<b>Vehicle Accident (Employee is Passenger or Driver)</b>	Any vehicle accident that occurs when an Employee on duty is a driver or passenger.
<b>Verbal or Psychological Abuse</b>	Verbal or nonverbal communications or expressions made in the presence of a consumer that subjects the consumer to humiliation, contempt, scorn, harassment, threats of punishment, dehumanization, wrongful manipulation, or social stigma.
<b>Youth Bullying</b>	Any severe, pervasive, or persistent act or conduct, whether physical, electronic, written, or verbal that constitutes youth bullying as defined in DBH Policy 515.2A, Youth Bullying Prevention.

**Unusual Incidents (UIs)**

<i>Category</i>	<i>Description</i>
<b>Aggressive Behavior (For St. Elizabeths Hospital or CPEP Only)</b>	A situation in which a consumer exhibits intimidating or threatening behaviors, including yelling, spitting, cursing, showing fists, verbal threats, or pointing a finger in a person's face, <b>WITHOUT</b> any physical contact. Disclaimer: An event that starts as aggressive behavior but culminates in a physical assault should be coded <b>ONLY</b> as the MUI for "Physical Assault."

## Unusual Incidents (UIs)

<i>Category</i>	<i>Description</i>
<b>Contraband</b>	Possession or distribution of any goods prohibited by the Provider on their premises. Disclaimer: If the contraband is illegal drugs or weapons, it should be coded as an MUI for "Illegal Drugs or Weapons."
<b>Criminal Activity with No Police Involvement</b>	Alleged, suspected or actual criminal activity in which a consumer or Employee is a victim or perpetrator NOT resulting in police involvement.
<b>Environmental (Minor)</b>	Any loss utilities or damage to a Provider's facility that may impact (but has not yet) the health, safety, or welfare of consumers.
<b>Fall (Minor)</b>	The unintended and sudden loss of a person's upright or erect position which does NOT result in an injury, loss of consciousness, altered mental state, continued loss of equilibrium, complaints of head pain or nausea, or require medical treatment or a "911" call.
<b>Medical Emergency</b>	Any unplanned or unanticipated event that requires an Employee to offer medical intervention to a consumer, Employee or other individual, or calling Code Blue, but does not result in calling "911" or transfer to an emergency room or hospital.
<b>Minor Physical Injury</b>	Bodily harm, pain, or impairment which does not require medical or dental treatment beyond first aid.
<b>Police Emergency</b>	Any non-medical emergency requiring police intervention, which is not subject to the MUI category of "Crime."
<b>Property Damage</b>	Any property damage at a Provider's facility caused by a consumer's behavior for which the Provider is or may be liable. This may include but is not limited to damage to vehicles, other people's belongings, furniture, appliances, walls, or doors.
<b>Self-Injurious Behavior</b>	Alleged, suspected, or actual self-inflicted physical injury by a consumer that does not require medical or dental attention beyond first aid, and is not intended to end one's life (e.g., punching a wall, biting oneself).
<b>Other</b>	Incidents that do not clearly fit under any other MUI or UI category.



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

**GENERAL INSTRUCTIONS:** Complete and return to this form to DIMI 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](mailto:MUI.OA@DC.GOV)

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