


<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p style="text-align: center;">DEPARTMENT OF MENTAL HEALTH</p>	<p>Policy No. 662.1</p>	<p>Date: MAY 03 2012</p>	<p>Page 1</p>
	<p>Supersedes None</p>		

Subject: Major Investigations

1. **Purpose.** The purpose of this policy is to describe the process for conducting major investigations by the DMH Office of Accountability (OA). OA conducts major investigations to identify the cause (s) of incidents in order to eliminate conditions that may contribute to the reoccurrence of similar events through the identification and correction of causal factors.

2. **Applicability.** Applies to core services agencies (CSAs); the Department of Mental Health (DMH); DMH contractors providing mental health services or mental health supports (including psychiatric residential treatment facilities); Mental Health Community Residence Facilities (MHCRFs); and all other providers of mental health (MH) services or mental health supports that are licensed or certified by the DMH.

3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001 [section 1-4, (13)] and 22A DCMR Chapter 34 Mental Health Rehabilitation Services (MHRS) Provider Certification Standards (section 3410.37).

4. **Policy.**

4a. The Deputy Director, OA, will conduct systematic examination of the types of incidents listed in below Section 6 that may involve consumer care and/or administrative issues.

4b. The DMH-assigned investigator (s) has the right, in accordance with the applicable laws and regulations, to gather information in various ways necessary (e.g., review of records, interviews, taking photos, etc.) to conduct and complete a full investigation of the identified incident.

4c. All entities listed in Section 2, Applicability, above, are required to fully cooperate with and provide all the necessary assistance to the DMH assigned investigator in the conduct of the investigation.

5. **Definition.**

Major investigation. Refers to the detailed inquiry or systematic examination of types of incidents listed in Section 6a (below).

6. **Procedures in Major Investigations by the DMH OA.**

6a. Types of Incidents to be investigated.

- (1) Incidents that must be investigated in accordance with this policy.
 - a. Deaths related to suicide;
 - b. Unexpected deaths at Saint Elizabeths Hospital (SEH) and Comprehensive Psychiatric Emergency Program (CPEP); and
 - c. Death of a child/youth

(2) Other issues that the Director, DMH and Deputy Director, OA, determine to need a major investigation.

6b. Timeline for investigation. The timeline for completion of the investigation shall be within sixty (60) days; however, when an investigation cannot be completed within such timeframe, an interim report would be issued.

6c. Investigation report.

(1) The investigation report shall be prepared for the Deputy Director, OA, by the Lead Investigator assigned to the case.

(2) The investigation report shall be signed by the lead investigator and the Deputy Director, OA. The report shall contain the following:

- a. Investigation Team
- b. Description of Reported Incident
- c. Investigative Questions
- d. Evidence reviewed
- e. Interviews conducted
- f. Investigatory Dispositions (i.e., Substantiated, Unsubstantiated, Inconclusive)
- g. Remedial Actions/Recommendations

(3) The final report shall be submitted to the following:

- a. DMH Director
- b. General Counsel
- c. Executive Staff members as determined by the Director, DMH
- d. Relevant Providers and/or involved party/parties for implementing the remedial action/recommendation, as determined by the DMH Director.
- e. Other individuals as determined by the Director, DMH

6e. Monitoring. Remedial actions/recommendations are monitored for implementation and compliance by OA for up to twelve (12) months, or as indicated in the investigation report/as appropriate.

7. Sanction for Non-Compliance. Non-compliance by those listed in Section 2, Applicability, with this policy may result in corrective actions in accordance with DMH policies and rules, and any other contractual actions allowed pursuant to the terms of the Human Care Agreements or other contracts.

8. Related DMH Policies.

DMH Policy 480.1C Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs)
DMH Policy 482.1A, DMH Policy on Protecting Consumers from Abuse, Neglect or Exploitation
DMH Policy 115.1, Mortality Reviews

Approved by:

Stephen T. Baron
Director, DMH

(Signature)

(Date)

