

Questionnaire: Critical Incident Report

AGENCY INFORMATION

1. *Contact Person*

2. *Office Phone*

3. *Cell Phone*

4. *Email Address*

5. *Street Address (Enter number and street of agency)*

6. *City*

7. *Zip Code:*

PROGRAM AREA AFFILIATION: Select appropriate check box for the service provided to the client

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1. *Mental Health Services*

(Please select one.)

- Community Integration
- Community Rehabilitation Services
- Assertive Community Treatment
- Daily Living Support Services
- Outpatient Therapy
- Medication Management
- Mobile Crisis
- Crisis Stabilization
- PNMI
- Behavioral Health Homes
- Club House
- Other (please identify)

If you answered "Other (please identify)" on question 1

1.13.1. *Please Identify*

2. *Substance Use Services*

(Please select one.)

- Residential
- Outpatient (OP)
- Intensive Outpatient Program (IOP)
- MAT-Methadone
- MAT-Other
- Re-entry Services
- TCM
- Detox Services

3. *Level Issue:*

(Please select one.)

- Level 1 Issue
- Level 2 Issue

If you answered "Level 1 Issue" on question 3

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3.2.1. Level 1 Issue

(Please select between 1 and 9 items.)

- Suicide
- Homicide
- Other Death
- Clinical or medication error resulting in emergency medical care for client
- Lost, missing client or client that left the facility AMA in a residential/CSU placement which would rise to the level of Silver Alert and/or who are under guardianship, in the Care and Custody of the Commissioner, and/or in violation of conditions of release/court order
- Alleged abuse: physical/sexual, emotional abuse , neglect and financial exploitation of client by a staff
- Alleged serious crime (e.g. arson, assault, hostage) by client with extreme risk of harm to client, staff, or public
- Other serious events (fire, flood, motor vehicle accident in company vehicle with clients that requires medical attention for staff and/or client(s))
- Natural disaster, building becomes uninhabitable, incidents that require client evacuation from the building
- Medical outbreak

If you answered "Level 2 Issue" on question 3

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3.3.1. Level 2 Issue

(Please select between 1 and 6 items.)

- Alleged abuse: physical/sexual, emotional abuse , neglect and financial exploitation of client by someone other than a provider staff
- Suicide attempt that requires medical intervention
- Self-harm that requires medical intervention
- Lost or missing client or client that left the facility AMA in facility (PNMI residential/CSU placement client (for greater than 24 hours)
- Medication/drug diversion

- Wellness check
 - Neglect- is a pattern of conduct, engaged in without the patient's informed consent, resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health. (Examples: Malnutrition , Dehydration , Pressure sores ,Unsafe, dangerous or unsanitary living conditions ,Untreated medical problems)
 - Duty to Warn
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INCIDENT INFORMATION

1. *Date of Incident*

2. *Time of Incident*

3. *Location of Incident*

(Please select one.)

- At Program
- In the Community

4. *Incident Description. Include name of staff involved (8000 characters max)*

5. *Agency response to Ensure safety and prevent recurrence [medical, administrative, and follow-up] (1,200 character max)*

6. *Has there been known media coverage?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6

6.1.1. *Please explain*

7. *Contact phone number of staff involved in the incident*

NOTIFICATION

1. *Who was notified (check all that apply)*

(Please select between 1 and 10 items.)

- Psychiatrist
- Medical Provider
- Guardian
- Family
- Police
- Agency Administrator
- DHHS Protective Services
- Case Manager/Community Integration Worker
- Therapist
- Other

If you answered "Other" on question 1

1.11.1. *Other*
