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Owner: Dana James: Consultant
Policy Area: Wraparound (Wrap, REACH, youth CCS)-Administration

References:

#014 - Critical and Serious Incident Reporting

I. Policy

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee that all "critical incidents" must be reported and documented to Children's Community Mental Health Services and Wraparound Milwaukee 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 youth, families and team members. There are also "serious incidents" that will occur to the youth and families served within the programs that must be reviewed with Agency Supervisors, Leads, or Program Managers. It is the policy that these incidents be reviewed and documented in Progress or Provider Notes within **48 hours of becoming aware of the incident**.

NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound, REACH, CCS, and Youth Connect Care Coordinators and FISS Case Managers. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

II. Procedure

For Critical Incidents:

- A. "Critical incidents" are defined as events or situations that jeopardize the health or safety of youth and/or family members enrolled in Children's Community Mental Health Services and Wraparound Milwaukee program or of the staff employed by or associated with. These situations include, but are not limited to, the following (See Attachment 1 for specific definitions):
 1. Abuse/Neglect
 - a. Abuse / Neglect
 2. Violence
 - a. Serious Criminal Offense (felony)
 - b. Criminal Offense (misdemeanor or citation)
 - c. Homicidal Ideation
 - d. Threat of Harm
 - e. Physical Assault
 - f. Weapons

- g. Firesetting
- 3. Medical
 - a. Physical Injury
 - b. Death
- 4. Sexual
 - a. Sexual Assault / Sexual Misconduct
 - b. Commercial Sexual Exploitation / Trafficking
- 5. Safety
 - a. Threat to Self-Harm / Threat to commit suicide
 - b. Actual Self-Harm
 - c. Incident Involving Law Enforcement

B. Reporting Procedure for Care Coordination Agencies

1. Critical incidents must be reported and documented to Children's Community Mental Health Services and Wraparound Milwaukee within 24 hours of becoming aware of the critical incident.
 - a. Critical incidents are to be documented in Synthesis on the "Critical Incident" tab.
2. A Child & Family Team debriefing collaboration or meeting must be held within **48 hours** of becoming aware of the critical incident to review/update the Crisis Plan in relation to the incident and address areas of concern.
 - a. For any **critical health or safety needs**, the team must facilitate an emergency Child & Family Team meeting within **24 hours** of becoming aware of the incident to address these needs.
3. Immediately inform Care Coordinator Supervisor and Children's Community Mental Health Services and Wraparound Milwaukee Management, via phone, of any dangerous or potentially volatile situations.
 - a. A threat to harm others may be required to be reported to Law Enforcement depending on who was threatened and/or the situation (i.e., threat to a public official, threat to public safety).
 - b. Incidents involving media must be reported immediately to the Media Officer.
 - c. After hours (after 4:30PM Monday through Friday), weekends and holidays, notification should be made to Children's Mobile Crisis at 414-257-7621.
4. May access any available Children's Community Mental Health Services and Wraparound Milwaukee Management Team member to seek support or consultation on critical situations as needed.
 - a. After hours (after 4:30PM Monday through Friday), weekends and holidays, staff of Children's Mobile Crisis Team are available for support or consultation.
5. Alert Children's Mobile Crisis Team at any time that it appears Children's Mobile Crisis Team involvement may be needed as a result of an incident or in the case that the Care Coordinator or Team needs help or consultation. The Care Coordinator is still required to document this "critical incident" in Synthesis.
6. This policy does not exempt the Care Coordinator from following all reporting requirements of their own agency related to critical incidents and mandatory reporting requirements.

C. Critical Incident Report Procedure for Care Coordination Agencies

1. Date & Time of Incident: Date and time of the Incident that occurred that resulted in a Critical Incident Report being completed. Care Coordinator has the option to select Actual or Estimated for Date.
2. Date CC Agency Notified of Incident: Date the Care Coordinator or Agency was notified of the incident.
3. Location of Incident: Complete drop down with different location types and then type in the exact location.
4. Was a Provider present at the time of the incident?: If a Provider was present for the incident that occurred that resulted in a Critical Incident Report being completed, then mark Yes. If yes, a Provider Critical Incident Report should be uploaded to the Critical Incident Report.
5. Describe what happened: A brief description of what occurred, including who was involved and trigger to the incident.
6. How was the youth involved: Select how the enrolled youth was involved (Occurred to them, Cause/ Initiated by them, and/or occurred in their environment).
7. What actions were taken: Includes action steps taken when the incident occurred by those involved and action steps taken by the Care Coordinator and/or Child and Family Team post the incident. List specific individuals that the Care Coordinator spoke to (and any attempts made).
8. Supervisory Response/Actions Taken: A detailed response from the Agency Supervisor, Lead, or Program Manager on their recommendations, next steps advised to the Care Coordinator and/or Child and Family Team., or anything that could have been done differently.
9. Agency follow up information: If Critical Incident is sent back by Children's Community Mental Health Services and Wraparound Milwaukee Administration staff with additional information or questions, Care Coordination Agencies submit their responses in this section in the timeframe established on the Critical Incident.

D. Reporting Procedure for Provider Agencies

1. Provider Agencies must report "critical incidents" to the youth's parent/guardian, Care Coordinator/ Care Coordinator Agency Supervisor/Lead **within the same business day** of becoming aware of the critical incident.
 - a. A threat to harm others may be required to be reported to Law Enforcement depending on who was threatened and/or the situation (i.e., threat to a public official, threat to public safety).
2. Provider Critical incident Form (*see Provider Frequently Used Forms*) and/or Department of Children and Families Serious Incident Report form authored by the Provider must be submitted via Synthesis upon completion of the document, **within 24 hours** of becoming aware of the incident.

E. Children's Community Mental Health Services and Wraparound Milwaukee Administrative Processing

1. Children's Community Mental Health Service and Wraparound Milwaukee will review the Critical Incident Report **within 2 business day of receipt** and notify the Care Coordinator Supervisor, Lead, or Program Manager, via Synthesis, of the review and/or required action of the Care Coordination Agency. Children's Community Mental Health Services and Wraparound Milwaukee staff will review for appropriate actions taken, follow up questions/actions to be taken, anything that was missed and feedback for improvement, etc.

For Serious Incidents:

- A. "Serious Incidents" are events or situations that require Care Coordinators to staff with Supervisors, Leads, or Program Managers at their Agency to ensure that all are aware of them and safety planning is addressed. These situations include, but are not limited to, the following (*See Attachment 2 for specific definitions*):
1. Violence
 - a. Threat of Harm to Others
 - b. Physical Contact
 - c. Seriously Escalating Behaviors
 - d. Fire Play
 2. Medical
 - a. Physical Injury
 - b. Death
 - c. Medical Emergency
 3. Sexual
 - a. Pregnancy
- B. Serious Incidents must be reported to Agency Leadership (Supervisor, Lead or Program Manager) and documented in Progress/Provider Notes within 48 hours of becoming aware of the serious incident. Documentation needs to include recommendations and/or next steps for the Care Coordinator and/or Child and Family Team to take. (*See Attachment 3, Serious Incident Guide, for assistance with consultation*).
- C. Further support or consultation should be sought from the Consulting Psychologist/Psychiatrist that meet with the Care Coordination Agencies (for Wraparound and REACH) or the Mental Health Professional (for CCS). Children's Community Mental Health Services and Wraparound Milwaukee Psychologists may be sought for further consultation, if needed.

Critical Incident Review Committee

- A. Children's Community Mental Health Services and Wraparound Milwaukee will maintain a Critical Incident Review Committee that will be comprised of the Quality Assurance Manager (chair), a Clinical staff, a Program Manager, a Training/Staff Development staff, and any additional staff as needed/requested. The Critical Incident Review Committee will meet as needed. The Care Coordination Agency (at minimum a Supervisor or Lead) will be invited to attend the meeting to discuss team and agency level areas.
- B. Quality Assurance Coordinators will notify the Quality Assurance Manager of an incident that rises to the level of the Critical Incident Review Committee. These situations will include but not limited to: the youth's passing (not due to medical reasons), suicide attempt that resulted in hospitalization, serious criminal activity that resulted in a death, significant harm to others, high risk sexual offenses, and when a Care Coordinator is harmed in the course of their work. The Quality Assurance Manager will schedule with the Critical Incident Review Committees members to meet within 2 weeks of becoming aware of the incident.
- C. The Critical Incident Review Committee will review the Critical Incident Report, previous reports, Progress/Provider Notes, Plan of Care, Crisis Plan, etc. The intent of the review is to look at the care being provided, areas of strength, and opportunities for improvement. The focus of the review will be at an

individual team level, an agency level, and then broadly as a program. If areas of improvement are discovered, the Critical Incident Review Committee will come up with an action plan to address at the levels needed (i.e. crisis plan training with the agency, a larger training topic for all Care Coordinators, etc).

Attachments

- 1: [Critical Incident Matrix](#)
- 2: [Serious Incident Matrix](#)
- 3: [Serious Incident Guide](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	12/2/2020
	Brian McBride: ExDir2 – Program Administrator	12/2/2020
	Dana James: Consultant	12/2/2020
	Dana James: Consultant	12/2/2020

Critical Incidents by Category Matrix for Administration Review										
Abuse/Neglect		Violence		Medical		Sexual		Safety		
Definitions		Definitions		Definitions		Definitions		Definitions		
	Abuse/ Neglect	Any act or failure to act on the part of a parent or caregiver which results in death, serious physical or emotional harm, sexual abuse or exploitation. Any report of abuse/neglect on behalf of an adult.	Serious Criminal Offense (felony)	Serious bodily injury, armed robbery, car theft or any criminal offense that could result in a felony charge	Physical Injury	Trauma or injury due to a physical impact or accident that occurred at placement.	Sexual Assault/ Sexual Misconduct	Conduct of a sexual or indecent nature involving another person that could result in sexual assault charges; including sexual contact between minors. Involuntary exposure to adult/inappropriate media.	Threat of Self-Harm / Threat of Suicide	Communicates plan to deliberately hurt oneself
			Criminal Offense (misdemeanor or citation)	Actions that result in a misdemeanor charge or citation (property damage, disorderly conduct, shoplifting).	Death	Death of enrolled youth.	Commercial Sexual Exploitation/ Trafficking	Suspected or known involvement with sex trafficking or related behaviors.	Actual Self- Harm	Engages in intentional acts of self-harm or suicide attempt.
			Homicidal Ideation	Expressed homicidal thoughts and/or intention					Incident Involving Law Enforcement	Any incident that results in contacting or having contact with the police
			Threat of Harm	A threat to a public official, threat to public safety						
			Physical Assault	An act that causes bodily harm						
		Weapons	Possession of anything that serves as an instrument of attack or defense.							

Serious Incidents by Category Matrix- Agency Level Review					
Violence		Medical		Sexual	
Definitions		Definitions		Definitions	
Threat of Harm to Others Threat to cause harm to others		Physical Injury Trauma or injury due to a physical impact or accident that did not occur at placement.		Pregnancy Confirmed or alleged pregnancy of youth or youth alleged to be a father. Also at the outcome of the pregnancy (i.e. delivery)	
Physical Contact An act of fighting or hitting someone, but does not result in bodily harm		Death Death of someone who had a direct connection with youth.			
Seriously Escalating Behavior Behaviors that appear to be increasing in intensity. Actions that could result in misdemeanor charges but have not (i.e. tearing up the classroom, breaking window)		Medical Emergency A medical emergency that resulted in 911 being called or treated in an emergency room.			

Serious Incident Guide for Leaders

This is a guide to help Supervisors, Leads, and Program Managers when Serious Incidents happen with the youth, families, and Child and Family Teams that are served by Children's Community Mental Health Services and Wraparound Milwaukee. Serious Incidents that occur must be talked about with the Supervisor, Lead, and/or Program Managers at the Care Coordination Agency within 48 hours of becoming aware of the incident and the Supervision/Consultation is to be documented within Progress/Provider Notes.

NOTE: This guide applies to Wraparound, REACH, CCS, and Youth Connect Care Coordinators and FISS Case Managers. The term "Youth" is used in this guide and applies to the enrollee in the program, whether a child, adolescent, or young adult.

Threat of Harm to Others

- What safety planning has been done?
- Any triggers?
- Any reason to believe the threat could be followed through on? (i.e. any history of harm to others?)
- Is there a Team Member that is able to talk with the youth and address safety planning?
- Review Crisis Plan and help determine if the Crisis Plan needs to be updated.

Physical Contact

- Any triggers?
- What safety planning or conflict resolution has been discussed/done?
- Review Crisis Plan and help determine if the Crisis Plan needs to be updated.

Seriously Escalating Behaviors

- Is this an ongoing concern or a first time?
- What triggers can be identified that resulted in the action that occurred?
- Does a Team Meeting or a meeting with school/daycare need to occur?
- Any safety planning tips?
- Review Crisis Plan and help determine if the Crisis Plan needs to be updated.

Fire Play

- What safety planning has been done? i.e. locking up of matches/lighter
- Does the family need assistance with a lock box?
- Possible resource: Milwaukee Fire Department

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- Review Crisis Plan and help determine if the Crisis Plan needs to be updated.

Physical Injury

- Did youth require medical attention?
 - If so, what medical follow up is needed?
 - Does youth require special accommodations at home or school as a result of the injury?
- Does youth have a trusted adult to talk/process with, if needed?
- Any police involvement as a result of the injury?
- Is a 220-SAFE call needed? This is dependent on how the injury is sustained.
 - If 220-SAFE is called, then a Critical Incident Report is needed.

Death

- Ensure that the youth/family has a trusted adult to talk/process with, if needed.
- Possible resource- Kyles Korner
- Explore the current therapist on the Team (or addition of team member) to offer grief counseling.
- May want to consider giving a sympathy card, flowers, or attending the funeral services (as appropriate)
- If youth is not living at home, ensure they can attend the funeral and spend increased time at home with their family.

Medical Emergency

- What medical follow up is needed?
- Does the youth/family need support in following up with medical follow up care?
- Does the youth/family need support in obtaining primary care doctor?
- Review Crisis Plan and help determine if the Crisis Plan needs to be updated.

Pregnancy

Young Woman- Pregnant

If no confirmation of pregnancy:

- Was the pregnancy confirmed? If yes, is youth receiving OB care with OB/GYN/Mid-wife provider? If no, what is being done to confirm (i.e. doctors appointment, Planned Parenthood).

If confirmed pregnancy:

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- OBGYN's name (medical provider/clinic name) last appointment date and next scheduled appointment.
- Resources in place (City Health Department-pregnancy coordination or through Children's Community Care, WIC, Parenting Network, education/therapy)?
- Other safety/medical problems that may affect youth from having a healthy pregnancy?
- Is youth prescribed a prenatal vitamin and is she taking daily?
- Any concerns regarding her mental health status?
- Taking any psychotropic medications or other medications during pregnancy? If yes, was the prescriber notified of the pregnancy? Plan in relation to continuing or discontinuing medications?
- Team should assist and help facilitate enrollment into a prenatal care and financial assistance program due to youth being an adolescent with lack of finances, transportation and other barriers.
- Team should also assist in arranging or assisting in a tutoring or enrollment in special education program to allow youth to remain in school and complete her education. (if applicable)
- Team should assist in securing essential items in preparation of the infant's arrival (crib/pack n play, car seat, clothing, diapers, etc.).
- Youth should continue taking a folic acid-containing prenatal vitamin daily and as prescribed. Team should evaluate that she is having adequate nutrition necessary to optimize fetal and infant health (pregnant teens are at a particular risk for nutritional deficiencies).
- Due date and name of the hospital where the youth is expected to deliver?
- Safety measures put in place due to this incident?
- Please update Plan of Care with safety measures in place for the youth during pregnancy and after delivery.
- All of team members involved in youth's care should be made aware of the pregnancy or also notified of any safety concerns around the pregnancy.
- 220-SAFE called to report pregnancy? **(THIS WOULD BE BASED ON AGE or if over 18- if we know some reason 220-SAFE would be needed)**

Birth of baby:

- Any complications during and post-delivery of infant?
- Was baby delivered at full term? If not, how premature? Any special needs due to premature birth?
- Did infant need to stay in the hospital any additional days?
- When is youth's scheduled 6 week check-up?
- Did she receive a form of birth control prior to discharge from the hospital? If no, what is her plan in relation to birth control and preventing STD's and future pregnancies?
- Is the infant assigned a pediatrician? Infant will need follow-up 1 to 2 weeks post-delivery. Infant will also need screenings/check-ups at 2,4,6,12,15, 18 and 24 months.

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Team will need to guide or assist youth/infant and family with scheduling and or attending infant check-ups as needed?

- Any safety concerns in relation to youth appropriately caring for infant? Who will be the infant's primary caretaker in the home? Will her family or infants' father be assisting in caring for the infant?
- Any concerns with youth experiencing postpartum depression or other psychiatric concerns that need immediate attention or need for a referral?
- Resources in place to assist with monitoring and supporting youth and the family (City Health Department nurse, Children's Community Care Program, WIC, therapy, psychiatry, parenting coach, etc).?
- Any medications she is prescribed? And if so, ensuring that communication occurs with the prescribing Doctor.
- Education completed by the youth and other family members that will assist in caring for the infant (Safe Sleep, Shaken Baby Syndrome, CPR, etc)?
- Please update Plan of Care with safety measures put in place because of current status
- All team members involved in the care of youth and infant should be notified of the birth of the child and of any other concerns that would need assistance or monitoring from the team.

For our young men:

- The pregnancy should be confirmed, and the team should make sure the mother is involved in prenatal care. New Concepts located in MLK center #414-344-0146 offers programs for teen fathers and will assist fathers with adjudication. The Dad Project 414-286-8620 has resources for teen fathers. Silver Spring Neighborhood House offers services in regard to parenting and education for teens. The Parenting Network, #414-671-0566, has parenting and fatherhood classes, fatherhood programs, and men's support groups. If youth plans to have contact with his child, it would be important to enroll in one of the above programs and/or attend parenting classes. Please update the Plan of Care to reflect which resources the team is planning to use.
- Any safety concerns in relation to youth appropriately caring for infant? Will youth be assisting in caring for the infant?
- Recommend education for youth to complete Safe Sleep, Shaken Baby Syndrome, CPR, etc.
- All team members involved in the care of youth should be notified of the pregnancy and of any other concerns that would need assistance or monitoring from the team.
- 220-SAFE called to report pregnancy? **(THIS WOULD BE BASED ON AGE or if over 18- if we know some reason 220-SAFE would be needed)**

Miscarriage:

- Any complications or treatment provided at medical facility?

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- 220-SAFE notified regarding pregnancy and miscarriage? Screened in or out? **(THIS WOULD BE BASED ON AGE or if over 18- if we know some reason 220-SAFE would be needed)**
- Follow-up with medical provider (pediatrician)?
- Plan for birth-control? Will the youth be obtaining birth control at her medical provider's office?
- Therapy services in place for youth? Counseling support recommended as it can provide positive effect on the youth's mental state.

STD/STI:

- What STDs was youth diagnosed with (Chlamydia, gonorrhea, Trichomoniasis, Syphilis, Herpes, HIV etc)? STD treatment given (Rocephin, Azithromycin, Metronidazole, Acyclovir etc)? Did youth complete treatment?
- Pregnancy screening done at medical provider's office? Positive or negative?
- Any concerns that relate to sexually exploitation/human trafficking?
- Was report made to 220-SAFE? If yes, please provide with name of person report was made to.
- Is youth on birth control and/or utilizing protection? If no, what is the plan for prevention of pregnancy and future exposure to STDs?
- What support is in place for youth (therapy, specialized care coordination, psychiatry services, crisis stabilization, special monitoring, mentor, etc)?
- Resources: Represent/Rethink Resources: Claudine (414-212-5121) for teens that have experienced trading sex or sexual acts, Owens place (414-977-4249), Pathfinders' Safepath (414-271-9523) for counseling and therapy.