

# Incident Reporting for DMHAS Providers



New Jersey Department of Human Services  
Division of Mental Health and Addiction Services  
and  
Office of Program Integrity and Accountability

*March 2021*



# Office of Program Integrity & Accountability(OPIA)

2

## Office of Investigations (OI):

- Ensures that the most serious allegations and suspicions of abuse, neglect, and exploitation are investigated;

## Critical Incident Management Unit (CIMU):

- Facilitates and oversees the appropriate tracking, management and organizational response to all reported unusual incidents;
- Administratively reviews individual agency reports involving abuse, neglect and exploitation not assigned to OI for closure;
- Reviews and closes other incidents (i.e. contraband)



# Who is Required to Report?

3

- Agencies providing services to individuals through the Division of Mental Health and Addiction Services (DMHAS) or licensed by the Department of Health (DOH) to provide mental health or substance use disorder services through DMHAS are required to report critical incidents.

# DHS Incident Reporting Policies

4

- DHS and its community partners operate under:
  - **N.J.S.A. 30:1-11 et seq.**
  - DHS Administrative Order  
**2:05 (A.O. 2:05)**
- Additional DMHAS Incident Reporting Requirements:
  - N.J.A.C. 10:37
  - DMHAS Annex C
  - N.J.A.C. 10:161 A & B



# What is an Incident?

5

- Defined as an allegation or occurrence involving or affecting the care, supervision or actions of a DHS service recipient  
(service recipient = consumer/client/patient/individual served);
- May or may not have significant impact on the health, safety and welfare of the service recipient or others;
- May also involve the conduct of employees, while on or off duty, or others who may come in contact with service recipients.

# Abuse

6

**Abuse** is defined as an act directed at an individual by a caregiver that has the potential to cause one or more of the following: pain, injury, anguish, or suffering.

Any physical, verbal/psychological mistreatment or sexual act directed at a service recipient/consumer/client by a DHS employee, volunteer, intern, or an individual acting as a DHS service provider, consultant, counselor intern and/or contractor always = **ABUSE**

\* Counselor Intern shall mean either a “credentialed intern” or an “alcohol and drug counselor intern,” as defined in N.J.A.C. 13:34C-6.1.

# Neglect

7

**Neglect**- Failure of a caregiver to do or permit to be done any act necessary for the well-being of an individual; or willfully failing to provide proper and sufficient food, clothing, maintenance, medical care, or a clean and proper home.

Example – including but not limited to: withholding client’s ordered medications for failure to comply with facility rules or procedures, (*unless the decision is made to terminate the client*).

Example – inappropriately discharging a client or terminating treatment without referring the client for appropriate services.

Example – not providing treatment services as clinically indicated by level-of-care assessment.

# Exploitation

8

**Exploitation-** Any willful, unjust or improper use of a DHS service recipient or his/her property/funds, for the benefit or advantage of a DHS employee, volunteer, intern or an individual acting as a DHS service provider/consultant/contractor;

Exploitation may involve condoning or encouraging the exploitation of the consumer through actions including, but not limited to, inappropriate borrowing, or taking without authorization, personal property/funds belonging to a consumer or requiring him/her to perform function/activities that are normally conducted by staff or are solely for the staff's convenience.





# Death

9

- All deaths of consumers under the supervision of the facility, including deaths known or suspected of resulting from misuse of medications prescribed or dispensed by the facility are always reportable.
- All death reports are reviewed and analyzed by the Division.

# Other Reportable Incident Categories

10

Suicide Attempt

Overdose

Media Interest

Elopement

Walkaway

Criminal Activity

Contraband

Rights Violation

Medical events

Injury

Physical Assault, Sexual Assault, Sexual Contact

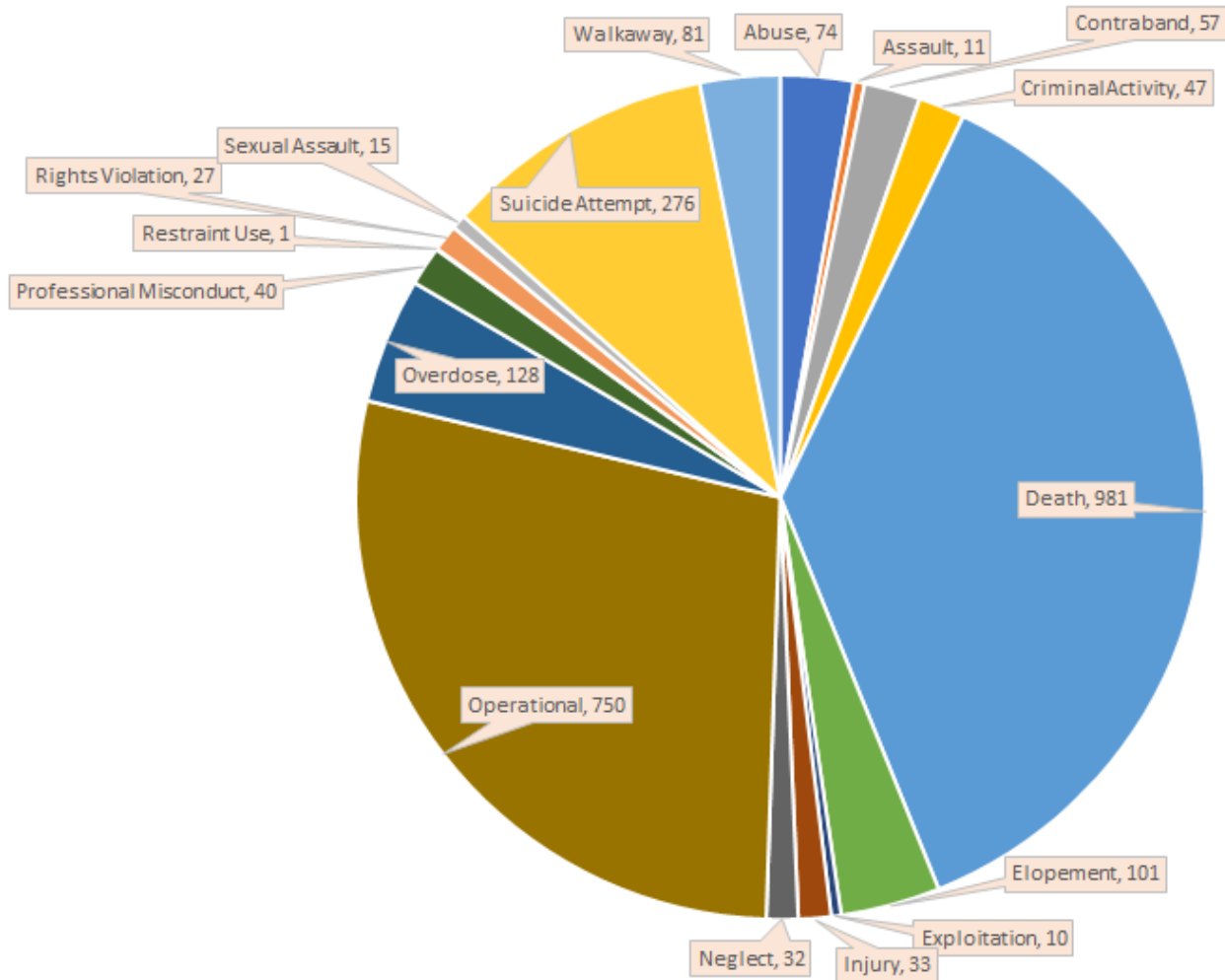
Operational- COOP

# Why Do We Report?

11

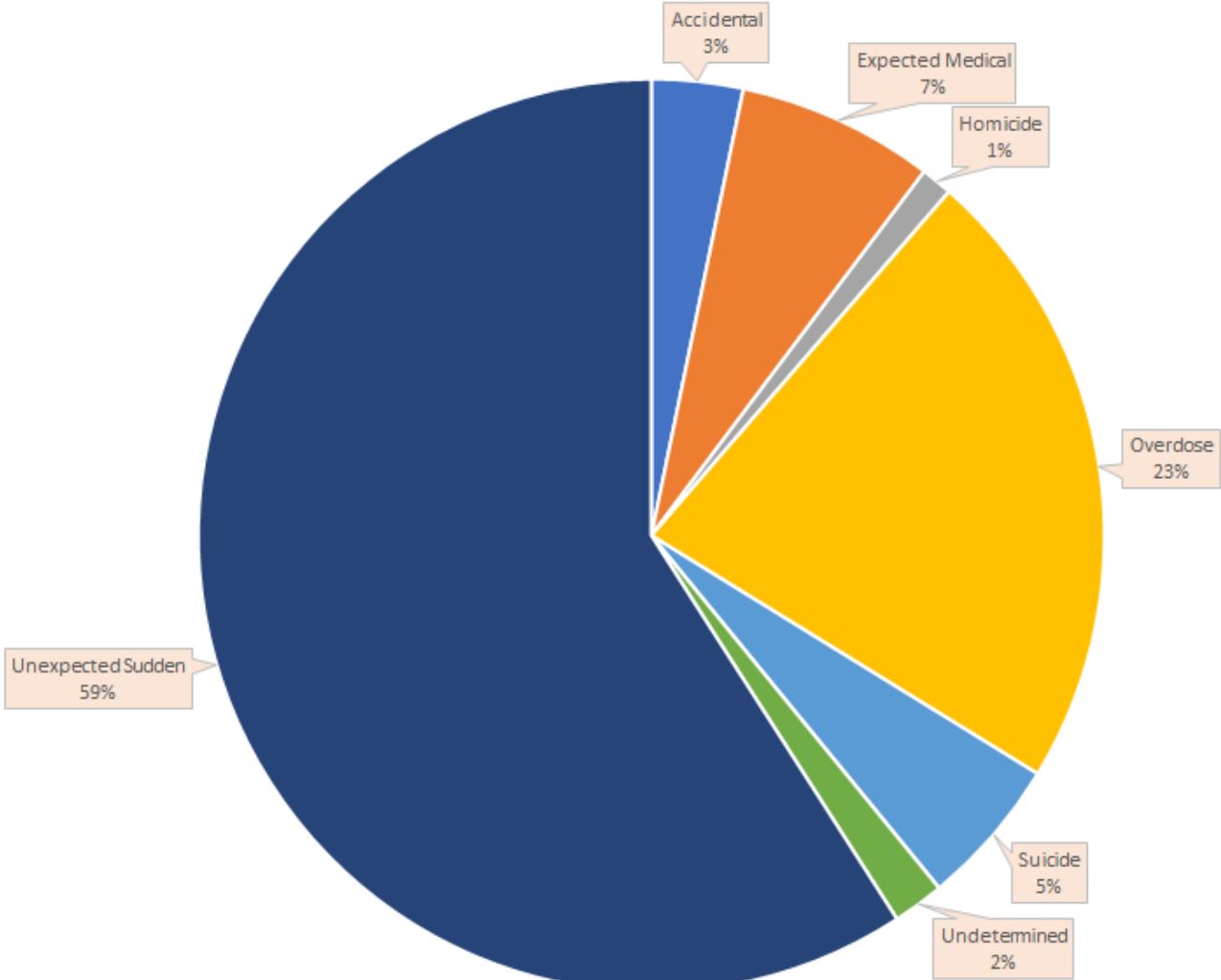
- Shared responsibility to ensure the health, safety and well-being of individuals served;
- Best practice to create a documented record of identified allegations, events and/or concerns;
- Creates accountability, follow-up & informs important decisions;
- Information gathered allows for data analysis of individual/systemic patterns & trends;
- Data helps inform policies and action steps at individual and systemic levels.

## 2020 Incident Data

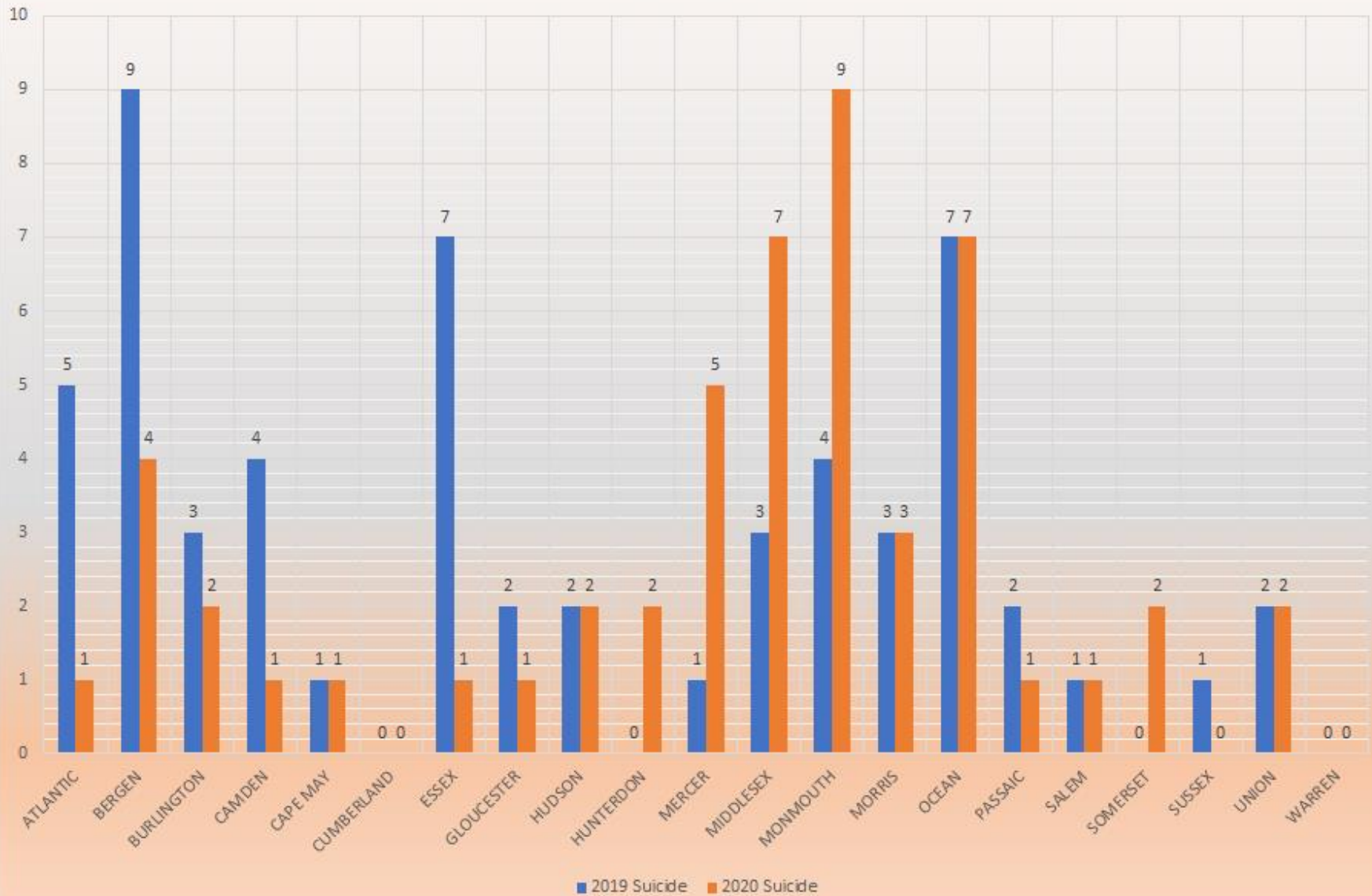


- Abuse
- Assault
- Contraband
- Criminal Activity
- Death
- Elopement
- Exploitation
- Injury
- Neglect
- Operational
- Overdose
- Professional Misconduct
- Restraint Use
- Rights Violation
- Sexual Assault
- Suicide Attempt
- Walkaway

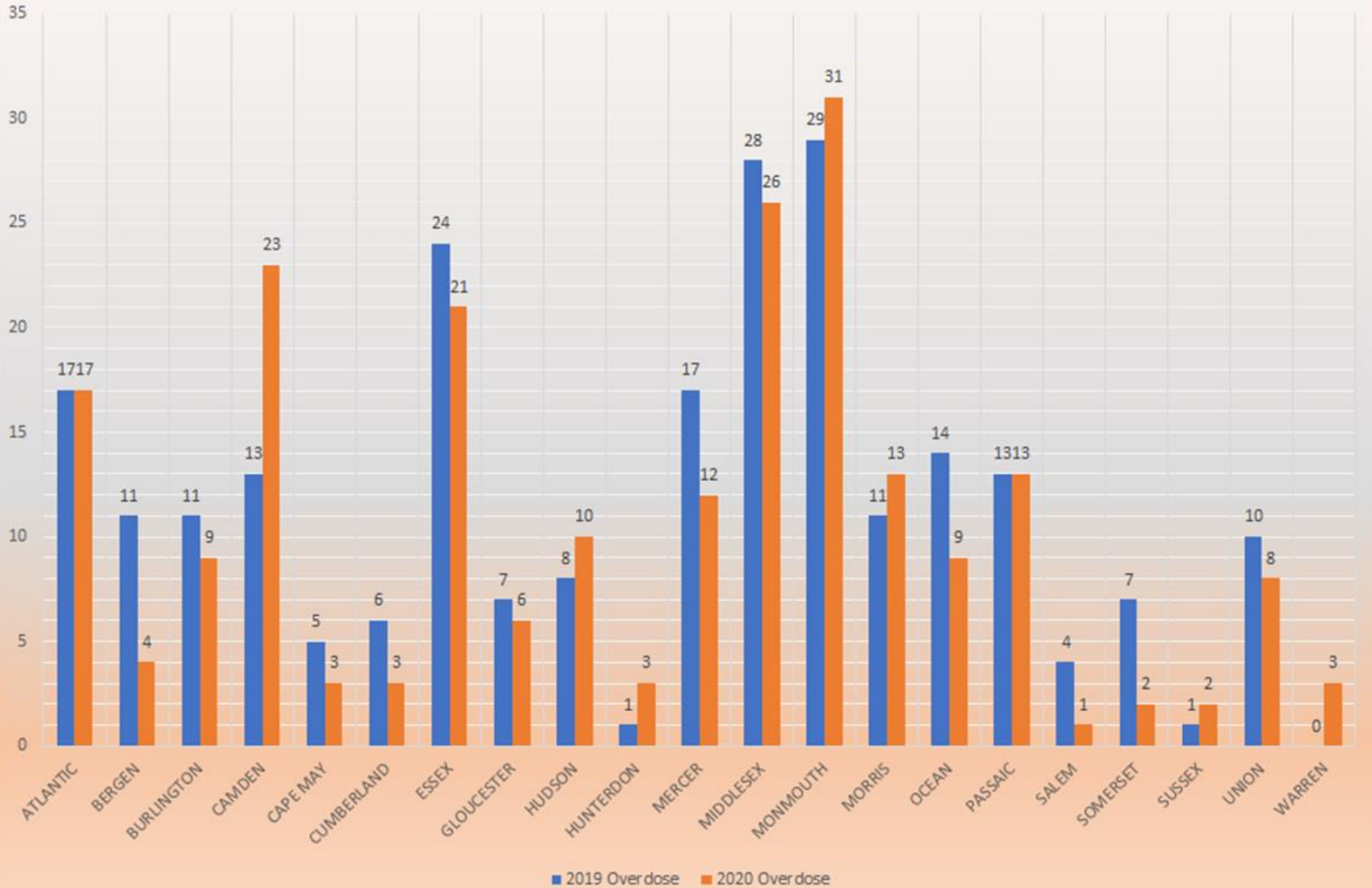
### 2020 Deaths



## Suicide Deaths Across Counties 2019 and 2020



# Overdose Deaths Across Counties 2019 and 2020



# Policy Note

16

- DHS operates an allegation-based system – anyone can express/report concerns regarding suspected abuse, neglect or exploitation involving an individual served.
- This information is screened and may result in a DHS unusual incident report (UIR).





# Role of Unusual Incident Reporting Quality Assurance Specialist (QAS)

17

- DHS/DMHAS liaison for issues/questions related to incident reporting;
- Receive initial incident reports from agency providers;
- Interact with agency partners in gathering additional information, further screening initial reports and assigning appropriate code to the incident;
- Provides notification to the agency about the assigned incident number and incident code and the unit responsible for follow-up and closure;
- Enters information into NJIRMS regarding initial incident reports, additional information and follow-up as needed.

# County Assignments

18

## **Quality Assurance Specialist Counties of Responsibility:**

**Jacqueline Candia - (609) 438-4302**

**[Jacqueline.Candia@dhs.nj.gov](mailto:Jacqueline.Candia@dhs.nj.gov)**

Cape May, Cumberland, Gloucester, Hudson, Hunterdon,  
Monmouth, Passaic, Salem, Warren

**Diana DiMaggio - (609) 438-4303**

**[Diana.DiMaggio@dhs.nj.gov](mailto:Diana.DiMaggio@dhs.nj.gov)**

Bergen, Burlington, Middlesex, Ocean, Union

**Debra Rabatie - (609) 438-4308**

**[Debra.Rabatie@dhs.nj.gov](mailto:Debra.Rabatie@dhs.nj.gov)**

Camden, Mercer, Sussex

**Alexis Flores-Whyte - (609) 438-4304**

**[Alexis.Flores-Whyte@dhs.nj.gov](mailto:Alexis.Flores-Whyte@dhs.nj.gov)**

Atlantic, Essex, Morris, Somerset

E-Mail: [dmbas.incidentrept@dhs.nj.gov](mailto:dmbas.incidentrept@dhs.nj.gov)

Fax: (609) 341-2324

**DMHAS NJ Substance Use Treatment Complaint Line**

**(877) 712-1868**



# Where do I send Initial incident reports?

19

E-Mail: [dmhs.incidentrept@dhs.nj.gov](mailto:dmhs.incidentrept@dhs.nj.gov)

Fax: (609) 341-2324



# Incident Reporting Resources

20

- <https://www.state.nj.us/humanservices/dmhas/forms/#11>
- <https://www.nj.gov/humanservices/dmhas/information/stakeholder/>

# Incident Reporting Notes

21

- Immediately call 911 in the event of a life-threatening emergency
- Ensure victim is safe - alleged perpetrator has no access
- Obtain medical/mental status assessment and/or medical treatment for the alleged victim for suspected, observed or possible injury
- Do not delay reporting if information is missing
- Initial incident report and follow-up report documents are confidential and are not permitted to be released to outside entities without a court order
- Agencies are required to establish internal policies for incident reporting to comport with DHS policies and regulations.



# Follow Up

22

- DMHAS QAS staff will guide providers on additional steps, including:
- Additional Notifications- Ombudsman, DEA, etc.
- Requirements for reports involving children and those served by the Division of Developmental Disabilities (DDD)
- Internal investigation and follow up information
- Plans of Correction- required when OI substantiates allegations with concerns



# Training

23

- To arrange for additional, in-depth training, please send a request to DHS Critical Incident management Unit:
- [DHS.MHSCIMADMIN@dhs.nj.gov](mailto:DHS.MHSCIMADMIN@dhs.nj.gov)
- [Miloni.Bhatt@dhs.nj.gov](mailto:Miloni.Bhatt@dhs.nj.gov)
- [Christine.Noble@dhs.nj.gov](mailto:Christine.Noble@dhs.nj.gov)



Thank you for your cooperation and ongoing efforts in this important process.