



# CITY OF PHILADELPHIA

Department of Behavioral Health and Intellectual disAbility Services  
Promoting Recovery, Resilience & Self Determination

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## ORIGINATING DIVISION RESPONSIBLE FOR REVIEW OF POLICY/PROCEDURE:

ADMINISTRATION, FINANCE, QUALITY DIVISION

**EFFECTIVE DATE:** 3/24/2025

**REVISION DATE:**

## POLICY/PROCEDURE NAME:

PROVIDER REQUIREMENTS: SIGNIFICANT INCIDENT MANAGEMENT

## SCOPE:

DBHIDS maintains a Significant Incident Management (SIM) process to ensure timely response and coordination of significant incidents for all county-funded providers and services contracted with DBHIDS, including those servicing individuals living with Community Residential Rehabilitation (CRR), Long-Term Structured Residences (LTSR), and Supportive Living Program/Community Hospital Integration Project Program (CHIPP). The primary objective of this policy is to promote reporting of significant incidents to DBHIDS enhancing prevention, mitigation, and response efforts. This ensures that DBHIDS enhances the health, safety, dignity, rights, and well-being of individuals receiving behavioral health services while complying with the Office of Mental Health and Substance Abuse Services (OMHSAS) Bulletin 15-01.

This policy does not apply to Intellectual Disability Services (IDS) and Early Intervention (EI) programs, who must comply with their associated responsibilities and procedures under the Office of Developmental Programs (ODP) for intellectual disabilities and autism services.

## PROCEDURE STATEMENT (PURPOSE/INTENT):

The purpose of this policy is to outline the required procedures for providers for significant incidents from response to closure.

## PROCEDURE AND APPROPRIATE USE:

### 1. Significant Incident Management SIM Structure

Providers must establish and maintain an administrative framework to implement the requirements of state law, regulations, and guidance, including but not limited to: the [OMHSAS Bulletin 15-01](#). Specifically, providers must:

- a. Assign responsible staff designated to oversee SIM processes and procedures.
- b. Develop and maintain written SIM Policies and Procedures to:
  - o Ensure consistent reporting and management of incidents.
  - o Comply with applicable laws, regulations, and policies, including the OMHSAS Bulletin 15-01 and Enterprise Incident Management (EIM) for providers required to report in EIM.
- c. Ensure staff education and training:

- Educate staff on the SIM policies and procedures.
- Provide training on response, documentation and reporting of incidents. Providers may use training resources provided by DBHIDS, if applicable.
- Training must be provided within 30 days of on-boarding or role change and repeated annually.
- Maintain records of training completion.
- DBHIDS will audit providers' training policies and practices.
- d. Assign clear roles for incident reporting and investigation.
  - Designate staff responsible for reporting and managing incidents.
- e. Submit the Significant Incident Report (SIR) within 24 hours of the incident or notification.
- f. Notify families within 24 hours of report of the incident with the expressed consent of the adult individual, obtained at the time of the incident (unless the individual is physically unable to provide consent). If the individual has an advance psychiatric directive or care plan regarding family contact, it should be respected unless the individual directs otherwise at the time of the incident and clearly has capacity to make that decision.
  - Parents or guardians of minors must be notified unless an applicable legal requirement prevents such notification (e.g., the parent or guardian is under investigation for or has been convicted of abuse of the minor).
  - Assure the individual and family member (with individual's consent) that they have the opportunity to provide verbal or written comment about the incident that is included in the incident report.
  - Establish a mechanism to debrief the individual, and with individual permission, family member or contact identified by the individual regarding the outcome of the investigation and to provide written notification on the closure of an incident investigation.
- g. Educate and assist individuals involved in the incident and their family to file internal and external complaints related to the Reportable Incident.
- h. Contact law enforcement necessary (e.g. suspected crime, sexual abuse, serious injury, or suspicious death in accordance with the [Adult Protective Services Act](#), [Older Adult Protective Services Act](#), or [Child Protective Services Law](#)).
- i. Conduct thorough investigations in compliance with applicable policies and procedures and required standards.
  - DBHIDS, and/or OMHSAS, law enforcement agencies, and other entities may perform supplemental investigation of Reportable Incidents following the provider investigation.
- j. Finalize the SIR within 5 business days; if delayed, notify DBHIDS and complete the SIR within 30 days.
- k. Review reports to ensure proper completion and to identify trends and implement preventive measures.
- l. Maintain all incident-related documents for at least 7 years.

## 2. Incident Response and Review

Provider must respond appropriately to incidents, which may include but is not limited to:

### **Medical and Safety Repose**

- a. Arrange for timely medical care, examination, first aid, or counseling.
- b. Offer access to specialized medical professionals (e.g., Sexual Assault Nurse Examiner (SANE).
- c. Separate the victim from the alleged perpetrators until the investigation is complete.

### **Notification Requirements**

- d. Report incidents to [Adult Protective Services](#), [Child Protective Services](#), or [Older Adult Protective Services](#) as applicable.
- e. Incidents involving alleged physical abuse, sexual abuse, and/or neglect of an adult between 18 and 59 years old who has a physical or mental impairment must be reported to the Pennsylvania Department of Human Services (DHS) at the Commonwealth's Protective Services Hotline 1-800-490-8505.

- f. To report abuse for older adults, call 1-800-490-8505
- g. To report abuse of minors, call the ChildLine 1-800-932-0313
- h. Notify law enforcement when:
  - o The individual is a victim of sexual abuse.
  - o The individual is missing and at risk.
  - o The individual sustains serious bodily injury.
  - o The incident involves criminal conduct.
  - o The individual has died under suspicious circumstances.
  - o A crime has been committed.
- i. Assist individuals in reporting incidents to law enforcement if requested.

#### **Incident Documentation and Classification**

- j. Ensure accurate classification of the incident.
- k. Document protective actions taken.
- l. Provide evidence of corrective measures upon DBHIDS request.
- m. Close incidents that do not require investigation.
- n. Monitor emerging trends.
- o. Incident Reporting and Monitoring
- p. The lifecycle of a significant incident spans from initial response to closure. Providers must implement a continuous monitoring process for significant incidents, including:

#### **Submitting Reports**

- q. Submit the DBHIDS SIR Form within 24-hours via:
  - o Fax: 215-685-5565
  - o Email: [DBHIDS.Compliance@Phila.gov](mailto:DBHIDS.Compliance@Phila.gov) (must be encrypted or password-protected)
  - o Phone: Initial notification at 215-253-4315, SIR must follow within 24 hours.

#### **Contact Requirements for SIR**

- r. Detailed incident description of what happened before, during, and after the incident, including dates, times, location, individuals involved, and medical status.
- s. Actions taken to ensure health, safety, and rights.
- t. Indication of investigation status and corrective actions taken.

#### **State Reporting Compliance**

- u. Adhere to HCSIS/EIM, State Bulletin, guidelines, or licensing entities.

#### **Emergency Situations**

- v. If the incident requires immediate clinical assistance contact the Philadelphia Crisis Line at 215-686-4420. Once the crisis is mitigated the provider should complete the SIR Form.

#### **Investigation and Follow-Up**

- w. Submit preliminary investigation findings within 14 days via email [DBHIDS.Compliance@phila.gov](mailto:DBHIDS.Compliance@phila.gov)
- x. Submit final investigation report within 30 days; if delayed, submit a request for extension to DBHIDS and document in HCSIS/EIM if applicable, or email a request for an extension including the reason for the delay.
- y. Share provider processes with DBHIDS to mitigate risk, prevent recurrence, and implement corrective actions.
- z. Managing Significant Incidents
  - aa. Provider must manage, report, and monitor significant incidents through a structured approach from response to closure.

#### **Investigation Requirements**

- bb. Investigations must be conducted by investigators.
- cc. Reportable significant incident may be investigated by the provider, DBHIDS, OMHSAS, or other appropriate agency or organization.
- dd. Conduct investigations for deaths and abuse allegations.
- ee. DBHIDS may deem necessary supplemental investigations.

- ff. Initial witness interviews must be conducted by investigator within 24 hours of incident.
- gg. Site visit to incident locations should occur promptly after investigation assignment to identify, gather, and preserve evidence that could disappear or be altered.
- hh. Gather and preserve digital evidence (e.g.. texts, emails, social media activity).
- ii. Complete all interviews within 10 days.
- jj. Complete investigation within 30 days.
- kk. If an extension is granted document findings, delays, and projected completion dates.

#### **Data Management and Analysis**

- ll. Maintaining incident files with all documents related to the incident and investigation for 7 years.
- mm. Analyze incident causes and prevention strategies.
- nn. Conduct trend analyses to identify systemic issues

#### **Closure Process**

- oo. Significant incident closure may differ depending on whether the significant incident required an investigation.
- pp. Confirm risk mitigation strategies and corrective actions.
- qq. Submit Finalized SIR to DBHIDS.

By following these procedures, providers ensure compliance with DBHIDS and OMHSAS requirements while enhancing safety, accountability, and preventive measures within their programs.

#### **PROGRESSIVE REMEDIATION:**

Progressive remediation is a structured process utilizing steps to address provider non-adherence to the quality framework and provider's performance scale. The goal is to improve performance in a collaborative manner, which promotes consistency, foster more positive work environments, and could potentially protect providers from possible legal issues. This structures remediation process is deemed "progressive" because the corrective action increases in severity if compliance does not meet the standards and expectations described herein. Corrective actions may include, but are not limited to the following:

- Verbal notice that expectations are not being met
- Corrective Action Plan
- Directed Corrective Action Plan
- Closure of admissions
- Termination of current contract/funding
- No renewal of contract/funding for next fiscal year

The remediation process may commence at any step stated above, contingent upon the magnitude of the provider's noncompliance. Please note that the provider remains subject to the City's Professional Services Contract General Provisions attached and incorporated in their contract.

#### **DEFINITION(S):**

1. Incident: Any event that has the potential to negatively impact an individual's health, safety, or rights.
2. Significant Incident Management (SIM): The process of responding to an incident to ensure appropriate protection and promotion of an individual's health, safety, and rights.
3. Significant Incident Report (SIR): The DBHIDS SIR Form completed by the provider and entered into the electronic incident management system to document specific incident categories.
4. Investigation: A structured process of gathering, evaluating, and documenting evidence regarding a reportable incident conducted by a certified investigator trained under the DBHIDS-approved Certified Investigator Training Program. Investigations may involve referrals to law enforcement or other investigative agencies.
5. Provider: An individual, entity, or agency contracted or authorized to deliver the services to the individual.

6. **Investigator:** An individual who has completed investigator training in accordance with DBHIDS Compliance requirements.
7. **Advance Psychiatric Directive (APD):** A legal document that allows individuals to outline their preferences for mental health treatment in case they become unable to make decisions due to a psychiatric crisis. It can include choices about medications, hospitalization, preferred healthcare providers, and emergency interventions. APDs help ensure that a person's treatment aligns with their wishes and can designate a trusted individual to make decisions on their behalf.
8. **Significant Incident:** A non-routine event that is harmful or materially threatening, inconsistent with standards of practice, and may jeopardize the health or wellbeing of an individual receiving services. *Reportable Significant Incidents include, but are not limited to:*
  - a. **Death** – Any death of an individual receiving services, regardless of cause.
  - b. **Suicide Attempt** – A voluntary and intentional act to end one's own life, requiring medical treatment or resulting in significant injury or risk of death.  
*Non-reportable: Suicidal threats, non-serious gestures, or actions that do not indicate self-harm intent.*
  - c. **Adverse Medication Reaction** – A significant reaction or medication error (e.g., missed dose, incorrect dosage) that leads to an adverse consequence requiring treatment.  
*Non-reportable: Refusal of prescribed medication by the individual.*
  - d. **Emergency Services** – Any event requiring emergency intervention (fire, EMS, or law enforcement), including fires, floods, property damage, crimes, acts of violence, vandalism, or theft.  
*Non-reportable: Non-emergency interactions such as routine police presence or fire drills.*
  - e. **Abuse** – Allegations or suspicions of abuse towards a service recipient, including:
    - *Physical Abuse* – Intentional physical harm.
    - *Psychological Abuse* – Verbal or non-verbal acts causing emotional distress.
    - *Sexual Abuse* – Any unwanted sexual contact, including inappropriate staff-individual relationships.
    - *Exploitation* – Taking unfair advantage of an individual for personal gain.  
*Non-reportable: Minor altercations or interpersonal conflicts without serious harm.*
  - f. **Neglect** – Failure to provide necessary services, care, or protection required by law or contract.
  - g. **Non-Routine Injury or Illness** – Any injury or illness requiring medical treatment beyond first aid or any outbreak of a reportable infectious disease per Department of Health (DOH) guidelines.  
*Non-reportable: Routine medical treatments or voluntary psychiatric admissions.*
  - h. **Emergency Room (ER) Visits/Inpatient Admissions** – ER visits or inpatient admissions related to non-routine health events or service availability issues.
  - i. **Missing Person** – An individual absent without prior arrangement for over 24 hours or sooner if deemed to be in immediate jeopardy. Any case involving law enforcement is reportable.
  - j. **Seclusion or Restraint** – Any use of physical, mechanical, or chemical restraints per OMHSAS Bulletin OMHSAS-02-01.
  - k. **Non-Routine Discharge** – Any involuntary or administrative discharge, including individuals leaving against medical advice (AMA) or being out of contact without prior arrangement.
  - l. **Other:** Unexpected or significant incidents that do not fall under the predefined categories but are still important for documentation. Examples might include Significant interpersonal conflicts between service recipients, staff, or community members that could impact care; System failures or service disruptions that affect client care, such as power outages, technology failures, or property damage; Ethical concerns raised by staff or service recipients that should be documented for future review; Discovery of contraband or illicit substances, synthetic cannabinoids, or illegal materials such as child sexual abuse materials on facility premises. This category ensures that important incidents are captured for accountability, analysis, and future improvements in care and service delivery.

#### RELATED POLICIES:

DBHIDS SIGNIFICANT INCIDENT MANAGEMENT POLICY

**REFERENCES/CITATIONS:**

Adult Protective Services Act  
Older Adults Protective Services Act  
Child Protective Services Law  
55 Pa. Code 20 et seq. (Licensure)  
55 Pa. Code 5310 et seq. (Community Residential Rehabilitation)  
55 Pa. Code 5320 et seq. (Long-Term Structured Residences)  
OMHSAS Bulletins

**DIVISION DIRECTOR APPROVAL:****DATE: March 26, 2025****COMMISSIONER, OR COMMISSIONER DESIGNEE, APPROVAL****DATE: March 26, 2025**