

CF OPERATING PROCEDURE
NO. 155-25

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
Tallahassee, November 13, 2020

Mental Health/Substance Abuse

INCIDENT REPORTING AND PROCESSING
IN STATE MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure describes Departmental procedures and guidelines for identifying, reporting, and required actions regarding defined reportable incidents, including critical events and other types of events.

2. Scope.

a. This operating procedure applies to state mental health treatment facilities, whether operated by the Department of Children and Families or by contract with private entities, and the Florida Civil Commitment Center (FCCC).

b. This operating procedure is in addition to, and does not replace, reporting procedures and/or required actions found below, and to the extent this operating procedure conflicts with any federal or state law, the federal or state law shall control.

(1) The abuse, neglect and exploitation reporting system. Allegations of abuse, neglect or exploitation must always be reported immediately to the Florida Abuse Hotline (1-800-962-2873) and appropriate Florida Local Advocacy Council as required by law.

(2) Chapter 395, Florida Statutes.

(3) Rule 59A-10, Florida Administrative Code.

(4) CFOP 75-3, Insurance.

(5) CFOP 155-3, State Mental Health Treatment Facilities Mortality Reporting and Review Procedure.

(6) CFOP 155-28, Sexual Misconduct in State Mental Health Treatment Facilities.

(7) CFOP 180-4, Mandatory Reporting Requirements to the Office of Inspector General.

3. References.

a. Chapter 394, Florida Statutes (F.S.), Mental Health [Part I (ss. 394.459 and 394.4593) and Part V (ss. 394.922 and 394.927)].

b. Chapter 916, F.S., Mentally Deficient and Mentally Ill Defendants (ss. 916.107 and 916.1075).

c. Chapter 794, F.S., Sexual Battery (ss. 794.011).

d. Chapter 415, F.S., Adult Protective Services.

This operating procedure supersedes CFOP 155-25 dated July 16, 2019

OPR: SMF

DISTRIBUTION: X: OSGC; ASGO; SMF; Region/Circuit Mental Health Treatment Facilities.

- e. Chapter 847, F.S., Obscenity (ss. 847.001).
- f. CFOP (Children and Families Operating Procedure) 140-2, Adult Protective Services.

4. Definitions.

a. Facility Incident Tracking System (FITS). An electronic database for state mental health treatment facility (SMHTF) reporting of critical events and other reportable incidents.

b. Critical Events.

(1) Sexual Battery. Sexual battery is any act as defined in section 794.011, F.S., involving resident to resident, staff to resident, staff to staff, resident to staff.

(2) Elopement. The unauthorized absence off the facility grounds of a resident committed under Chapter 394, Part I, F.S. (NOTE: Each resident will be counted as a separate event, even if residents leave together.) If there are exigent circumstances, immediate action shall be taken. Exigent circumstances are emergency situations that require swift action to prevent imminent danger to life.

(3) Escape. The unauthorized absence off the facility grounds of a resident committed to the Department pursuant to Chapter 916, F.S., or the unauthorized absence off the facility grounds of a resident detained or committed to the Florida Civil Commitment Center pursuant to Chapter 394, Part V, F.S., for any period of time. This includes forensic residents residing in a civil facility who cannot be located.

(4) Resident Death. A resident death that is other than a natural expected or natural unexpected death that occurs while in the care of a state mental health treatment facility or while on any type of leave of absence status, including while in an off-campus acute care hospital. Critical event categories of death include accidental, homicide, suicide, and unknown cause. For further information regarding resident death, please refer to CFOP 155-3, State Mental Health Treatment Facilities Mortality Reporting and Review Procedure.

(5) Sexual Misconduct. Any activity as defined by sections 394.4593 and 916.1075, F.S.

(6) Significant Resident Injury. Any serious bodily trauma received by a resident that requires immediate medical or surgical evaluation or treatment to prevent permanent damage or loss of life.

(7) Significant Injuries to Staff Resulting from Resident-to-Staff Altercations. Any serious bodily trauma received by a staff member resulting from a resident-to-staff altercation that requires immediate medical or surgical evaluation or treatment to prevent permanent damage or loss of life.

(8) Staff or Other Nonresident Death. Death of a staff member or other non-resident person occurring on the grounds of a facility. Death of a staff member that occurs off grounds while the staff member is on duty is also included.

(9) Suicide Attempt. An act by a resident with the intent to cause his or her own death. Determination of a suicide attempt may include, but is not required to include, a harmful and potentially lethal act by the resident. Whether the act is an actual attempt to commit suicide must be determined in each instance by a licensed mental health professional or other licensed healthcare professional and appropriately indicated in the resident's chart.

(10) Verified Abuse/Neglect/Exploitation. A reported act of abuse or neglect that has been investigated and classified as verified, as provided in Chapter 415, F.S., by an Adult Protective Services (APS) investigator. Abuse, neglect and/or exploitation is “verified” when the APS investigation is “closed/substantiated.” The date verified will be considered the date of the event for reporting purposes. However, the actual event date must be indicated in FITS. Definitions utilized by APS for abuse/neglect/exploitation are as follows:

(a) “Abuse” is defined in section 415.102(1), F.S., as “any willful or threatened act by a relative, caregiver, or household member who causes or is likely to cause significant impairment to a vulnerable adult’s (resident’s) physical, mental or emotional health. Abuse includes acts and omissions.”

(b) “Neglect” is defined in section 415.102(16), F.S., as the failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult (resident), including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services which a prudent person would consider essential for the well-being of the resident. Neglect includes the failure of a caregiver to make reasonable effort to protect a resident from abuse, neglect or exploitation by others.

(c) “Verified Exploitation” is defined in chapter 415, F.S., as a reported act of exploitation of a resident that has been investigated and classified as verified by an Adult Protective Services (APS) investigator, an investigator of the Inspector General’s Office, or a law enforcement officer. Exploitation is defined in relevant part by section 415.102(8), F.S., as:

1. Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property;
2. Unauthorized taking of personal assets;
3. Misappropriation, misuse, or transfer of moneys belonging to a vulnerable adult (resident) from a personal or joint account; or,
4. Intentional or negligent failure to effectively use a vulnerable adult’s (resident’s) income and assets for the necessities required for that person’s support and maintenance.

(11) Possession of Child Pornography. Any incident that constitutes a violation of section 847.001(3), F.S., involving either a resident or staff.

(12) Other. Any incident or event not otherwise identified as a reportable critical event but has, or is likely to have, a significant impact on a client(s), provider(s), or the Department. Such events may include but are not limited to: facility fire; riot; bombing; kidnapping or media coverage.

c. Other Reportable Incidents.

(1) Resident Altercation. Any physical contact involving a resident (resident v resident, resident v staff) with the intent to cause harm. That contact may or may not result in an injury.

(a) Level 0 (also known as “near miss”). Altercation with no injury.

(b) Level 1. Altercation with injury that requires no more than first aid medical treatment.

(c) Level 2. Altercation with injury that requires medical treatment beyond first aid.

(2) Resident Injury. An injury resulting from something other than a resident altercation that requires medical treatment beyond first aid.

5. Procedures. Each facility will adhere to the following procedures:

a. It is the responsibility of all Department or contracted provider facility staff or administrative oversight staff to report any known or observed critical event and reportable incident to the hospital administrator or designee.

b. Individuals at any level of management including the hospital administrator or designee and higher-level executives within their contracted agencies will telephone the Chief Hospital Administrator or designee to report all incidents in the identified time frame. If the Chief Hospital Administrator or designee is unavailable, a call should be made to the Assistant Secretary for Substance Abuse and Mental Health. Verbal contact must be made with one of these individuals.

(1) The following incidents and events must be reported immediately, not to exceed one (1) hour:

(a) Critical event resident deaths, resident deaths which appear imminent (as the result of an unnatural occurrence, e.g., an altercation, suicide attempt, fall, etc.) and staff or nonresident deaths. Notice should also be sent via email to the department's Director of Communications.

(b) Escapes and elopements. In addition, the Chief Hospital Administrator or designee will notify the department's Chief of Staff and Communications Director within two (2) hours of an elopement or escape.

(c) Resident incidents or resident altercations that result in serious bodily injury (likely life threatening) and result in transport to an acute care medical facility. The Director or Deputy Director of Communications will also be notified.

(2) Level 2 resident altercations will be reported via telephone to the Chief Hospital Administrator or designee within two (2) hours, followed by an email.

(3) All other critical events will be reported via telephone to the Chief Hospital Administrator or designee within twenty-four (24) hours of the event.

c. In all medical emergencies, Security will respond, assess the situation and, if needed, secure the scene and contact Law Enforcement. All contacts to Law Enforcement and EMS related to a reportable incident will be documented in FITS.

d. Video footage, where available, of serious incidents / events will be delivered to the SAMH Program Office for review.

e. All incidents identified in the paragraphs 4b and c of this operating procedure, with the exception of Level 0 altercations, will be entered in FITS.

f. Facilities will collect and maintain Level 0 altercation data locally.

g. Incidents Identified as Critical Events.

(1) Critical events and resident deaths shall be entered in FITS by the end of the next business day.

(2) Critical event incident stress debriefing (CISD) shall be provided, when deemed appropriate, to employees and residents involved in an incident within a reasonable amount of time following the incident.

(3) All critical events of witnessed abuse or verified allegations of abuse or neglect concerning an employee or contractor of the Department shall be reported pursuant to the requirements of CFOP 180-4, Mandatory Reporting Requirement to the Office of Inspector General.

(4) All critical events involving sexual misconduct should be reviewed pursuant to the reporting requirements of CFOP 155-28, Sexual Misconduct in State Mental Health Treatment Facilities, to ensure compliance with those reporting requirements.

(5) For Abuse/Neglect reporting purposes, each verified finding involving a distinct act or by a distinct staff person shall be considered a separate case of abuse/neglect.

(6) For reporting purposes, if a verified abuse or neglect finding is based upon the occurrence of another critical event, the event will count twice: as a critical event (i.e., significant injury) and a verified abuse/neglect finding. A critical event incident will be entered in FITS for the actual event (i.e., significant resident injury, elopement, etc.) when the event occurred, and another critical event incident will be entered in FITS for the verified abuse/neglect finding.

(7) A copy of the report of each critical event as defined by this operating procedure that is reported to other programs within the department and to outside agencies will be emailed or faxed to the Chief Hospital Administrator.

(8) If, after receipt of a Medical Examiner's (ME) report, a resident death is determined to be by natural causes, facility staff shall contact the Program Office designee to have the previously reported critical event considered for removal. The facility will provide a copy of the ME report along with their request to remove the critical event.

h. Resident Altercations.

(1) Level 2 resident altercations will be reported within two (2) hours, followed by an email and entered into FITS by the end of the next business day.

(2) Debriefings with all involved residents (as appropriate) and staff shall occur as soon as possible following a level 2 resident altercation, and the form Brief Incident Fact will be emailed to the Program Office Designee by close of business on the Thursday following the resident altercation.

(3) Level 2 resident altercations identified by the Program Office will be included in a weekly conference call debriefing scheduled by the Chief Hospital Administrator.

i. Each facility shall establish a system for reviewing reportable incidents and critical events to determine what actions need to be taken, if any, to prevent future occurrences and a follow-up process to assure such needed actions are implemented. In determining appropriate personnel actions to take, if any, the final report provided by Adult Protective Services (APS) will not be used as the sole basis for such action but will be used to inform any decision made by facility management based upon its own review of the case.

(1) The management of each facility will immediately take steps to ensure the safety and welfare of any resident who is the victim of suspected abuse, neglect or exploitation, to include separating the involved staff person, if determined appropriate.

(2) In cases investigated by APS and closed with a finding of "Not Substantiated," designated facility staff will review the APS investigation report, and if evidence of maltreatment is concluded in the investigator's report, will conduct an inquiry into the event to identify and address opportunities for improvement and to determine any personnel or corrective action needed to prevent similar incidents in the future.

(3) Facility management will develop and document a process to examine and address unfounded abuse allegations that are screened out by the Abuse Hotline for specified individuals with high call volume as determined by the department.

(a) A list of unfounded allegations will be provided to each facility's designee every quarter for dissemination to Recovery Teams to address with each frequent caller.

(b) The Recovery Team will provide summary documentation to the facility designee of the actions taken by the team and the expected outcomes.

(c) The facility's designee will maintain data related to unfounded allegations of individuals on the list referenced in paragraph 5i(3)(a), and Recovery Team efforts to address the individual's concerns, and resulting outcomes.

(4) The facility risk manager or designee will notify the Chief Hospital Administrator or designee of the completion of any corrective actions. Periodic status updates may be required from the facility and, if necessary, will be requested.

(5) Facilities will develop and document an internal process to investigate abuse and neglect allegations against security staff that have been screened-out by the Abuse Hotline as not meeting the definition of caregiver. The internal process should address at a minimum the following:

(a) The Hospital Administrator or Risk Manager will confirm receipt of abuse allegation via email either by read receipt or return email.

(b) Within two (2) business days, the facility will notify Headquarters designee of initial status (Closed: Unfounded; Pending: Under Investigation).

(c) An expected timeframe for investigation findings should be determined. The timing should be expeditious but allow for a reasonable investigation if the allegations warrant.

(d) Facilities should contact Law Enforcement if a violation of law is suspected.

(e) Investigations should include a written report with findings, including resident and staff outcomes. Residents will be informed of the investigation findings and outcomes.

(f) Documentation Methods. All investigations and outcomes should be documented in easily retrievable media and should be made available upon Substance Abuse and Mental Health Program Office request.

j. All licensed personnel will ensure compliance with any mandatory reporting requirements of their licensing/regulatory authority.

k. The Hospital Administrator or designee will ensure that all mandatory reporting is completed as required by policy, rule or statute.

6. The Florida Civil Commitment Center. The facility shall follow all procedures defined in paragraph 5 above with one exception. Immediate reporting of reportable events will occur as outlined; however, the telephone calls shall be made to the Department's Sexually Violent Predator Program Director or designee (not the Chief Hospital Administrator).

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

JACQUELINE A. YOUNG
Director, State Mental Health Treatment Facilities, Policy and Programs

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Revised the definition of Suicide Attempt in paragraph 4b(9); in paragraph 5h(3), changed the phrase "scheduled by the Secretary" to read "scheduled by the Chief Hospital Administrator;" and revised paragraph 5i(2) adding requirement to review Investigation Reports closed "Not Substantiated" to determine necessity of conducting an inquiry.