



Allegany County, Department of Human Services, Office of Behavioral Health  
Incident Report

Individual's Service Involvement: Adult MH, Child/Adolescent MH, Drug and Alcohol, Early Intervention (EI), RTF

Individual's Name: Individual's Birthdate: Individual's SS#:

MCI # (EI providers only): Living Arrangement:

Provide Residential Level of Care or Explain: Address:

If this is a Site Level Incident, please indicate how many individuals are impacted:

Check the Type of Reportable Incident:

**Death** - All deaths regardless of cause/manner;

**Suicide Attempt** – Intentional attempt to take one's life limited to the actual occurrence that requires medical attention or the furtherance of suicidal ideation;

**Significant Medication Error** – Includes a missed medication, incorrect dosage, where an individual suffers an adverse consequence that is either short-term or long-term in duration;

**Arrests and Any Event Requiring Emergency Services of the Fire Department or Law Enforcement Agency** – (Not related to the presence of law enforcement during any activity governed by MH Procedures Act or testing of alarm systems/false alarms or 911 calls by individuals that are unrelated to criminal activity or emergencies);

**Abuse** - Allegations of abuse are to be reported. For the purposes of reporting, abuse includes abuse of individuals by staff or abuse of individuals by others. Depending on the nature of the abuse, it may also constitute a crime reportable to police. Abuse includes:

- Physical Abuse – An intentional physical act by staff or other person which causes injury;
- Psychological Abuse – An act including verbalizations, which may emotionally harm, invoke fear or humiliate, intimidate, degrade or demean an individual;
- Sexual Abuse- An act/attempted acts such as rape, sexual molestation, sexual harassment and inappropriate or unwanted touching of a sexual nature of an individual by another person. Any sexual contact between an individual and a staff person is abuse;
- Exploitation- The practice of a caregiver or other person of taking unfair advantage of an individual for the purposes of personal gain, including actions taken without informed consent or with consent obtained by misrepresentation, coercion or threats of force. This could include inappropriate access to or the use of an individual's finances, property and personal services;

**Neglect** – Neglect is the failure to obtain or provide needed services and supports defined as necessary or otherwise required by law, contract or regulation. This can include the failure to provide for needed care such as shelter, food, clothing, personal hygiene, medical care and protection from health and safety hazards;

**Injury of an Individual** – ONLY REPORT IF A COUNTY CONTRACTED RESIDENTIAL PROVIDER OR IF OCCURS ON AGENCY PROPERTY. Reportable Injury includes when an individual requires medical treatment more intensive than first aid;

**Non-Fatal Overdose** – ONLY REPORT IF A DRUG AND ALCOHOL CONTRACTED SERVICE PROVIDER;

**Illness of an Individual** – ONLY REPORT IF A COUNTY CONTRACTED RESIDENTIAL PROVIDER AND FOR IDENTIFIED CHIPP INDIVIDUALS Reportable Illness includes any life-threatening illness, any involuntary psychiatric admission or any illness that appears on the Department of Health's List of Reportable Diseases. NOT REPORTABLE: Scheduled treatment, ER visits or inpatient admissions that result from individuals previously diagnosed, chronic illness where such episodes are part of normal course of the illness;

**Outbreak of a Pandemic Disease** – Any individual or provider staff that test positive to a disease that is defined as a pandemic by the World Health Organization and/or U.S. Centers for Disease Control and Prevention (Ex: COVID-19)

**Missing Person** – Any individual who is out of contact with staff without prior arrangement for more than 24 hours. A person may be considered in "immediate jeopardy" based on his/her personal history and may be considered missing before 24 hours elapse. It is considered a reportable incident whenever police are contacted about a missing person or the police independently find and return an individual, regardless of the amount of time missing;

**Seclusion/Restraint** – Providers are to report any use of seclusion or restraint as defined by MH Bulletin, "OMHSAS 02-01, The Use of Seclusion and Restraint in MH Facilities and Programs;"

**Serious Nature/Other** – Any interruption in service and/or closure of a program or other incident determined by agency Director.



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**Please describe the details of the incident:**

Date of incident:

Time of incident:

Who was involved:

Where did it occur:

What occurred:

Other information: For arrests, please paste charges into this document from the PA judicial portal:

<https://uisportal.pacourts.us/Default.aspx>

**Service/Agency Involvement:**

List of services the individual is/was receiving:

Last face to face appointment(s) in the past 30 days prior to incident/or last time seen:



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Provide a detailed summary of what was occurring with the individual in the past 30 days or last contact(s):

If there was no contact with the individual, list the dates and type of outreach attempts in the past 90 days:

Report any known issues/medical concerns that may have had an impact on the incident. Have these concerns been addressed in the individual's goal plans/treatment plans? Explain:

If this incident is an opioid related overdose, was Narcan/Naloxone offered to the individual?    Yes    No    N/A

Do you have Narcan onsite or accessible? Explain:

Have child protective services, adult or older adult protective services been called?    Yes    No    N/A

If yes, date they were called:

Report number (if known):

Other relevant information:

**Additional Follow-up Information:** Next steps by the provider/Where the individual is currently/Steps taken by provider to remediate the incident/Outcome of any internal investigations or child line/adult protective services/older adult protective services/How provider will address changes in staffing or other impact to services based on the incident:

Date Submitting Report:

Agency Name:

Reported by:

Title/Level of Care:

Supervisor's Name:

Person to Follow-up with:

Email Address:

Telephone: