SFY2015 Critical Incident Data Summary

The data presented here come from the Critical Incident Database that is maintained by DMHAS. The information presented here focuses on incidents occurring between July 1, 2014 and June 30, 2015.

The report for SFY15 uses data that has been entered into the new (implemented in the beginning of SFY15) Critical Incident Database that is accessed via DDAP. The process through SFY14 was for providers to fax CI reports to OOC at which point they would be entered into an Access database in EQMI. The new system allows the provider to directly enter the incident into an online database and uses client information already in the database to populate demographic and treatment information into the CI report. This should improve data quality and hopefully data quantity by making the reporting process faster and easier.

Since a critical incident (CI) may involve more than one client and a client may be involved in multiple incidents, the data for SFY15 are presented under two headings*: Incident Related Data* and *Client Related Data*. Incident related represents an unduplicated presentation of incidents, that is, each incident is counted only once, regardless of how many people may have been involved. Client related data represents an unduplicated client count, that is, each client is counted once regardless of how many incidents they were involved in. Information specific to describing the incidents (category, subcategory, location, etc) comes from analyses of the incident related data, while information describing the clients (demographics, diagnoses, LOC, etc) comes from analyses of client related data.

Critical incidents recorded in this database for this time frame are summarized as follows:

- 677 incidents
  - 559 (83%) were closed while 118 (17%) were still open at the time of this analysis.
  - 6 were at the Agency Level (Evacuation, Loss/Damage, Threats to Agency.)
  - 12 involved staff members (19 staff total) – all but three were victims of physical assaults
    - 3 incidents involved staff as perpetrators
  - 669 (99%) were at the Client Level
  - 195 (29%) incidents involved clients with a co-occurring diagnosis
  - 193 (29%) incidents were reported by state-operated facilities
  - The maximum number of people involved in any one incident was 5
    - 646 incidents (95%) involved a single person

Clients involved in one or more critical incidents during this time frame are summarized as follows:

- 641 unduplicated clients
  - 192 (30%) clients had a co-occurring diagnosis
  - 91 (14%) clients had a PTSD diagnosis on file since 7/1/06
  - The maximum number of incidents for any one client was 5

Information from DDaP and WITS was used to supplement the information in the Critical Incident database. In past years, this involved cross-referencing Client IDs and allowed us to identify each client's demographic information, diagnosis, and level of care during the year prior to (and including the date of) the incident.

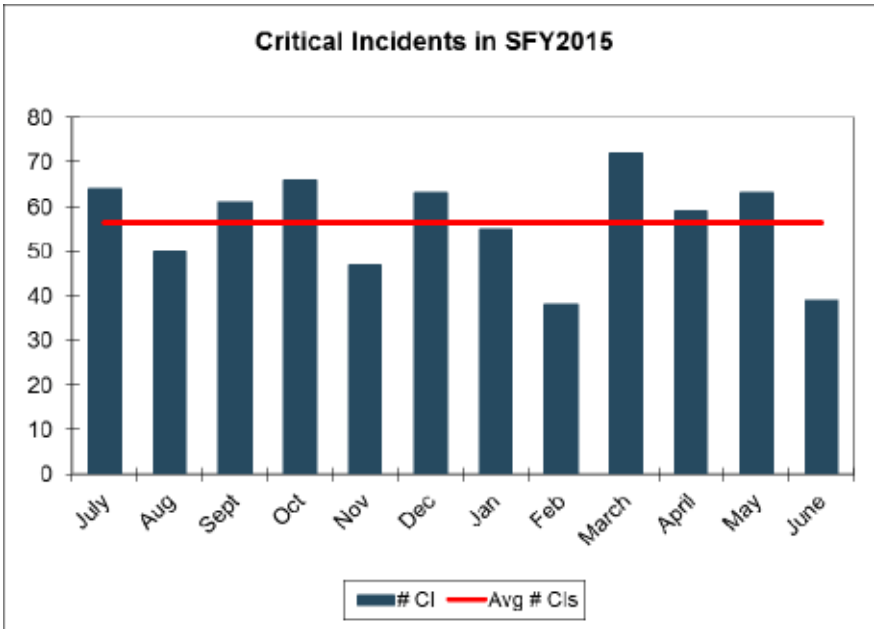


Figure1. Critical Incidents in SFY15

Summary of the Results

■ From SFY14 to SFY15 there was a *9.2% increase* in the number of critical incidents reported. 95% of all client-level CIs involved a single client. (Tables 1, 2, 3a & 3b)

■ Over one-third (42%) of all CIs involved clients who were between the ages of 35 and 54 years. 62% of the clients were male. (Table 1)

■ Bipolar/Major Depression was the most frequent diagnosis (29%) for clients involved in a CI. Schizophrenia/ Schizophreniform/Schizoaffective disorder was the next most frequent MH diagnosis (14%). Opioid Dependence (17%) and Alcohol Dependence (14%) were the top two SA diagnoses. These four diagnoses have remained the most frequent MH and SA diagnoses since the original analysis of SFY2006-2009 Critical Incident data. (Table 1)

■ At the time of the incident, 40% of clients were receiving MH Outpatient services, 12% were receiving MH Crisis, and 11% were receiving MH CSP/RP services. (Table 1)

■ The 6 Agency-level CIs included 2 Emergency Evacuations, 2 threats to agency, and 1 property damage (involved theft of agency property and 1 breach of confidentiality.

■ The most frequent CI categories reported were: (Tables 2, 3a, 3b, Figure 2)
Death (46%). Compared to SFY14, the number of deaths in SFY15 *increased* by 10% (from 286 to 314).
Serious Crime Alleged (19%). Compared to SFY14, there was 20% *more* CIs reported in this category (106 to 127).
Serious Suicide Attempt (11%). Compared to SFY14, there were 16% *fewer* serious suicide attempts (86 to 72).
Medical Event (9%). Compared to SFY14, there was a 22% *increase* in the number of medical events reported (51 to 62).

■ Within the Death category, the number of Suicides reported *increased* 67% from SFY14 (18 to 30). The reported number of Serious Suicide Attempts while enrolled a program *decreased by* 19% (86 to 70). The number of accidental overdoses (new subcategory for SFY15) accounted for 15% of all deaths. (Table 3a)

■ Almost half (47%) of all clients who died were younger than 50 years old. (Table 4b)

■ Within the Medical Event category, the number of the number of accidental overdoses *increased* 54% (13 to 20) from SFY14. The number of the number of accidental injuries *increased* 86% (7 to 13). (Table 3a)

■ The majority of clients (62%) who died by suicide were male. (Table 4c)

■ Of the 314 Deaths in SFY15: 62% were male
average age = 48.9 years (±14.3), age range 18-86 years
almost one third (32%) had a co-occurring diagnosis
12% had a PTSD diagnosis
28% had a diagnosis of Bipolar/Major Depression.
25% had a diagnosis of Opioid Dependence
15% died from drug overdose
21% were found dead (not including suicides)
39% had chronic health issues
28% reported cardiovascular issues and 13% died from them
14% reported diabetes
12% reported obesity
12% died from a long-term illness (Table 4a & Figs 3&4)

■ There were 147 deaths where the client was less than 50 years old
65% were male
average age = 36.8 years (±9.2), age range 18-49 years
44% had a co-occurring diagnosis
20% had a PTSD diagnosis
14% were suicides
25% died from drug overdose
24% were found dead (not including suicides)
35% had Opioid Dependence; 34% had Bipolar/Major Depression
26% had chronic health issues
20% reported cardiovascular issues and 8% died from them
16% were obese and 9% had diabetes
12% died from a long-term illness (Table 4b)

■ There were 30 suicides in SFY15: 70% were male
average age = 40.6 years (±15.6), age range 18-77 years
33% had a co-occurring diagnosis
20% had a PTSD diagnosis
30% had a diagnosis of Bipolar/Major Depression.
40% of the deaths were by hanging; 20% were by gunshot (Table 4c)

■ Based on information provided in the incident report, the clients and their deaths were categorized as follows. "Found dead" was coded when it was reported that the client was found dead (in their bed, at home, in a parking lot), but the count does not include suicide, which is its own category. "Potential overdose" was coded if the incident description suggested that as a likely cause. "Chronic health problems" was coded based on the description of the client and any medical diagnoses that were listed. It does not necessarily mean that the client's death was due to the health problem, only that they had documented chronic health problems. "Due to long term illness" was coded if it seemed likely that the death was directly related to a long term illness (cancer, renal failure, liver failure, etc). Clients may have been counted in more than one category (eg., been found dead and had chronic health problems); the percentages listed are based on 314 total deaths. (Figure 3)

■ The average age of the clients who died is presented in Figure 3. The categories are the same as those mentioned above. Looking at the two figures, 40% of all clients who died had chronic health problems and 16% of clients died as a result of long term illness; for both groups, the average age of these clients was about 55 years old. (Figures 3 and 4)

Service Summary by Co-Occurring Disorder

■ Co-occurring disorder is presented in the same format since SFY13. There are now just two categories: COD and No COD to indicate whether a client had or did not have a qualifying COD diagnosis. In the past we had separated the clients who had COD into quadrants.

■ *Death, Serious Crime Alleged, Serious Suicide Attempt and Medical Event* are still (consistent since SFY08) the most frequently reported type of CI. Figures 5-7 compare the how often these types of critical incidents occur for clients who do not have COD and clients who do have COD. The data for these Figures comes from Table 2.

Additional Notes Pertaining to Tables in the Report:

Table 1: Demographic information and summary information categorized by the presence of co-occurring diagnosis versus those without a co-occurring diagnosis (No COD). The % symbol presents the percentage with respect to the overall total for the category (i.e., when one reads down the column). For example: For clients who do not have a COD ("No COD"), 40.1% of the clients who were involved in a CI were female and 59.3% were male. For Diagnosis and LOC sections, note that clients may have more than one diagnosis and/or receive more than one level of care (LOC), thus the counts and percentages in these sections total to more than 100% of the category total. Values in the demographics section table represent unduplicated client counts, while the LOC and Diagnosis values are duplicated (clients may be count in multiple categories).

Table 2. Statewide Incident Information. This table explores critical incident categories and subcategories by co-occurring disorder presence or absence. Counts represent unduplicated incidents.

Table 5. Agencies reporting critical incidents. *Seventy-one* agencies reported at least one critical incident during SFY15. There were 204 active agencies, thus *35% of all agencies reported at least one critical incident.* For comparison, in SFY14, 47% of all agencies reported at least one critical incident. Table 5a lists the agencies in alphabetical order while Table 5b orders the agencies according to number of CIs reported.

Developing Trends (SFY09 to SFY15)

- At least 93% of the CIs involve a single client
- About 95% of clients involved in a CI are involved in only one during the year
- Almost half CIs involve clients in the 35-54 year age group
- The top two MH diagnoses are Bipolar/Major Depression and Schizophrenia/ Schizophreniform/Schizoaffective disorder
- The top two SA diagnoses are Opioid Dependence and Alcohol Dependence.
- The most frequent services that clients are receiving at the time of CI are MH Outpatient and MH Crisis (new in 2011 is CSP/RP). In the more recent years, MH Social Rehabilitation is a more frequent LOC.
- The most frequent CI categories are: Death Serious Crime, Serious Suicide Attempt, and Medical Event
- Describing clients who died: the majority were male, average age was about 50 years old, at least 25% had COD, most did *not* have PTSD, 29% or more had Bipolar/Major Depression, and at least 25% had hypertension
- Critical Incidents involve more clients who have a mental health diagnosis that puts them in Quadrants 2 or 4 ('high' MH diagnosis, or more one that is considered to be more debilitating) than clients who have a lesser mental health diagnosis (Quadrants 1 and 3 include 'low' MH categories). Table 2b (not addressed since SFY13)

Limitations of the Data and Interpretation

The main limitation of interpreting these data is that the only information available to analyze and report is that which is submitted by the agencies. Of the 71 Agencies that reported critical incidents, *fifty-one agencies reported 10 or fewer critical incidents during this time frame*, with 19 of these agencies reporting a single critical incident for the entire year. Eighty agencies did not report any critical incidents. It is likely that more critical incidents occurred during this timeframe; thus these results may under-represent the occurrence rate of critical incidents.

Additionally, although the initial submission of an incident is important, the follow-up process of providing accurate, updated information is just as important. The information presented in this report is, for the first time, based on the final categorization (ie., determined during a formal review process) for events that have been closed (83% were closed) or, for those still open, the initial category provided by the reporting agency was carried forward. Ideally, the analysis would focus only on the final categorization (and sub-categorization) of the event to provide the most detailed and complete description of what happened; this is particularly important as it pertains to the "Death" category and sub-categories. The cooperation of the providers in submitting this information in a timely manner will make future reports more accurate and complete.

The results indicate that critical incidents more frequently involve clients who receive mental health services compared to those receiving SA services; however under-reporting by substance abuse agencies may skew the results to artificially inflate the MH versus SA comparison.

Table 1. Demographic and Summary Information

Client Related Data (Unduplicated Client Count)

	No COD		COD		Total	
	N	%	N	%	N	%
Total # Clients in COD Category	449	100.0	192	100.0	641	100.0
Gender						
Unknown	0	0.0	0	0.0	0	0.0
Female	180	40.1	67	34.9	247	38.5
Male	269	59.9	125	65.1	394	61.5
Race						
American Indian/Alaskan Native	2	0.4	1	0.5	3	0.5
Asian	2	0.4	1	0.5	3	0.5
Black/African American	86	19.2	24	12.5	110	17.2
Caucasian	294	65.5	145	75.5	439	68.5
Other/Mixed	59	13.1	16	8.3	75	11.7
Not Specified/Unknown	6	1.3	5	2.6	11	1.7
Ethnicity						
Hispanic	70	15.6	19	9.9	89	13.9
Not Specified/Unknown	15	3.3	4	2.1	19	3.0
Age Group						
24 & Under	77	17.1	28	14.6	105	16.4
25-34	58	12.9	42	21.9	100	15.6
35-54	178	39.6	92	47.9	270	42.1
55+	136	30.3	30	15.6	166	25.9
Mental Health Diagnosis						
Schizophrenia/Schizophreniform/Schizoaffective	43	9.6	47	24.5	90	14.0
Bipolar/Major Depression	68	15.1	118	61.5	186	29.0
Shared Psychotic Disorder	0	0.0	0	0.0	0	0.0
Brief Psychotic Disorder	0	0.0	1	0.5	1	0.2
Delusional Disorder	0	0.0	1	0.5	1	0.2
Alcohol Dependence	21	4.7	69	35.9	90	14.0
Opioid Dependence	46	10.2	64	33.3	110	17.2
Cocaine Dependence	11	2.4	31	16.1	42	6.6
Cannabis Dependence	8	1.8	26	13.5	34	5.3
Amphetamine Dependence	0	0.0	0	0.0	0	0.0
Hallucinogen Dependence	1	0.2	0	0.0	1	0.2
Other Drug Dependence	1	0.2	4	2.1	5	0.8
Polysubstance Dependence	5	1.1	37	19.3	42	6.6
Alcohol Abuse	6	1.3	48	25.0	54	8.4
Tobacco Use Disorder	13	2.9	45	23.4	58	9.0
Cannabis Abuse	6	1.3	34	17.7	40	6.2
Hallucinogen Abuse Dx	0	0.0	2	1.0	2	0.3
Sedative Abuse	0	0.0	7	3.6	7	1.1
Opioid Abuse	2	0.4	10	5.2	12	1.9
Cocaine Abuse	11	2.4	35	18.2	46	7.2
Amphetamin Abuse	0	0.0	2	1.0	2	0.3
Antidepressant Abuse	0	0.0	0	0.0	0	0.0
Other Drug Abuse	0	0.0	7	3.6	7	1.1
PTSD (diagnosis on file since 7/1/2006)	35	7.8	56	29.2	91	14.2

Table 1. Demographic and Summary Information - continued

	No COD		COD		Total	
LOC During Prior Year	**N**	**%**	**N**	**%**	**N**	**%**
MH ACT	14	3.1	13	6.8	27	4.2
MH CM	10	2.2	6	3.1	16	2.5
MH OP	140	31.2	113	58.9	253	39.5
MH Crisis	35	7.8	41	21.4	76	11.9
MH Group Home	4	0.9	3	1.6	7	1.1
MH Intake	7	1.6	7	3.6	14	2.2
MH Partial Hospital	0	0.0	0	0.0	0	0.0
MH Inpatient	5	1.1	8	4.2	13	2.0
MH Social Rehab	29	6.5	31	16.1	60	9.4
MH Supervised Residential	25	5.6	12	6.3	37	5.8
MH Supportive Residential	9	2.0	17	8.9	26	4.1
MH Voc Rehab	18	4.0	24	12.5	42	6.6
MH CSP/RP	29	6.5	38	19.8	67	10.5
MH IOP	1	0.2	6	3.1	7	1.1
MH Intensive Res Rehab	0	0.0	3	1.6	3	0.5
SA CM	7	1.6	19	9.9	26	4.1
SA Detox IP	2	0.4	12	6.3	14	2.2
SA Intensive Residential	6	1.3	20	10.4	26	4.1
SA Intermediate Residential	8	1.8	16	8.3	24	3.7
SA Long Term Residential	0	0.0	0	0.0	0	0.0
SA Methadone Maintenance	40	8.9	30	15.6	70	10.9
SA Outpatient	14	3.1	59	30.7	73	11.4
SA Detox OP	1	0.2	0	0.0	1	0.2
SA Partial Hospital	2	0.4	14	7.3	16	2.5
SA Transitional Residential	3	0.7	3	1.6	6	0.9
SA Vocational Services	1	0.2	1	0.5	2	0.3
SA Gambling Outpatient	0	0.0	1	0.5	1	0.2
SA Medically Monitored Detox	15	3.3	30	15.6	45	7.0
SA IOP	10	2.2	34	17.7	44	6.9

LOC during Prior Year identifies any LOCs for the client from the date of the incident looking back one year.
Clients can have multiple diagnoses and LOCs, thus the column totals for Diagnosis and LOC may exceed 100%.

Table 1. Demographic and Summary Information - continued

LOC At Time of Incident	No COD		COD		Total	
	N	%	N	%	N	%
MH ACT	13	2.9	11	5.7	24	3.7
MH CM	8	1.8	4	2.1	12	1.9
MH OP	130	29.0	91	47.4	221	34.5
MH Crisis	10	2.2	8	4.2	18	2.8
MH Group Home	4	0.9	2	1.0	6	0.9
MH Intake	1	0.2	4	2.1	5	0.8
MH Partial Hospital	0	0.0	0	0.0	0	0.0
MH Inpatient	0	0.0	0	0.0	0	0.0
MH Social Rehab	24	5.3	19	9.9	43	6.7
MH Supervised Residential	9	2.0	14	7.3	23	3.6
MH Supportive Residential	9	2.0	14	7.3	23	3.6
MH Voc Rehab	15	3.3	9	4.7	24	3.7
MH CSP/RP	22	4.9	29	15.1	51	8.0
MH IOP	0	0.0	1	0.5	1	0.2
MH Intensive Res Rehab	0	0.0	1	0.5	1	0.2
SA CM	7	1.6	8	4.2	15	2.3
SA Detox IP	0	0.0	0	0.0	0	0.0
SA Intensive Residential	2	0.4	1	0.5	3	0.5
SA Intermediate Residential	4	0.9	5	2.6	9	1.4
SA Long Term Residential	0	0.0	0	0.0	0	0.0
SA Methadone Maintenance	19	4.2	12	6.3	31	4.8
SA Outpatient	6	1.3	34	17.7	40	6.2
SA Detox OP	0	0.0	0	0.0	0	0.0
SA Partial Hospital	0	0.0	0	0.0	0	0.0
SA Transitional Residential	2	0.4	0	0.0	2	0.3
SA Vocational Services	1	0.2	1	0.5	2	0.3
SA Gambling Outpatient	0	0.0	1	0.5	1	0.2
SA Medically Monitored Detox	3	0.7	2	1.0	5	0.8
SA IOP	2	0.4	7	3.6	9	1.4

LOC during Prior Year identifies any LOCs for the client from the date of the incident looking back one year.

At Incident is a subgroup of Prior Year that describes any LOC at the time of the CI.

Clients can have multiple diagnoses and LOCs, thus the column totals for Diagnosis and LOC may exceed 100%.

Table 2a. Statewide Incident Information for SFY15

Incident Related Data (Unduplicated Number of Critical Incidents)

		No COD		COD		Total	
		N	%	N	%	N	%
	# Critical Incidents	482	100.0	195	100.0	**677**	100.0
	CI Category						
CL	Client Abuse Alleged	4	0.8	0	0.0	4	0.6
DE	Death	214	44.4	100	51.3	314	46.4
EV	Emergency Evacuation	4	0.8	1	0.5	5	0.7
ES	Escape	0	0.0	0	0.0	0	0.0
FN	Federal Notification	0	0.0	0	0.0	0	0.0
PD	Property Damage	4	0.8	2	1.0	6	0.9
ME	Medical Event	45	9.3	17	8.7	62	9.2
MC	Missing Client	22	4.6	4	2.1	26	3.8
OT	Other	17	3.5	7	3.6	24	3.5
SC	Serious Crime Alleged	92	19.1	35	17.9	127	18.8
SA	Serious Suicide Attempt	51	10.6	21	10.8	72	10.6
TH	Threats	29	6.0	8	4.1	37	5.5

COD: Client involved in CI had a co-occurring disorders diagnosis

Table 2b. Statewide Incident Subcategory Information

CI Subcategory		No COD		COD		Total	
		N	%	N	%	N	%
CL1	Physical abuse alleged	1	0.2	0	0.0	1	0.1
CL2	Verbal abuse alleged	0	0.0	0	0.0	0	0.0
CL3	Violation of patient rights w/ signif consequences	2	0.4	0	0.0	2	0.3
CL4	Breach of confidentiality with significant	1	0.2	0	0.0	1	0.1
DE1	Suicide	20	4.1	10	5.1	30	4.4
DE2	Homicide	3	0.6	1	0.5	4	0.6
DE3	Accident	11	2.3	6	3.1	17	2.5
DE4	Accidental overdose	18	3.7	28	14.4	46	6.8
DE6	Illness, age, or medical reason	132	27.4	40	20.5	172	25.4
DE7	Info pending/Insufficient Info	29	6.0	15	7.7	44	6.5
ES1	PSRB Patient	0	0.0	0	0.0	0	0.0
ES2	DOC Patient	0	0.0	0	0.0	0	0.0
ES3	Competency Restoration	0	0.0	0	0.0	0	0.0
EV1	Fire	3	0.6	1	0.5	4	0.6
EV3	Other Emergency Evacuation	1	0.2	0	0.0	1	0.1
FN1	Secret Service	0	0.0	0	0.0	0	0.0
FN2	FBI	0	0.0	0	0.0	0	0.0
FN3	Other Federal Notice	0	0.0	0	0.0	0	0.0
PD1	Property Damage - Safety Issue	3	0.6	2	1.0	5	0.7
PD2	Property Damage	1	0.2	0	0.0	1	0.1
MC1	Missing inpatient, risk to self or others	1	0.2	0	0.0	1	0.1
MC2	Missing outpatient, risk to self or others	6	1.2	0	0.0	6	0.9
MC3	Missing person	15	3.1	4	2.1	19	2.8
ME1	Accidental injury	11	2.3	2	1.0	13	1.9
ME2	Accidental overdose (not resulting in death)	10	2.1	10	5.1	20	3.0
ME3	Medical error/reaction	1	0.2	2	1.0	3	0.4
ME4	Medical event - other	23	4.8	3	1.5	26	3.8
OT1	Other incident (specify)	17	3.5	7	3.6	24	3.5
SA1	Suicide attempt while active in program	51	10.6	19	9.7	70	10.3
SA2	Suicide attempt within 30 days of discharge	0	0.0	2	1.0	2	0.3
SC1	Physical assault	34	7.1	15	7.7	49	7.2
SC2	Sexual assault	23	4.8	8	4.1	31	4.6
SC3	Risk of injury to minor	7	1.5	0	0.0	7	1.0
SC4	Arson	2	0.4	0	0.0	2	0.3
SC5	Firearms	3	0.6	0	0.0	3	0.4
SC6	Hostage	0	0.0	0	0.0	0	0.0
SC7	Drug sale/distribution/possession	4	0.8	3	1.5	7	1.0
SC8	Homicide/manslaughter	4	0.8	1	0.5	5	0.7
SC9	Theft/Burglary	2	0.4	2	1.0	4	0.6
SC10	Other serious crime (specify)	13	2.7	6	3.1	19	2.8
TH1	Threats to agency	3	0.6	1	0.5	4	0.6
TH2	Threats to person	26	5.4	7	3.6	33	4.9
	TOTAL	**482**	**100**	**195**	**100**	**677**	**100**

COD: Client involved in CI had a co-occurring disorders diagnosis

Table 3a. Comparison of Statewide Incident Data for SFY14 & SFY15
Incident Related Data (Unduplicated Number of Critical Incidents)

		SFY14 Totals		SFY15 Totals		
		N	%	N	%	Change
	# Critical Incidents	**620**	**100.0**	**677**	**100.0**	**9.2%**
	Incident Category					
CL	Client Abuse Alleged	3	0.5	4	0.6	33.3%
DE	Death	286	46.1	314	46.4	9.8%
EV	Emergency Evacuation	5	0.8	5	0.7	0.0%
ES	Escape	1	0.2	0	0.0	-100.0%
FN	Federal Notification	1	0.2	0	0.0	-100.0%
PD	Loss/Damage	8	1.3	6	0.9	-25.0%
ME	Medical Event	51	8.2	62	9.2	21.6%
MC	Missing Client	23	3.7	26	3.8	13.0%
OT	Other	19	3.1	24	3.5	26.3%
SC	Serious Crime Alleged	106	17.1	127	18.8	19.8%
SA	Serious Suicide Attempt	86	13.9	72	10.6	-16.3%
TH	Threats	31	5.0	37	5.5	19.4%
CL1	Physical abuse alleged	2	0.3	1	0.1	-50.0%
CL2	Verbal Abuse Alleged	1	0.2	0	0.0	-100.0%
CL3	Violation of patient rights w/ signif consequences alleged	0	0.0	2	0.3	--
CL4	Breach of confidentiality w/ signif consequences alleged	0	0.0	1	0.1	--
DE1	Suicide	18	2.9	30	4.4	66.7%
DE2	Homicide	2	0.3	4	0.6	100.0%
DE3	Accident*	20	3.2	17	2.5	-15.0%
DE4	Accidental overdose			46	6.8	--
DE5	Medical Error*			1	0.1	--
DE6	Illness, age, or medical reason	149	24.0	172	25.4	15.4%
DE7	Info pending/Insufficient Info	97	15.6	44	6.5	-54.6%
ES1	PSRB Patient	1	0.2	0	0.0	-100.0%
ES2	DOC Patient	0	0.0	0	0.0	--
ES3	Competency Restoration	0	0.0	0	0.0	--
EV2	Bomb	1	0.2	0	0.0	-100.0%
EV3	Other Emergency Evacuation	0	0.0	1	0.1	--
FN1	Secret Service	0	0.0	0	0.0	--
FN2	FBI	1	0.2	0	0.0	-100.0%
FN3	Other Federal Notice	0	0.0	0	0.0	--
PD1	Property Damage - Safety Issue*	5	0.8	5	0.7	0.0%
MC1	Missing inpatient, risk to self or others	2	0.3	1	0.1	-50.0%
MC2	Missing outpatient, risk to self or others	7	1.1	6	0.9	-14.3%
MC3	Missing person	14	2.3	19	2.8	35.7%
ME1	Accidental injury*	7	1.1	13	1.9	85.7%
ME2	Accidental overdose (not resulting in death)	13	2.1	20	3.0	53.8%
ME3	Medical error/reaction	2	0.3	3	0.4	50.0%
ME4	Medical event - other	30	4.8	26	3.8	-13.3%
OT1	Other incident (specify)	18	2.9	24	3.5	33.3%
SA1	Suicide attempt while active in program	86	13.9	70	10.3	-18.6%
SA2	Suicide attempt within 30 days of discharge	0	0.0	2	0.3	--
SC1	Physical assault	63	10.2	49	7.2	-22.2%
SC2	Sexual assault	12	1.9	31	4.6	158.3%
SC3	Risk of injury to minor	4	0.6	7	1.0	75.0%
SC4	Arson	2	0.3	2	0.3	0.0%
SC5	Firearms	3	0.5	3	0.4	0.0%
SC6	Hostage	0	0.0	0	0.0	--
SC7	Drug sale/distribution/possession	2	0.3	7	1.0	250.0%
SC8	Homicide/manslaughter	6	1.0	5	0.7	-16.7%
SC9	Theft/Burglary*			4	0.6	--
SC10	Other serious crime (specify)	14	2.3	19	2.8	35.7%
TH1	Threats to agency*	0	0.0	4	0.6	--
TH2	Threats to person	31	5.0	33	4.9	6.5%

* New system has some differences in categories. Blank cell under 2014 indicates this category is new to 2015

Figure 2

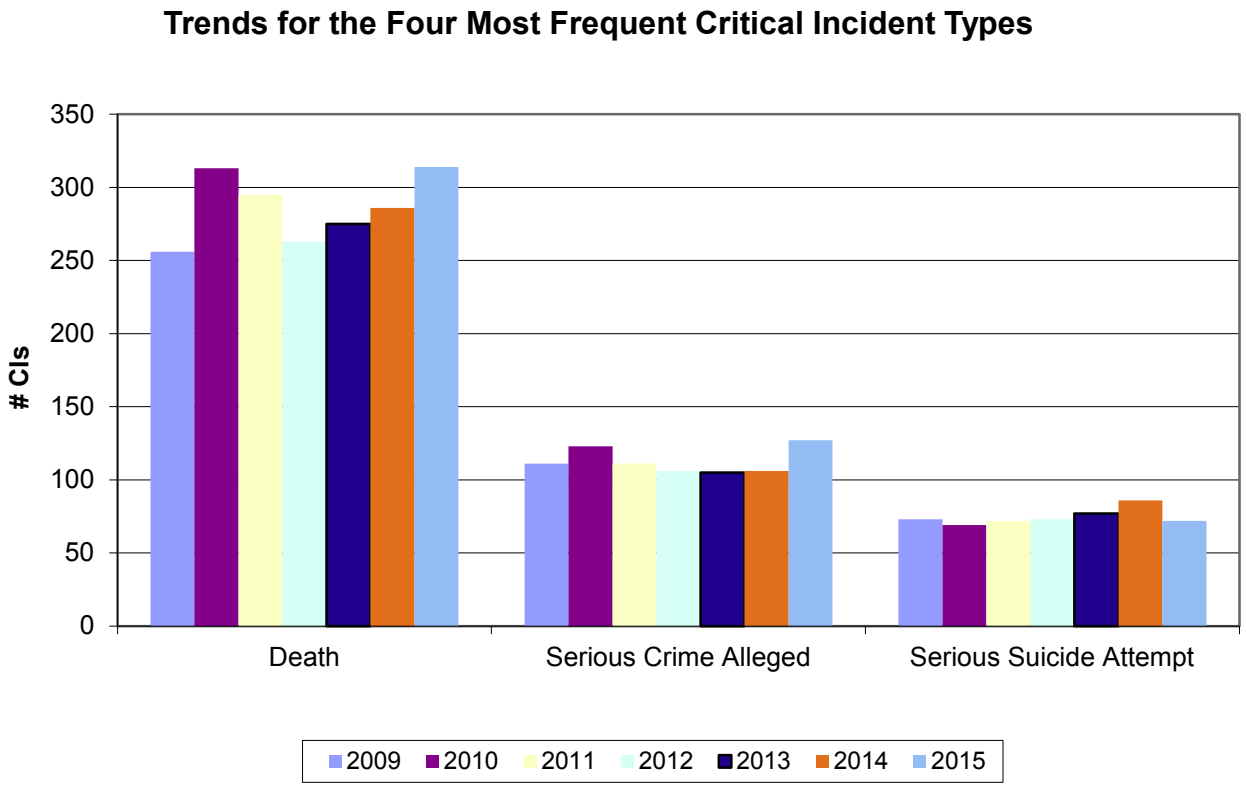

Trends for the Four Most Frequent Critical Incident Types
CIs
350
300
250
200
150
100
50
0
Death
Serious Crime Alleged
Serious Suicide Attempt
2009
2010
2011
2012
2013
2014
2015

Table 4a. Summary of SFY2015 Critical Incidents Categorized as Deaths

314 Deaths in SFY 14 (46% of all SFY15 Critical Incidents)

Death Incident SubCategory	N	%
Suicide	30	9.6
Homicide	4	1.3
Accident	17	5.4
Accidental overdose	46	14.6
Medical Error	1	0.3
Illness, age, or medical reason	172	54.8
Info pending/Insufficient Info	44	14.0

Demographics

196 (62%) were male
222 (71%) were Caucasian, 41 (13%) were African American
46 (15%) were Hispanic
Average age =48.9 years (±14.3), age range 18-86 years
38 (12%) had a diagnosis of PTSD
65 (21%) clients were active in treatment at a state-operated facility at the time of their deaths
4 deaths were coded as occurring at a state operated facility (all found unresponsive)

Co-Occurring Diagnosis	N	%
No COD	214	68.2
COD	100	31.8
Most Common MH/SA Diagnoses (from EDW)	**N**	**%**
Bipolar/Major Depression	89	28.3
Opioid Dependence	79	25.2
Alcohol Dependence	45	14.3
Tobacco Use Disorder	35	11.1
Schizophrenia/Schizophreniform/Schizoaffective	34	10.8
Alcohol Abuse	30	9.6
LOC at Time of Incident (most frequent listed)	**N**	**%**
MH OP	118	37.6
SA OP	26	8.3
MH CSP/RP	21	6.7
SA Methadone Maintenance	15	4.8
MH Social Rehab	12	3.8
Most Common Medical Diagnoses*	**N**	**%**
Other Condition	68	25.5
Heart Disease Problems	56	21.0
Diabetes	37	13.9
Obesity	32	12.0
Cancer	26	9.7
Asthma	20	7.5
COPD	20	7.5
Hypertension	19	7.1
HepatitisFlag	19	7.1
Renal Failure/Kidney Disease	15	5.6
Cause of Death**		
Other	99	37.1
Drug Overdose	39	14.6
Heart Disease	35	13.1
Suicide	23	8.6
Cancer	21	7.9
Chronic Lung Disease	11	4.1
Accidents	11	4.1
Liver Diease	8	3.0
Diabetes	6	2.2

* % based on closed 267 death incidents (may have multiple dx)

** % based on 267 deaths where this information provided (<1% not shown)

Table 4b. Summary of SFY2015 Critical Incidents Categorized as Deaths for Clients Under Age 50

147 Deaths in SFY 15 Under the Age of 50 (47% of all SFY15 Deaths)

Death Incident SubCategory	N	%
Suicide	20	13.6
Homicide	4	2.7
Accident	9	6.1
Accidental overdose	38	25.9
Medical Error	0	0.0
Illness, age, or medical reason	52	35.4
Info pending/Insufficient Info	24	16.3

Demographics

96 (65%) were male
110 (75%) were Caucasian, 18 (12%) were African American
22 (15%) were Hispanic
Average age = 36.8 years (±9.2), age range 18-49 years
30 (20%) had a diagnosis of PTSD
23 (16%) clients were active in treatment at a state-operated facility at the time of their deaths
One death occurred at a state operated facility (cardiac arrest)

Co-Occurring Diagnosis	N	%
No COD	82	55.8
COD	65	44.2
Most Common MH/SA Diagnoses (from EDW)	**N**	**%**
Opioid Dependence	52	35.4
Bipolar/Major Depression	50	34.0
Alcohol Dependence	25	17.0
Cocaine Abuse	20	13.6
Alcohol Abuse	20	13.6
Tobacco Use Disorder	17	11.6
LOC at Time of Incident (most frequent listed)	**N**	**%**
MH OP	56	38.1
SA OP	17	11.6
MH CSP/RP	10	6.8
SA CM	8	5.4
Top 10 Most Common Medical Diagnoses*	**N**	**%**
Other Condition	28	22.8
Obesity	20	16.3
Heart Disease Problems	20	16.3
Diabetes	11	8.9
Hepatitis	8	6.5
Renal Failure/Kidney Disease	8	6.5
Asthma	8	6.5
Cancer	6	4.9
Hypertension	5	4.1
Cirrhosis/Liver Disease	5	4.1
Cause of Death**		
Other	40	32.5
Drug Overdose	31	25.2
Suicide	15	12.2
Heart Disease	10	8.1
Accidents	6	4.9
Liver Diease	5	4.1
Cancer	4	3.3
Diabetes	3	2.4
Chronic Lung Disease	2	1.6
Homicide	2	1.6

* % based on 123 closed death incidents (may have multiple dx)
** % based on 123 deaths where this information was provided (<1% not shown)

Table 4c. Summary of SFY2015 Critical Incidents Categorized as Suicides

30 Suicides in SFY 15 (9.6% of all SFY15 Critical Incidents)

Demographics
21 (70%) were male
26 (87%) were Caucasian; 2 (7%) were African American
Average age = 40.6 years (±15.6), age range 18-77 years
6 clients (20%) had a diagnosis of PTSD
12 (40%) were by hanging; 6 (20%) were by gunshot
3 (10%) have the potential to be overdose related
6 (20%) had a diagnosis of PTSD
7 incidents were reported by a state operated facility
0 incidents occurred at a state-operated facility

Co-Occurring Diagnosis	**N**	**%**
No COD	20	66.7
COD	10	33.3
Most Common MH/SA Diagnoses (from EDW)	**N**	**%**
Bipolar/Major Depression	9	30.0
Alcohol Dependence	5	16.7
Polysubstance Dependence	4	13.3
Alcohol Abuse	4	13.3
Tobacco Use Disorder	3	10.0
LOC at Time of Incident (most frequent listed)	**N**	**%**
MH OP	10	33.3
SA OP	4	13.3

Figure 3

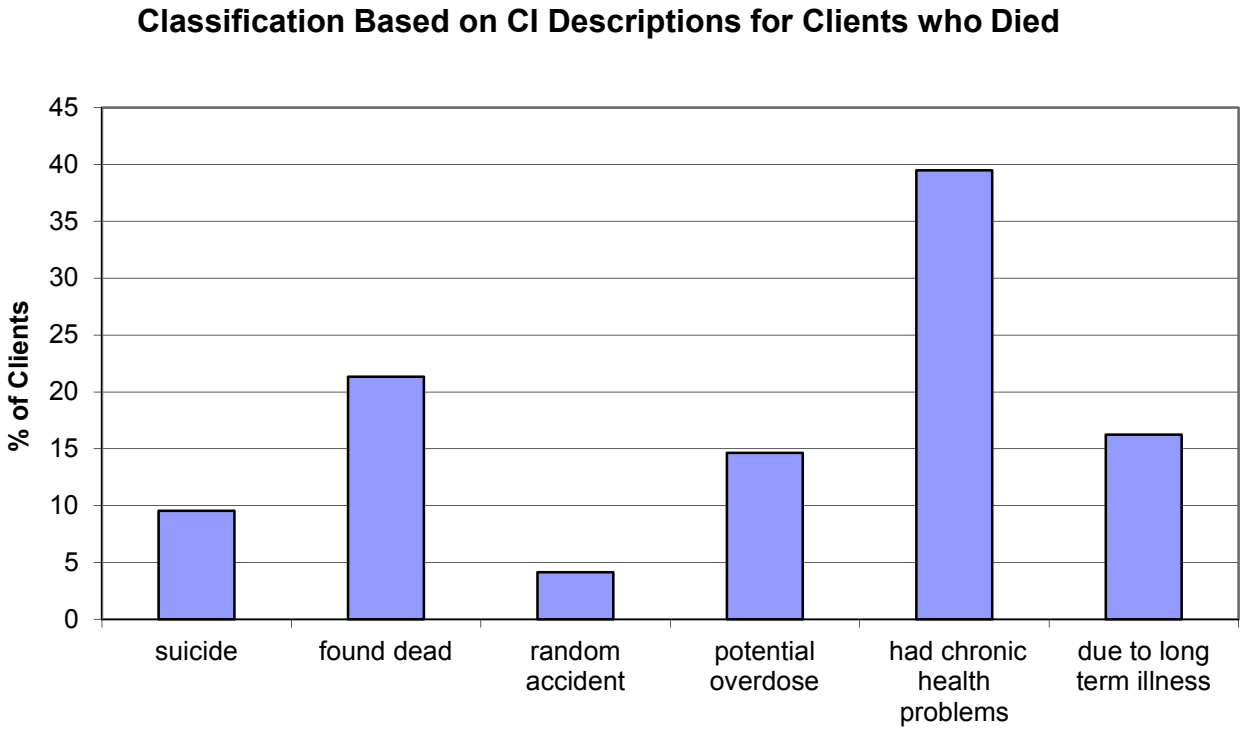
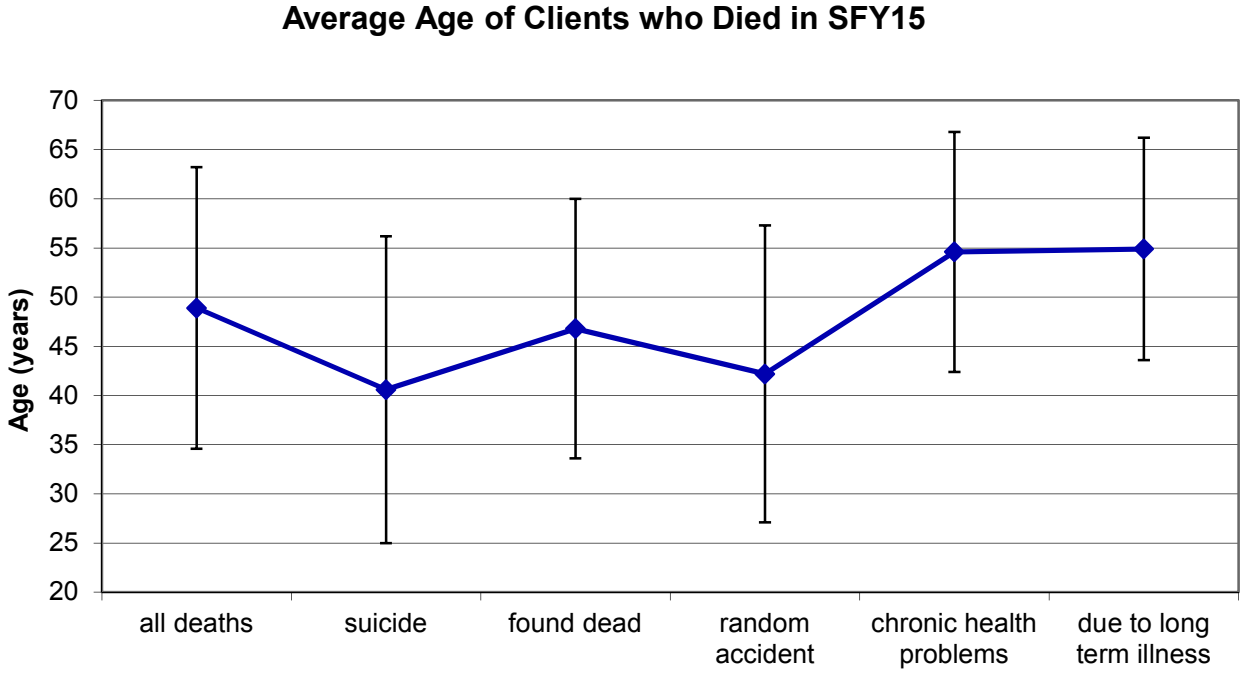
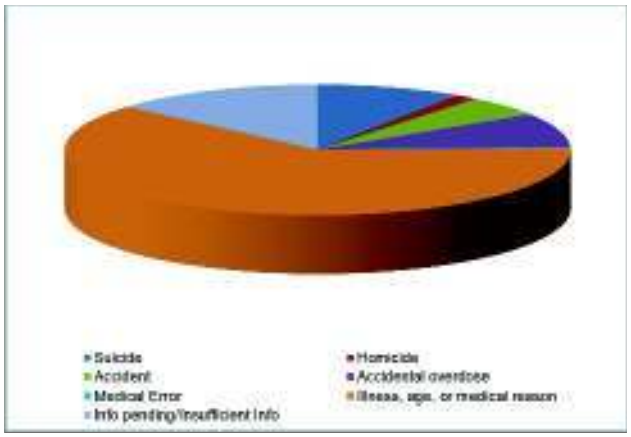


Figure 4



Comparison Between Clients with and without COD – SFY15

Clients Who Do NOT Have COD



Clients Who DO Have COD

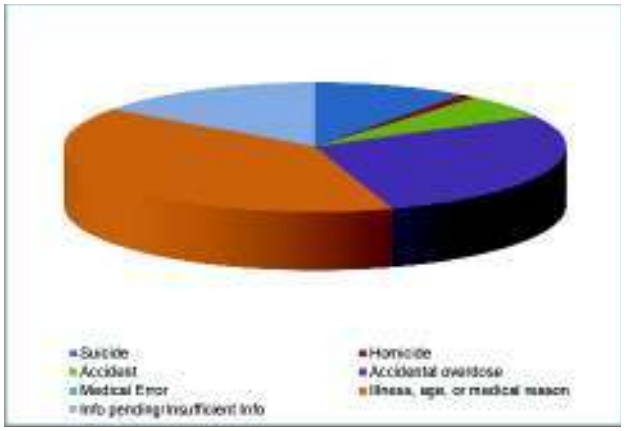
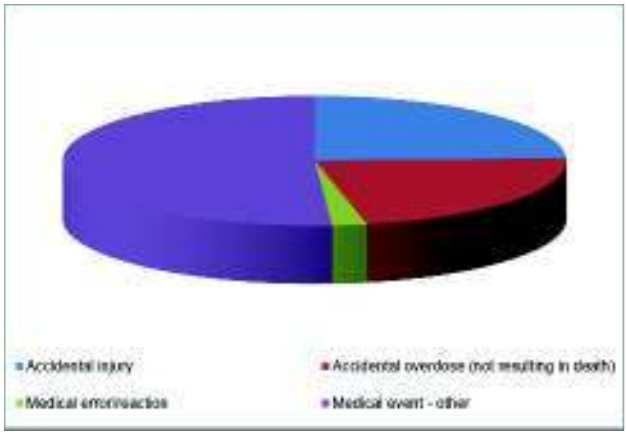


Figure 5. Death Subcategories

Significantly more clients who have COD died due to accidental overdose compared to clients who do not have COD. There were significantly more clients who did not have COD who had their death classified as due to illness, age, or medical reason. Significance testing performed using chi-square and $p<.05$.

Clients Who Do NOT Have COD



Clients Who DO Have COD

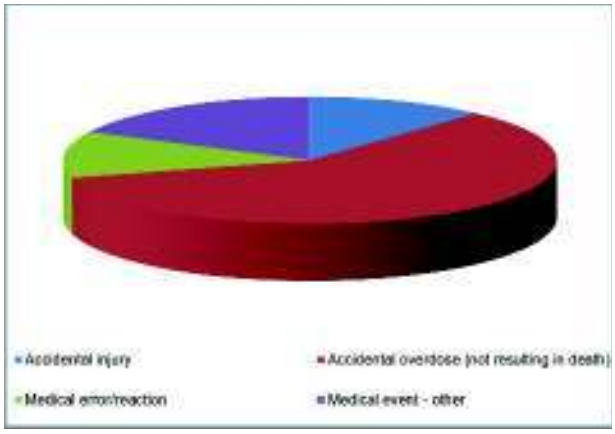


Figure 6. Medical Event Subcategories

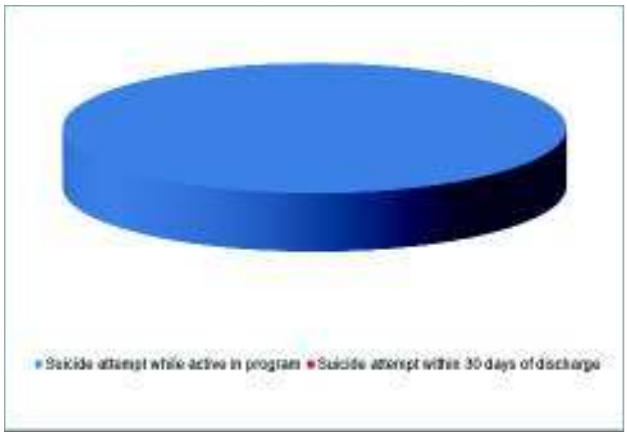
Significantly more clients who have COD experienced an accidental overdose (not resulting in death) compared to clients who do not have COD. There were significantly more clients who did not have COD who experienced a medical event classified as "other". Significance testing performed using chi-square and $p<.05$.

Clients Who Do NOT Have COD

Clients Who DO Have COD

Figure 7. Serious Crime Alleged Subcategories

There were no significant differences across the different Serious Crime Alleged subcategories in terms of the number of clients who had COD versus those who did not have COD.



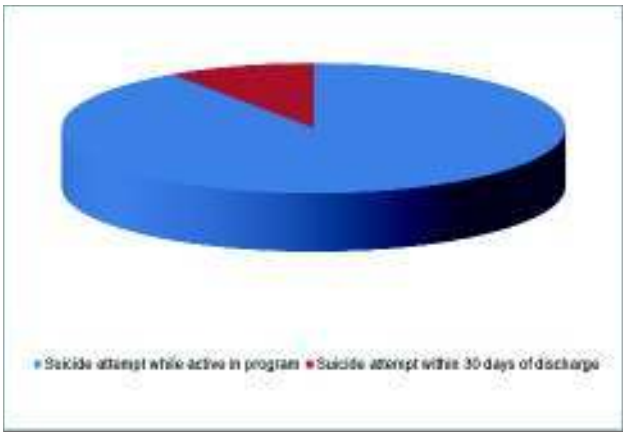


Figure 8. Serious Suicide Attempt Subcategories

Significantly more clients who have COD attempted suicide within 30 days of discharge compared to clients who do not have COD. There were significantly more clients who did not have COD who attempted suicide compared to clients who do have COD. Significance testing performed using chi-square and $p<.05$.

Table 5a. Agencies Reporting CIs (Alphabetical order)

Provider	N	%
Ability Beyond	8	1.2
Advanced Behavioral Health	7	1.0
APT Foundation Inc	1	0.1
BH Care (formerly Harbor and Birmingham)	49	7.2
Bridges	21	3.1
Capitol Region Mental Health Center	29	4.3
Catholic Charities of Fairfield County Inc.	2	0.3
Center for Human Development	5	0.7
Central CT Coast YMCA	2	0.3
Charlotte Hungerford Hospital	14	2.1
Chemical Abuse Services Agency (CASA)	2	0.3
Chrysalis Center Inc.	6	0.9
Columbus House	1	0.1
CommuniCare Inc	2	0.3
Community Health Resources Inc.	32	4.7
Community Health Services Inc.	1	0.1
Community Renewal Team (CRT)	2	0.3
Connecticut Counseling Centers Inc.	1	0.1
Connecticut Mental Health Center	19	2.8
Connecticut Renaissance Inc.	1	0.1
Connecticut Valley Hospital	15	2.2
Connection Inc	7	1.0
Continuum of Care	6	0.9
Cornell Scott-Hill Health Corporation	6	0.9
Crossroad Inc	3	0.4
Danbury Hospital	1	0.1
Dixwell Newhallville Community MHS	1	0.1
Family and Childrens Agency Inc	2	0.3
Farrell Treatment Center	2	0.3
Gilead Community Services Inc.	4	0.6
Hands on Hartford	1	0.1
Hartford Behavioral Health	2	0.3
Hartford Dispensary	20	3.0
Homes with Hope (formerly Interfaith Housing)	2	0.3
InterCommunity Inc.	10	1.5
Keystone House Inc.	1	0.1
Liberation Programs	3	0.4
LifeBridge Community Services (formerly FSW Inc)	1	0.1
Marrakech Day Services	6	0.9
McCall Foundation Inc	1	0.1
Mental Health Connecticut	12	1.8
Midwestern CT Council on Alcoholism (MCCA)	4	0.6
New Directions Inc of North Central Conn.	1	0.1
New Era Rehabilitation Center Inc.	4	0.6
New Milford Hospital	3	0.4
Norwalk Hospital	8	1.2
Office of the Commissioner	2	0.3
OOC-WISE	1	0.1
Optimus Health Care-Bennett Behavioral Health	1	0.1
Pathways Inc.	1	0.1
Perception Programs Inc	4	0.6
Recovery Network of Programs	18	2.7
Reliance Health, Inc.	15	2.2
River Valley Services	16	2.4
Rushford Center	15	2.2
SCADD	18	2.7

Table 5b. Agencies Reporting CIs (By volume reported)

Provider	N	%
United Services Inc.	66	9.7
BH Care (formerly Harbor and Birmingham)	49	7.2
Southwest Connecticut Mental Health System	41	6.1
Southeastern Mental Health Authority	40	5.9
Community Mental Health Affiliates	34	5.0
Community Health Resources Inc.	32	4.7
Western Connecticut Mental Health Network	31	4.6
Capitol Region Mental Health Center	29	4.3
Bridges	21	3.1
Hartford Dispensary	20	3.0
Connecticut Mental Health Center	19	2.8
Recovery Network of Programs	18	2.7
SCADD	18	2.7
River Valley Services	16	2.4
Connecticut Valley Hospital	15	2.2
Reliance Health, Inc.	15	2.2
Charlotte Hungerford Hospital	14	2.1
Wheeler Clinic	14	2.1
Mental Health Connecticut	12	1.8
InterCommunity Inc.	10	1.5
Sound Community Services Inc.	10	1.5
Ability Beyond	8	1.2
Norwalk Hospital	8	1.2
Advanced Behavioral Health	7	1.0
Connection Inc	7	1.0
Chrysalis Center Inc.	6	0.9
Continuum of Care	6	0.9
Cornell Scott-Hill Health Corporation	6	0.9
Marrakech Day Services	6	0.9
Vinfen Corporation of CT, Inc	6	0.9
Gilead Community Services Inc.	4	0.6
Midwestern CT Council on Alcoholism (MCCA)	4	0.6
New Era Rehabilitation Center Inc.	4	0.6
Perception Programs Inc	4	0.6
Wellmore (Morris Foundation Inc)	4	0.6
Crossroad Inc	3	0.4
Liberation Programs	3	0.4
New Milford Hospital	3	0.4
Catholic Charities of Fairfield County Inc.	2	0.3
Central CT Coast YMCA	2	0.3
Chemical Abuse Services Agency (CASA)	2	0.3
CommuniCare Inc	2	0.3
Community Renewal Team (CRT)	2	0.3
Family and Childrens Agency Inc	2	0.3
Farrell Treatment Center	2	0.3
Hartford Behavioral Health	2	0.3
Homes with Hope (formerly Interfaith Housing)	2	0.3
Office of the Commissioner	2	0.3
St. Mary's Hospital Corporation	2	0.3
APT Foundation Inc	1	0.1
Columbus House	1	0.1
Community Health Services Inc.	1	0.1
Connecticut Counseling Centers Inc.	1	0.1
Connecticut Renaissance Inc.	1	0.1
Danbury Hospital	1	0.1
Dixwell Newhallville Community MHS	1	0.1

Table 5a. Agencies Reporting CIs (Alphabetical order)

Provider	N	%
Sober Solutions	1	0.1
Sound Community Services Inc.	10	1.5
Southeastern Mental Health Authority	40	5.9
Southwest Connecticut Mental Health System	41	6.1
St. Mary's Hospital Corporation	2	0.3
United Services Inc.	66	9.7
Vinfen Corporation of CT, Inc	6	0.9
Waterbury Hospital Health Center	1	0.1
Wellmore (Morris Foundation Inc)	4	0.6
Western Connecticut Mental Health Network	31	4.6
Wheeler Clinic	14	2.1
Yale University-Behavioral Health	1	0.1
Total	**677**	**100.0**

Table 5b. Agencies Reporting CIs (By volume reported)

Provider	N	%
Goodwill of Western and Northern CT Inc.	1	0.1
Hands on Hartford	1	0.1
Keystone House Inc.	1	0.1
LifeBridge Community Services (formerly FSW Inc)	1	0.1
McCall Foundation Inc	1	0.1
New Directions Inc of North Central Conn.	1	0.1
OOC-WISE	1	0.1
Optimus Health Care-Bennett Behavioral Health	1	0.1
Pathways Inc.	1	0.1
Sober Solutions	1	0.1
Waterbury Hospital Health Center	1	0.1
Yale University-Behavioral Health	1	0.1
Total	**677**	**100.0**