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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - X – The requirements herein apply, verbatim, to GCBH and its network providers².
 - The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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PURPOSE: To define processes for addressing negative events involving a recipient of mental health services, and for responding to media contacts regarding coverage of such incidents or other events relating to the delivery of mental health services.

DEFINITIONS

- I. Incident – The occurrence of any of the following kinds of events involving a person who has an open case and is the alleged victim or perpetrator:
- Death or serious injury of patients, clients, staff, or public citizens at a DSHS facility or a facility that DSHS licenses, contracts with, or certifies.
 - Unauthorized leave of a mentally ill offender or a sexual violent offender from a Mental Health facility, or a Secure Community Transition Facility, which include Evaluation and Treatment Centers (E&T) and Crises Stabilization Units (CSU).
 - Alleged client abuse or client neglect of a serious or emergent nature by an employee, volunteer, licensee, contractor, or another client.
 - A natural disaster (to include earthquake, volcanic eruption, tsunami, urban flood, an outbreak of communicable disease, etc) presenting substantial threat to facility operation or client safety.
 - Any breach or loss of client data in any form that is reportable in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act and that would allow for the unauthorized use of client personal information.
 - Any violent act to include rape or sexual assault, as defined in RCW 71.05.020 and RCW 9.94A.030 or any homicide or attempted homicide committed by a client.
 - Any allegation of financial exploitation as defined in RCW 74.34.020.
 - Any attempted suicide that requires medical care that occurs at a facility that DSHS licenses, contracts with, and certifies.
 - Any event involving a client or staff that is likely to attract media attention.
- II. Media Contact – Any interaction with a media representative—including face-to-face conversations, telephone calls, emails, faxes or letters—that is likely to result in media coverage of any nature relating to the provision of mental health services.

III. Open Case – A person who is currently receiving crisis services or outpatient mental health services from an RSN or an RSN-contracted Network Provider.

POLICY

- A. GCBH and its Network Providers interact in regards to incidents so as to assure that the Division of Behavioral Health and Recovery (DBHR) is informed of them in a timely manner, as defined below. The RSN is responsive to requests from the DBHR for additional information regarding efforts to prevent or lessen the possibility of future or similar incidents.
- B. In addition to all incidents described above, GCBH and its Network Providers utilize professional judgment and report incidents that fall outside the scope listed above.
- C. At all times, GCBH and its Network Providers each have an individual designated to oversee all activity associated with investigating and reporting incidents. This person is responsible for ensuring that incidents are adequately investigated and documented, and reported within the timeframes identified below.
- D. At all times, GCBH and its Network Providers each have an individual designated to interact with the media regarding coverage of incidents and/or other events likely to influence public perceptions regarding the delivery of mental health care. This person is responsible for determining the nature and amount of information provided to the media, and for ensuring the confidentiality of all proprietary and protected information.

PROCEDURE

- 1. The GCBH Director, or his/her designee, notifies the DBHR of all incidents within one working day of becoming aware of them, via the process/mechanism required by the DBHR at the time of reporting.
- 2. To facilitate timely notification of the DBHR by GCBH, Network Providers notify GCBH on:
 - 2.1. The same working day in which they become aware of an incident, or
 - 2.2. During the next working day, for incidents of which they become aware during weekends or holidays.
- 3. The initial incident notification made to GCBH by Network Providers includes a description of the event, any actions taken in response to it, the purpose for which any action was taken, and any implications to the service delivery system. Initial notifications are followed up, within ten (10) working days, with a written report providing details regarding the above aspects of the incident and describing actions taken to prevent or lessen the possibility of future similar incidents.
- 4. As required by law, GCBH and its Network Providers notify the appropriate agencies, including but not limited to the following, in a timely manner regarding incidents involving persons with an open case:
 - 4.1. Adult Protective Services,
 - 4.2. Child Protective Services,
 - 4.3. Department of Health,
 - 4.4. Local Law Enforcement,

- 4.5. Medicaid Fraud Control Unit,
- 4.6. Washington State Patrol.
- 5. Media contacts relating to incidents are reported by Network Providers to GCBH within the same timeframes as defined above for reporting of incidents. The GCBH Director, or his/her designee, is responsible for including a report of such activity, as appropriate, in the RSN's report to the DBHR. Contacts initiated by the media solely for the purpose of gathering information for routine public education or awareness coverage are not subject to these reporting requirements, but are handled in a manner that protects proprietary information and complies with laws protecting the privacy of recipients of mental health care.
- 6. GCBH and Network Provider staff are made aware of their responsibility to notify the designated individual(s) in the event of an incident or upon being contacted by the media for any reason, and to refrain from providing information to the media unless authorized to do so.

APPROVAL

/S/ Ken Roughton
Kenneth Roughton, Ph.D.
Director

06/02/11
Date

Replaced CO202, "Sentinel Events" and CO205, "Media Notification"