

 <p><b>SPOKANE COUNTY</b> Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: <p style="text-align: center;"><b>Incident Reporting and Media Contact</b></p>		Policy # <p style="text-align: center;"><b>QM 1</b></p>
	Signature: <p style="text-align: center;">Signature on file</p>		Revised: March 17, 2008
	Christine Barada, Director Community Services, Housing and Community Development		Reviewed: prg Date
	Signature Date: Date: April 7, 2008		Signing by authority of Res. No. 2007-0038

Applies to:     Internal     External

References RCW 9A.44, RCW 71.125.030, RCW 71.05.020, RCW 9.94A.030, RCW 9A.32.010, RCW 74.34.020

Scope

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.

Policy

- A. SCRSN and its Contractors shall interact in regards to incidents so as to assure that the Mental Health Division (MHD) is informed in a timely manner, as defined below. SCRSN will be responsive to requests from the MHD for additional information regarding efforts to prevent or lessen the possibility of future or similar incidents.
- B. At all times, SCRSN and its Contractors shall 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 to the SCRSN within the timeframes identified below.
- C. SCRSN shall 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.

**DEFINITIONS**

- 1) 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:
  - A. An allegation of Rape (Chapter 9A.44 RCW) or sexual assault (as defined in RCW 70.125.030);

- B. Any violent act as defined in RCW 71.05.020 (38) and RCW 9.94A.030(50), or any homicide or attempted homicide as defined in RCW 9A.32.010 that results in an arrest with charges or pending charges;
- C. Assault of a SCRSN or a Contractor's staff member resulting in hospitalization;
- D. Any allegation of financial exploitation as defined in RCW 74.34.020.
- E. Any suicide or death under an unusual circumstance;
- F. An assault by a SCRSN or a Contractor's staff member involving a client with an open case;
- G. Any incident that was referred to the Medicaid Fraud Control Unit by SCRSN or a Contractor;
- H. Any incident that, in the Contractor's professional judgment, may fall outside the scope of this section, and;
- I. any other event involving a person with an open case or the mental health care delivery system that, in the judgment of the SCRSN or Contractor, is likely to warrant media attention due to its negative aspects.
- J. Any incident occurring in a building or facility owned by the SCRSN.

Any provider who is a recipient of Victim of Crime Act funds may not disclose any information concerning a victim of sexual assault. Disclosure to the RSN or MHD is not confidential and could allow discovery, effectively bypassing the client's protections under VOCA and the Washington Rape Shield law, exposing the client to a total loss of protected confidentiality, and exposing the provider to potential liability for failure to follow its obligations under VOCA.

Because of the sensitive nature of this Act and liability issues, please use **John/Jane Doe** when reporting clients who have been victims of sexual assault.

- 2) 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 negative media coverage of any nature relating to the provision of mental health services. 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 propriety information and complies with laws protecting the privacy of recipients of mental health care.
- 3) Open Case – A person who is currently receiving crisis services or outpatient mental health services from an SCRSN-contracted Network Provider.

### Procedures/Mechanisms

- 1. The SCRSN Administrator, or his/her designee, will notify the Mental Health Division of all incidents within one working day of becoming aware of them, via the process/mechanism required by the MHD at the time of reporting.

2. All incidents and media contacts shall be reported via telephone to the SCRSN Administrator, or his/her designee. Faxed reports must follow telephonic notification, including all required information. Faxed reports must be submitted to SCRSN within one working day of becoming aware of them.
3. To facilitate timely notification of the MHD by SCRSN, Contractors shall notify SCRSN on:
  - 3.1. Within one working day in which they become aware of an incident.
4. The initial incident notification made to SCRSN by Contractor shall include 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 by network providers are followed up, within ten (10) working days, with a written report providing details of any additional information that is relevant to the incident.
5. The Contractor will notify the following agencies or any others when required by law:
  - 5.1. Adult Protective Services,
  - 5.2. Child Protective Services,
  - 5.3. Department of Health,
  - 5.4. Local Law Enforcement,
  - 5.5. Medicaid Fraud Control Unit,
  - 5.6. Washington State Patrol.
6. Media contacts relating to incidents shall be reported by Contractors to SCRSN within the same timeframes as defined above for reporting of incidents. The SCRSN Administrator, or his/her designee, is responsible for including a report of such activity, as appropriate, in the SCRSN's report to the MHD.

### Monitoring

- 1) The SCRSN shall ensure that all Contractors are aware of the terms and expectations of this policy and shall monitor Contractors annually for adherence to policy expectations.
- 2) SCRSN will monitor Contractor's internal training and policies annually.



**SPOKANE COUNTY**

Spokane County Community Services  
Regional Support Network  
312 W. 8<sup>th</sup> Ave  
Spokane, WA 99204  
Phone: (509) 477-5722  
Fax: (509) 477-6204

## RSN INCIDENT REPORT WORKSHEET

Today's Date: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Name of Contacting Person: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ RSN ID: \_\_\_\_\_

Confidentiality Required? Yes

No

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Date RSN Notified: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**Brief description of the incident (use blank paper for additional space if needed):**

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**Incident Type:**

- Alleged – Rape
- Alleged – Sexual Assault
- Violent Act – Homicide
- Violent Act – Attempted Homicide
- Violent Act – Attempted Suicide
- Violent Act – non-fatal Injury
- Violent Act – Property Damage
- Violent Act – Arson
- Violent Act – Other
- Assault – by Staff
- Assault – of Staff resulting in Hospitalization
- Financial Exploitation – Involving Client
- Financial Exploitation – Involving Agency
- Financial Exploitation – Other
- Death – Suicide
- Death – Unusual Circumstances
- Death – Other
- Other

**Other Agency/Facilities Notified:**

- Medicaid Fraud Control Unit
- Adult Protective Services
- Child Protective Services
- Dept of Health
- Local Law Enforcement
- Washington State Patrol
- None

**Description of any media coverage of incident:**

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By signature below, I hereby certify that this information is true and correct. I acknowledge that any falsification of information may result in civil or criminal penalties being assessed against me. I am assuring that this information is being sent by me pursuant to all State and Federal confidentiality statutes and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_



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### **RSN MEDIA REPORTING WORKSHEET\***

Today's Date: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Name of Contacting Person: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

#### **Brief Description of Media Coverage:**

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**RSN 10 DAY FOLLOW UP REPORT**

Today's Date: \_\_\_\_\_

Date of Initial Incident Report: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Name of Contacting Person: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

**Brief Description of Any Relevant Information :**

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