



JEFFERSON  
BEHAVIORAL  
HEALTH

Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties

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# Incident Reporting Policy and Procedures

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Board Approved Date: July 26, 2010

State Approved Date goes here

**JBH POLICY & PROCEDURE**

**Incident Reporting Policy**

Approved by JBH Board of Directors: 7/26/2010 Approved by State of Oregon – DHS/AMH: \_\_\_\_\_

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## PART I: JBH POLICY ON INCIDENTS OF ABUSE

### A. Policy Description

The purpose of this policy is to ensure that incidents involving JBH members are reviewed as a collaborative effort between JBH and contracted agencies. This policy will provide opportunity for contractors and subcontractors to engage with JBH staff in reviewing incidents in an effort to identify system improvement opportunities, while also providing a consistent methodology for providers in their management of incidents under Oregon State Law.

The procedures set forth in this policy should serve as a tool to assist JBH staff, contracted agency staff, OHP Members and/or their Representatives, stakeholders, and regional and/or allied agencies in implementing a process for reporting incidents to Jefferson Behavioral Health.

There are a number of mandatory abuse reporting statutes applicable to vulnerable populations receiving behavioral health services. Specific agencies are responsible for the investigation of abuse of children, seniors, and the developmentally disabled. County mental health programs investigate allegations of abuse of adults with mental illness and report their findings to the Addictions and Mental Health Division and JBH. The purpose of these investigations is to ensure protection of the individuals at risk, and ensure appropriate action should there be substantiated findings of abuse.

### B. Applicability

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives. JBH shall follow this policy as it applies to the OHP mental health services governed by the Mental Health Organization Agreement between the State of Oregon and JBH. Participating Providers shall follow this policy to the extent that it applies to the mental health services that they provide to JBH Members. The responsibilities outlined in this policy shall also include, but not be limited to, the Local Mental Health Authorities (LMHA) in the JBH service area, and any agency delegated with the responsibility of managing either inpatient or non-inpatient mental health services for JBH members in the LMHA's county.

## PART II: INCIDENTS THAT MUST BE REPORTED TO JBH

The following Critical Incidents **involving JBH Members** are to be reported to JBH:

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**Client:** as used in the following, includes any person **currently enrolled** in services with a JBH contractor or within 3 months of discharge. This does not include the event that got the member enrolled in services, for example a suicide attempt that initiated the mental health services. These events occur **while** the member is **enrolled** in Mental Health care.

#### 1. Client Suicide

2. **Attempted Client Suicide:** A serious action that would likely have resulted in death without intervention or that results in serious injury, regardless of whether the individual truly intended to die.

a. Self-injurious behavior is to be reviewed at the supervisory level.

3. **Client Death:** Deaths which are violent, unexplained, or related to behavioral health disorders or treatment.

4. **Allegation of Client Abuse or Neglect:** Includes any allegation of physical or emotional abuse involving Contractors, and any client-to-client abuse occurring at the site of service.

a. **Note that OAR's prescribe other mandatory abuse reporting responsibilities for vulnerable populations.** For JBH purposes, cases of familial or acquaintance violence or abuse should be reviewed by persons knowledgeable about the dynamics of such situations. If issues are identified which could lead to systems improvement, the incident will be forwarded to the JBH for regional review.

#### 5. Alleged homicide of or by client:

6. **Police intervention:** Involvement by law enforcement personnel in response to a crisis call from the agency, to control disruptive client behavior at the site of contracted service.

7. **Occurring Premises of Program:** any incident involving an individual occurring on the premises of a program, or involving program staff or an ISSP activity, including but not limited to, injury, major illness, accident, act of physical aggression, medication error, suspected abuse or neglect, or any unusual incident that present a risk to health and safety.

8. **Other Issues** encountered by agencies, when they believe that regional review would yield information leading to systems improvement.

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## PART II: REQUIREMENTS FOR CONTRACTORS OF ADULT SERVICES

All contracted agencies must have policies and procedures in place to comply with all protective services, investigation and reporting requirements described in OAR 407-045-0000 to 407-045-0360, Abuse Reporting and Protective Services in Community Programs and Community Facilities and ORS 430.731 through 430.768, Abuse Reporting for Mentally ill or Developmental Disabilities.

Each provider shall have a critical incident review policy and procedure, which includes reporting all critical incidents to their internal Quality Management Committee (QMC), with the exception of the following:

- An incident in which staff is alleged to have abused a consumer may result in a referral to law enforcement and/or internal department for investigation and action.
- To ensure confidentiality within the agency for such abuse investigations, the agency administrator may choose to bypass the agency's QMC process and report the incident, plans for investigation, and follow-up directly to JBH.

Each provider's QMC shall review the clinical context of the incident, the appropriateness of response to the incident, and recommend change, if any, which would reduce likeliness of future incidents. Provider's QMC shall send completed Incident Report to JBH's Quality Management Coordinator for JBH review **WITHIN 90 DAYS OF THE INCIDENT.**

If the incident involves a consumer who is served by more than one JBH agency or program, the reporting agency is expected to invite the other agencies to participate in a joint review. Issues of transition and collaboration between agencies often lead to important systems improvement opportunities.

JBH shall:

- Engage in a dialogue with the reporting agency regarding systems improvement opportunities identified through the review
- Monitor patterns of critical incidents in the provider network
- Make recommendations as necessary to improve services and reduce likeliness of further incidents
- Work with the Membership Committee to incorporate critical incident follow-up into the procedures for re-credentialing providers.

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#### PART III: REQUIREMENTS FOR CONTRACTORS OF CHILDREN SERVICES

All contracted agencies must have policies and procedures in place to comply with all protective services, investigation and reporting requirements described in OAR 407-045-0600 to 407-045-0980, Abuse Reporting for Children Residential Services and ORS 419.B005 Reporting of Child Abuse.

Each provider shall have a critical incident review policy and procedure, which includes reporting all critical incidents to their internal Quality Management Committee (QMC), with the exception of the following:

- An incident in which staff is alleged to have abused a consumer may result in a referral to law enforcement and/or internal department for investigation and action.
- To ensure confidentiality within the agency for such abuse investigations, the agency administrator may choose to bypass the agency's QMC process and report the incident, plans for investigation, and follow-up directly to JBH.

Each provider's QMC shall review the clinical context of the incident, the appropriateness of response to the incident, and recommend change, if any, which would reduce likeliness of future incidents. Provider's QMC shall send completed Incident Report to JBH's Quality Management Coordinator for JBH review WITHIN 90 DAYS OF THE INCIDENT.

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#### **Children’s Providers Will Also Report on a Quarterly Basis:**

##### Seclusion

Means the involuntary confinement of an individual to an area or room from which the individual is physically prevented from leaving. Seclusion can be used only in approved ITS programs as an emergency safety intervention specified in OAR 309-032-1540(9).

##### Personal Restraint

Means the application of physical force without the use of any device, for the purpose of restraining the free movement of an individual’s body to protect the individual, or others, from immediate harm. Personal restraint does not include briefly holding without undue force an individual to calm or comfort him or her, or holding an individual’s hand to safely escort him or her from one area to another. Personal restraint can be used only in approved ITS programs as an emergency safety intervention under OAR 309-032- 1540(9).

##### Run away:

Client has left agency supervision without permission, whether the client later returns or is discharged as a runaway