DEPARTMENT OF MENTAL HEALTH
POLICY / PROCEDURE

SUBJECT: **REPORTING UNUSUAL OCCURRENCES TO THE STATE DEPARTMENT OF MENTAL HEALTH**	POLICY NO. **202.23**	EFFECTIVE DATE **05/01/01**	PAGE **1 of 3**
APPROVED BY: **Original Signed by: MARVIN J. SOUTHARD** Director	SUPERSEDES **102.23**	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) **1,2**

PURPOSE:

1.1 To ensure that the Los Angeles County Department of Mental Health (DMH) complies with the requirements of the reporting of unusual occurrences as set forth by the State Department of Mental Health (DSMH).

POLICY:

2.1 The DMH Chief Deputy Director or his/her designee will report unusual occurrences to the SDMH Medi-Cal Oversight Office as required by State DMH Letter No. 95.04.

2.2 Reporting of unusual occurrences is required for continued participation in the Short-Doyle Medi-Cal Program.

2.3 Unusual occurrences, as determined by the Chief Deputy Director, will be reported to the SDMH within five (5) calendar days or as soon as possible after becoming aware of the event.

2.4 Nothing in the policy supersedes existing policies set forth by DMH for reporting of clinical or non-clinical incidents; rather, it ensures a unified and centralized mechanism for reporting unusual occurrences to the SDMH.

DEFINITION:

3.1 An unusual occurrence is any event which jeopardizes the health and/or safety of clients, staff and/or member of the community; including, but not limited to, physical injury and death.

PROCEDURE:

4.1 All DMH directly operated and contracted facilities will utilize the existing policies and procedures for the reporting of any clinical or non-clinical incident.

4.1.1 Employees and managers are to be familiar and comply with all applicable procedures to address incident reporting.

4.1.1.1 Refer to the following listed policies for specific reporting requirements:

1) DMH Policy and Procedure #102.18, Reporting Incidents Involving injuries, deaths, alleged client Abuse and Possible Malpractice;

2) DMH Policy and Procedure #308.1, Security/Safety

Management/Violence Prevention; and

3) DMH Policy and Procedure #605.4, Violence and Threats of Violence by Department of Mental Health Employees.

4.1.2 Employees and managers of DMH are to contact the specific Risk Management Team Member as listed in the Manual, Preventing and Coping with Adverse Outcomes, A Guide for Managers, July 12, 2000.

4.2 Non-Clinical Risk Management Team Members are to forward all reports received from directly operated facilities regarding incidents or unusual occurrences of a non-clinical nature to the Office of the Chief Deputy Director.

4.3 The Clinical Risk Manager, assigned to the Office of the Medical Director, will forward all reports received from directly operated and contract facilities regarding incidents of a clinical nature to the Office of the Medical Director.

4.3.1 The Medical Director of DMH will confer with the Chief Deputy Director regarding incidents or unusual occurrences determined to be of a clinical nature received by the Office of the Medical Director.

4.4 The Chief Deputy Director or his/her designee will review and determine if any incident reports received constitute an unusual occurrence as defined by the SDMH.

4.5 The Chief Deputy Director or his/her designee will forward a report, consistent with applicable policies regarding privacy and confidentiality, to the SDMH Medi-Cal Oversight Office within five (5) calendar days of the event or as soon as possible after becoming aware of the unusual event.

4.5.1 Reports, consistent with applicable policies regarding privacy and confidentiality, are to include the following listed elements:

1) Complete written description of the event, including outcome;
2) Written report of Provider's investigation and conclusions; and
3) List of persons directly involved and/or who possess direct knowledge of the event.

AUTHORITY: Short-Doyle/Medi-Cal Manual for the Rehabilitation Option and Targeted Case Management, Children, Adolescents, Adults and Older Adults, California

Department of Mental Health, effective 07/01/93
California Department of Mental Health, DMH Letter No. 95-04, July 27, 1995

REVIEW DATE: This policy shall be reviewed on or before May 1, 2006.