



Health Care Agency Mental Health and Recovery Services Policies and Procedures	Section Name:	Quality Improvement
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SIGNATURE		DATE APPROVED
Director of Operations Mental Health and Recovery Services		
Signature on File		<u>2/15/2023</u>

SUBJECT: Reporting of Unusual Occurrences to Department of Health Care Services

PURPOSE:

To establish a Policy and Procedure to report unusual occurrences to the Department of Health Care Services (DHCS) Medi-Cal Oversight Regional Office.

POLICY:

Specific procedures shall be followed to report any unusual occurrences concerning beneficiaries/clients and personnel or visitors of the County of Orange Health Care Agency (HCA) Mental Health and Recovery Services (MHRS).

SCOPE:

The procedure is applicable to all MHRS County Clinics, Contract Programs, beneficiaries/clients, personnel and/or visitors.

REFERENCE:

Mental Health Plan Performance Agreement between Department of Health Care Services and the County of Orange

[Title IX Unusual Occurrences Division I, Chapter 3.5, Article 4 §784.15](#)

[Health Care Agency Policy and Procedure #IV-1.03 Special Incident](#)

Health Care Agency Policy and Procedure - #IV-1.04 [Reporting the Deaths of Agency Staff Members, Clients and Other Persons](#)

FORMS:

[Special Incident Report \(SIR\) form](#) (#F0346-67 Revised 8/16)

DEFINITION:

Unusual circumstances - Include events that jeopardize the health and/or safety of beneficiaries/clients, staff and/or members of the community. Examples may include incidents, e.g. a serious assault upon a staff member by a beneficiary/client, death, suicide or other injury of a beneficiary/client treated through MHRS programs. Ultimately, an unusual occurrence will be determined by the MHRS Director.

PROCEDURE:

- I. Any County or Contract personnel who become aware of a possible unusual occurrence shall report that occurrence to his/her immediate supervisor. The event will be handled in accordance with the policy and procedure HCA P&P Number IV-1.03 for Special Incident Reports (SIR). The report shall include:
 - A. Description of the incident
 - B. Person or persons involved in the incident, including their:
 1. Name
 2. Address
 3. Telephone number
 4. Gender
 5. Designation as beneficiary/client, staff of agency or non-staff of agency
 - C. Date and time of incident
 - D. Witnesses to incident
 - E. Location where the incident occurred
 - F. Narrative description of the incident including outcome
 - G. Other relevant information (e.g. police or coroner report number, photographs, drawings, etc.)
 - H. Do NOT use acronyms or abbreviations in any notation on the SIR form
 - I. The person who completes the SIR must include their name, telephone number, signature and date
 - J. The Supervisor who reviews the report must include their name, telephone number, date and signature

- K. The Supervisor shall submit the completed SIR to the Division Manager for their program
- II. If the Division Manager determines that the event might meet the criteria for unusual occurrences, the SIR shall be submitted to the MHRS Director for specific review as a potential unusual occurrence.
- III. If the MHRS Director determines that the event meets the criteria for unusual circumstances, a report shall be made to DHCS. Reports of unusual occurrences are to be submitted to DHCS within five (5) calendar days of the event, or as soon as possible after becoming aware of the unusual event.