Washington State Health Care Authority

Clear form

# Critical Incident Form

## Instructions to submit form

- Children's Long Term Inpatient Program (CLIP)
- Trueblood
- Long term civil commitment (LTCC)
- Fee-for-service (FFS)
- Health Homes
- Post Inpatient Transitional Housing (PITH)

### When a critical incident occurs:

If you are reporting a critical incident for the programs or services listed above, complete this form with the relevant information.

- Enter information into the Health Care Authority (HCA) Incident Reporting system **https://fortress.wa.gov/hca/ics/**.
- Use the attach function to attach the completed form to the incident and submit.

## Instructions for behavioral health agencies (BHA)

### When a critical incident occurs:

BHAs should complete this form with the relevant information.

- Submit the completed form to the respective managed care organization (MCO) or administrative service organization (ASO).
- If there is no MCO/ASO assignment, email completed form to: **hcacriticalincidents@hca.wa.gov** with **Subject Line:** NO MCO/ASO ASSIGNMENT

## Receiving completed forms

MCOs and ASOs, after receiving the completed Critical Incident Form:

- Enter information into the Health Care Authority (HCA) Incident Reporting System: **https://fortress.wa.gov/hca/ics/**.
- Use the attach function to attach the completed form to the incident and submit.

## Questions

For questions about a specific critical incident or about submitting a critical incident form:

- **Email:** The MCO/ASO
  OR
- **Email:** HCA at **hcacriticalincidents@hca.wa.gov**.

## 1 Provider Information

Provider Agency _____ Provider Name _____

Date of incident (if known) _____ Time of incident (if known) _____ County of incident _____

## 2 Client Information

Client last name _____ Client first name _____

Date of birth _____ Age _____ ProviderOne ID _____

Gender _____ Ethnicity _____ County of residence _____

American Indian/Alaska Native (AI/AN): ☐ Yes ☐ No ☐ Unknown

## 3 Service Type

Type of services receiving (check all that apply):

- ☐ Mental health (MH)
- ☐ Substance use disorder (SUD)
- ☐ MH and SUD services
- ☐ MH services from another provider
- ☐ SUD services from another provider

Other service provider _____

## 4 Incident Information

### Fee-for-service (FFS) / Managed Care Organization (MCO) / Administrative Service Organization (ASO) critical incidents / Post Inpatient Transitional Housing (PITH)

- ☐ FFS/MCO/ASO/PITH
  - ☐ Perpetrator
    - ☐ Homicide or attempted homicide
    - ☐ Kidnapping
    - ☐ Sexual assault
    - ☐ Arson
    - ☐ Assault resulting in serious bodily harm
  - ☐ Contracted behavioral health facility/agency
    - ☐ Victim
      - ☐ Medical emergency with 911 response and/or transport
      - ☐ Death
      - ☐ Medical emergency 911 response with hospital admit
      - ☐ Abuse, neglect, or sexual/financial exploitation
    - ☐ Perpetrator
      - ☐ Physical assault requiring medical attention
      - ☐ Sexual assault
    - ☐ Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral health facility/agency
    - ☐ Media event | Enrollee/individual has attracted, or is likely to attract media coverage
  - ☐ Unauthorized leave during an involuntary investigation or detention

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## Trueblood critical incidents

- ☐ Trueblood
  - ☐ Victim
    - ☐ Medical emergency with 911 response and transport
    - ☐ Physical assault requiring medical attention
    - ☐ Sexual assault
    - ☐ Abuse, neglect, or sexual/financial exploitation
    - ☐ Death
    - ☐ Kidnapping
    - ☐ Medical emergency 911 response with hospital admit
  - ☐ Perpetrator
    - ☐ Homicide or attempted homicide
    - ☐ Kidnapping
    - ☐ Sexual assault
    - ☐ Arson
    - ☐ Assault resulting in serious bodily harm
  - ☐ Contracted health behavioral facility/agency
    - ☐ Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral health facility/agency
  - ☐ Unauthorized leave during an involuntary investigation or detention
  - ☐ Media event | Enrollee/individual has attracted, or is likely to attract media coverage

## Children's Long Term Inpatient Program (CLIP) critical incidents

- ☐ CLIP
  - ☐ Community
  - ☐ Contracted behavioral health facility/agency
    - ☐ Victim
      - ☐ Medical emergency with 911 response and/or transport
      - ☐ Abuse, neglect, or sexual/financial exploitation
      - ☐ Death
      - ☐ Medical emergency 911 response with hospital admit
      - ☐ Actions leading to attempted suicide
    - ☐ Perpetrator
      - ☐ Assault resulting in serious bodily harm
      - ☐ Physical assault requiring medical attention

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- ☐ Sexual assault
- ☐ Homicide or attempted homicide
- ☐ Kidnapping
- ☐ Sexual assault
- ☐ Arson

☐ Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral health facility

☐ Unauthorized leave during an involuntary investigation or detention

☐ Media event

☐ Enrollee/individual has attracted, or is likely to attract media coverage

## Long term civil commitment (LTCC) critical incidents

☐ LTCC

☐ Community

☐ Perpetrator

☐ Assault resulting in serious bodily harm

☐ Contracted Behavioral Health Facility/Agency

☐ Victim

- ☐ Medical Emergency 911 Response w/hospital admit
- ☐ Abuse, Neglect, Or Sexual/Financial Exploitation
- ☐ Death
- ☐ Severely Adverse Medical Death Outcome

☐ Perpetrator

- ☐ Physical assault requiring medical attention
- ☐ Sexual assault
- ☐ Homicide or attempted homicide
- ☐ Kidnapping
- ☐ Arson

☐ Severely adverse medical outcome/death occurring within 72 hours of transfer from contracted behavioral health facility/agency

☐ Unauthorized leave during an involuntary investigation or detention

☐ Media event

☐ Enrollee/individual has attracted, or is likely to attract media coverage

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## Health Home critical incidents

- ☐ Health Home
  - ☐ Community
    - ☐ Victim
      - ☐ Physical assault requiring medical attention
      - ☐ Suspected abuse, neglect, and sexual or financial exploitation
      - ☐ Medical emergency in the presence of care coordination organization (CCO) staff with 911 response and/or transport
      - ☐ Sexual assault
    - ☐ Perpetrator
      - ☐ Physical assault requiring medical attention to staff
      - ☐ Sexual assault against staff
  - ☐ Unauthorized leave during an involuntary investigation or detention
  - ☐ Media Event
    - ☐ Enrollee/individual has attracted, or is likely to attract media coverage

**Description of incident**

What took place, location of incident, names, ages, services, histories, and nature of involvement of all individuals involved:

**Provider response to the incident**

Including steps taken to minimize harm, whether reported to law enforcement, restraining/protection order sought, workplace safety/personal protection plan developed or implemented; summary of debriefings:

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Date provider learned of incident: _____

Date of last face-to-face visit prior to this incident: _____

Date of last medication management session (if applicable): _____

## Individual's current location

- ☐ Jail
- ☐ Single bed certification
- ☐ Medical hospital
- ☐ Psychiatric hospital / evaluation & treatment
- ☐ Crisis solutions center
- ☐ Substance use disorder residential treatment
- ☐ In community -- in mental health services
- ☐ In community - in substance use disorder services
- ☐ In community - not in services
- ☐ Unknown

If individual's location is unknown, describe attempts to locate:

Individual's current condition/status:

## 5 Programs

Check all that apply

- ☐ Crisis and Commitment Services (CCS)
- ☐ Evaluation and Treatment (E&T)
- ☐ Next-Day Appointments (NDA)
- ☐ Children's Crisis Outreach Response System (CCORS)
- ☐ Outpatient mental health
- ☐ Mobile crisis team
- ☐ Residential housing such as supervised living, long-term rehabilitation, standard supportive housing

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☐ Withdrawal management services
☐ Opiate substitution therapy
☐ Criminal justice initiatives
☐ Outpatient substance use disorder
☐ Residential substance use disorder
☐ Program for Assertive Community Treatment (PACT)
☐ Crisis respite program
☐ Crisis solutions center / crisis diversion facility

Other program: _____

## 6 Incident Report

Check all that apply

☐ Child Protective Services
☐ Adult Protective Services
☐ Law enforcement

Other regulating body: _____

## 7 Contact Information

**Person completing form**

Name _____ Title _____

Phone _____ Email _____

**Supervisor verifying standard review procedures for this incident are being followed**

Name _____ Title _____

Phone _____ Email _____