Colorado Department of Human Services
Division of Behavioral Health

Critical Incident Reporting Policy

Colorado Department of Human Services (CDHS), Division of Behavioral Health (DBH; formerly Behavioral Health Services) is committed to maintaining the life, safety, and well being of all consumers, families, and providers/agencies/facilities. In so doing, DBH requires that all critical incidents, involving programs/agencies/facilities it contracts with, licenses, or otherwise approves, shall be reported to Alcohol and Drug Abuse Division (ADAD) and/or the Division of Mental Health (DMH). Forensic Community Based Services (FCBS) is an outpatient program for patients found Not Guilty By Reason of Insanity and operated by the CDHS, Colorado Mental Health Institute at Pueblo and, in conjunction with, DBH.

The following information details the requirements of DBH programs/agencies/facilities, and providers thereof, for reporting critical incidents to DBH. These reporting requirements are in addition to current, mandatory reporting responsibilities, per contract terms or CDHS rules, and **are not to be used as a substitute to any other current reporting requirements**. It is critical to first ensure the safety of the person(s) in immediate danger, including separating the victim(s) from the alleged perpetrator(s), providing needed first aid, and/or obtaining emergent medical care, when indicated.

Definition: Critical Incident

DMH, ADAD, and FCBS Programs/Agencies/Facilities (ALL)

- **Death**
  - Death of an active/current client, staff person, volunteer, or visitor on program/agency/facility premises.
  - Death of an active/current client, off premises, that is unexpected.

- **Physical and/or Sexual Assault**
  - Physical and/or sexual assault by or upon an active/current client.

- **Suicide Attempt**
  - Suicide attempt or self-inflicted injury, by an active/current client, requiring medical attention.

- **Escape from Court-Ordered Treatment**
  - Active/current client who leaves or escapes from court-ordered treatment (e.g., involuntary commitment, certified inpatient hospitalization, 72 hour mental health hold and treat order).
  - Active/current Forensic Community Based Services (FCBS) client currently on community placement or conditional release status.
  - Does NOT include active/current clients involved in DUI treatment.
  - Does NOT include active/current clients who are on probation or parole.

- **Incident deemed critical by the Program/Agency/Facility Executive Director**

ADAD Licensed Programs/Agencies/Facilities (ONLY)

- **Prescription Medication Errors**
  - Any errors in prescription medication administration, dispensing, monitoring, and/or storage.
  - Diversion of medication.
  - Theft or loss of medication.
  - Injury sustained by clients, or their significant others, as a direct result of diversion, use, or misuse of controlled substances, during or within 90 days following most recent treatment episode.

- **Breach of Confidentiality**
  - As defined by 42 Code of Federal Regulations, Part 2 and 45 Code of Federal Regulations, Parts 142, 160, 162, 164, and the Health Insurance Portability and Accountability Act (HIPAA).
  - Theft or loss of client data and/or records containing client-identifying information.

Forensic Community Based Services (FCBS): Community Placement/Conditional Release (ONLY)

- Any arrest
- Any felony level charge

Critical Incident Reporting Protocol: Program/Agency/Facility Requirements

DBH programs/agencies/facilities, and providers thereof, are required to report all Critical Incidents to the designated DBH program.

- Critical Incidents related to substance abuse treatment will be reported to the ADAD Treatment Field Manager, or designee.
- Critical Incidents related to mental health treatment will be reported to the DMH Director of Program Quality, or designee.
- Critical Incidents involving a FCBS patient will be report to the DMH Director of Program Quality, or designee, **and** the Colorado Mental Health Institute at Pueblo (CMHI-P) FCBS Director, or designee.

1) All Critical Incidents will be reported within 24 hours, or next business day, of discovery. Reports can be made by telephone and/or via fax using the provided form (Appendix A).

2) A detailed, written critical incident report (Appendix B) is required within 72 hours, or 3 business days, of the incident. If all information requested in Appendix B is available and reported on Appendix A within the 24-hour reporting period, the agency may re-submit Appendix A.

3) Each program/agency/facility is required to have an internal policy and/or peer review process, which details internal procedures for reviewing program/agency/facility critical incidents. Each program/agency/facility is required to submit a copy of the internal policy to DBH in compliance with the DBH contract.

4) DBH may, at any time, conduct an investigation of a program/agency/facility related to a critical incident(s). This may include requiring the program/agency/facility to submit a summary of its internal critical incident investigation and/or peer review, requesting internal documents (e.g., comment from the general public, consumers, or family members, agency/organization staff, and/or clinical notes and reports), and/or performing independent evaluation(s) and/or interviews related to the critical incident.

5) Following a DBH investigation of a critical incident, DBH will provide a written report to the program/agency/facility outlining the investigation findings related to the critical incident and the program/agency/facility's actions prior to, during, and following the critical incident.

   a) If DBH finds, after investigation, that there are concerns related to the program/agency/facility's actions pursuant to the critical incident, DBH will provide written recommendation(s) to address the identified concerns. DBH will work with the program/agency/facility to institute said recommendation(s).
      i) The program/agency/facility will have 10 business days to achieve full compliance OR submit a Plan of Correction (to include a schedule and timeline for achieving full compliance) to DBH via fax or certified mail.
      ii) If the program/agency/facility disagrees with DBH's recommendations and/or Plan of Correction, the program/agency/facility may submit a written appeal to DBH, within the same 10 day time period, via fax or certified mail.
         (1) DBH has 10 business days to review and respond to the appeal. DBH may take the following actions:
            (a) Deny the appeal and require the program/agency/facility to institute all recommendations set forth by DBH.
            (b) Support the appeal or portions of the appeal and require a modified Plan of Correction.

   b) If DBH finds, after investigation or pursuant to a complaint related to the critical incident, that program/agency/facility is not in compliance with CDHS rules, DBH will follow the CDHS procedures in accordance to 201.1 Non-Compliance Procedure; Hearing and procedures set forth in the Administrative Procedures Act, Sections 24-4-104 and 24-4-105, C.R.S.

DBH Contact Information

Alcohol and Drug Abuse Division (ADAD)	Office# (303)-866-7480	Fax# (303) 866-7481
Division of Mental Health (DMH)	Office# (303)-866-7400	Fax# (303) 866-7428

CMHI-P Contact Information

Forensic Community Based Services (FCBS)	Office# (719) 546-4498	Fax# (719) 546-4841

Appendix A: Critical Incident-Initial Reporting Form

Program/Agency/Facility Information

Name: **License Number**:

Address: **City**:

County: **Zip**: **Phone**:

Regulatory Division

☐ **Alcohol and Drug Abuse Division (ADAD)** ☐ **Division of Mental Health (DMH)**

Critical Incident Type (check all that apply)

ADAD and DMH

☐ **Death** ☐ **Physical and/or Sexual Assault** ☐ **Suicide Attempt**

☐ **Escape from Court Ordered Treatment** ☐ **Other**

ADAD ONLY

☐ **Prescription Medication Errors** ☐ **Breach of Confidentiality**

FCBS Only

☐ **Any arrest** ☐ **Any Felony Level Charge**

Date Critical Incident Occurred (required for all incidents): **Time:** ☐ **Actual** ☐ **Estimate**

If estimated time, please explain:

Date Critical Incident Discovered (required for all incidents): **Time:**

Date Critical Incident Reported (required for all incidents):

Initial Description of Critical Incident (please include client level information such as name, age, race/ethnicity, diagnosis, etc):

Report Prepared By: **Title:** **Date:**

Appendix B: Critical Incident-Follow-up Reporting Form

Program/Agency/Facility Name:

Date Critical Incident Occurred (required for all incidents):

Date Initial Critical Incident Report was submitted (required for all incidents):

Regulatory Division

☐ **Alcohol and Drug Abuse Division (ADAD)** ☐ **Division of Mental Health (DMH)**

(Complete the following section providing detailed information pertaining to the critical incident. Please re-submit Attachment A if there are no new incident details or modifications since the initial critical incident report, Appendix A.)

Detailed Description of Critical Incident (please include client level information such as name, age, race/ethnicity, diagnosis, etc):

Identified Plan(s) of Correction/Action/Improvement:

- ☐ **Staff training**
- ☐ **Personnel action**
- ☐ **Rewrite of policies and procedures**
- ☐ **Facility improvements**
- ☐ **Other (Explain):**

Report Prepared By:	Title:	Date: