

Critical Incident Form

SUBMIT FORM

- For MCOs and BH-ASOs, submit completed form to hcamcprograms@hca.wa.gov
- If you are not an MCO or BH-ASO, submit completed form to 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 first name

Client last name

Date of birth

Age

ProviderOne ID#

Gender

Ethnicity

County of residence

3

Service Type

Type of services receiving (check all that apply):

Mental health (MH)

MH services from another provider

Substance use disorder (SUD)

SUD services from another provider

MH and SUD services

Other service:

4

Incident Information

Fee-for-service (FFS) / Managed Care Organization (MCO) / Administrative Service Organization (ASO) critical incidents

FFS/MCO/ASO | **Community** | *Perpetrator* | Assault resulting in serious bodily harm

FFS/MCO/ASO | **Contracted behavioral health facility** | *Victim* | Medical emergency with 911 response and/or transport

FFS/MCO/ASO | **Contracted behavioral health facility** | *Perpetrator* | Physical assault requiring medical attention

FFS/MCO/ASO | **Contracted behavioral health facility** | *Perpetrator* | Sexual assault

FFS/MCO/ASO | **Contracted behavioral health facility** | *Victim* | Death

FFS/MCO/ASO | **Media event** | Enrollee/individual has attracted, or is likely to attract media coverage

FFS/MCO/ASO | *Perpetrator* | Homicide or attempted homicide

FFS/MCO/ASO | *Perpetrator* | Kidnapping

FFS/MCO/ASO | *Perpetrator* | Sexual assault

Continued next page

FFS/MCO/ASO | *Perpetrator* | Arson

FFS/MCO/ASO | Severely adverse medical outcome or death occurring within 72 hours of transfer from a contracted behavioral health facility

Unauthorized leave from a behavioral health facility during involuntary detention

FFS/MCO/ASO | **Contracted behavioral health facility** | *Victim* | Medical emergency 911 response with hospital admit

Trueblood critical incidents

Trueblood | *Victim* | Medical emergency with 911 response and transport

Trueblood | *Victim* | Physical assault requiring medical attention

Trueblood | *Victim* | Sexual assault

Trueblood | *Victim* | Abuse, neglect, or sexual/financial exploitation

Trueblood | *Victim* | Death

Trueblood | *Victim* | Kidnapping

Trueblood | *Perpetrator* | Homicide or attempted homicide

Trueblood | *Perpetrator* | Kidnapping

Trueblood | *Perpetrator* | Sexual assault

Trueblood | *Perpetrator* | Arson

Trueblood | *Perpetrator* | Assault resulting in serious bodily harm

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

Trueblood | Unauthorized leave from a behavioral health facility during involuntary detention

Trueblood | Media event-Enrollee/individual has attracted, or is likely to attract media coverage

Trueblood | *Victim* | Medical emergency 911 response with hospital admit

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

CLIP | **Community** | *Perpetrator* | Assault resulting in serious bodily harm

CLIP | **Contracted behavioral health facility** | *Victim* | Medical emergency with 911 response and/or transport

CLIP | **Contracted behavioral health facility** | *Perpetrator* | Physical assault requiring medical attention

CLIP | **Contracted behavioral health facility** | *Perpetrator* | Sexual assault

CLIP | **Contracted behavioral health facility** | *Victim* | Abuse, neglect, or sexual/financial exploitation

CLIP | **Contracted behavioral health facility** | *Victim* | Death

CLIP | **Media event** | Enrollee/individual has attracted, or is likely to attract media coverage

CLIP | *Perpetrator* | Homicide or attempted homicide

CLIP | *Perpetrator* | Kidnapping

CLIP | *Perpetrator* | Sexual assault

CLIP | *Perpetrator* | Arson

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

Continued next page

CLIP | Unauthorized leave from a behavioral health facility during involuntary detention

CLIP | **Contracted Behavioral Health Facility** | *Victim* | Medical emergency 911 response with hospital admit

CLIP | **Contracted Behavioral Health Facility** | *Victim* | Actions leading to attempted suicide

Long term civil commitment (LTCC) critical incidents

LTCC | **Community** | *Perpetrator* | Assault resulting in serious bodily harm

LTCC | **Contracted Behavioral Health Facility** | *Victim* | Medical Emergency 911 Response w/hospital admit

LTCC | **Contracted Behavioral Health Facility** | *Perpetrator* | Physical assault requiring medical attention

LTCC | **Contracted Behavioral Health Facility** | *Perpetrator* | Sexual assault

LTCC | **Contracted Behavioral Health Facility** | *Victim* | Abuse, Neglect, Or Sexual/Financial Exploitation

LTCC | **Contracted Behavioral Health Facility** | *Victim* | Death

LTCC | **Contracted Behavioral Health Facility** | *Victim* | Severely Adverse Medical Death Outcome

LTCC | **Media event** | Enrollee/individual has attracted, or is likely to attract media coverage

LTCC | *Perpetrator* | Homicide or attempted homicide

LTCC | *Perpetrator* | Kidnapping

LTCC | *Perpetrator* | Arson

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

LTCC | Unauthorized leave from a behavioral health facility during involuntary detention

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:

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:

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
- ☐ 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:

Check all that apply

- ☐ Child Protective Services
- ☐ Adult Protective Services
- ☐ Law enforcement

Other regulating body:

Person completing form

Name

Title

Phone

Email

Supervisor verifying standard review procedures for this incident are being followed

Name

Title

Phone

Email