

Partners in Recovery

POLICY AND
STANDARDS

**Policy Name: Abuse Recognition, Reporting
and Care**

Policy Number: RI - 0005

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

R9-20-202; R9-20-201.B.1(a);R9-20-202.A.1(c)

Policy Statement

Partners in Recovery Direct Care Clinics are committed to ensuring victims of abuse, neglect, and exploitation are identified, that appropriate reports are made in accordance with state laws and that the consumer is appropriately treated.

Purpose

To ensure there are appropriate procedures in place for the identification, reporting and follow-up care to consumers who may be victims of abuse, neglect, and exploitation and to ensure the appropriate notifications are made with regulatory, law enforcement and protective services in accordance with state law.

Scope

Partners in Recovery Direct Care Clinics (DCC).

Key Terms

Abuse

1. The intentional infliction of physical harm or allowing another individual to inflict physical harm; or
2. Causing injury by negligent acts or omissions; or
3. Unreasonable or unlawful confinement; or
4. Sexual abuse, sexual assault, sexual misconduct, molestation, incest or prostitution; or
5. A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm on a client; or
6. Pharmacological abuse

Standards

I. Responsibilities

A. Any staff member, employee, intern or volunteer, suspecting or receiving information of abuse, as defined above, and including physical assault, rape, sexual molestation, domestic abuse, elder abuse or neglect, child abuse or neglect, or exploitation of a consumer, is a mandated reporter. Direct Care Clinic staff may suspect or receive information about the abuse by consumer self-report, noted physical injury or unusual behavior observed, or a third party disclosed the abuse.

- Staff Members, employees, interns and volunteers, are educated about abuse, neglect, exploitation and how to report and refer as appropriate.

- B. Mandated reporters will notify the Behavioral Health Medical Practitioner (BHMP) and/or supervisor on duty about observed or suspected abuse.
- C. The DCC supervisor do not conduct an investigation to determine if abuse occurred unless there is an allegation of abuse between a consumer and a staff member, employee, intern or volunteer. The DCC are responsible for reporting to appropriate agencies and for ensuring the consumer is provided with appropriate care/treatment.

II. Procedures

- A. Any staff member, employee, intern or volunteer, suspecting or observing the abuse of a consumer, or receiving information of abuse or exploitation of a consumer, will immediately contact the BMHP and/or Supervisor on duty. In order to minimize disclosure trauma, the staff member, employee, intern or volunteer will refrain from asking questions of the consumer without specific direction from the BMHP and/or Supervisor on duty.
- B. The Crisis Interventionist or the applicable clinical team member will provide consultation, crisis intervention, make a referral to community services for financial aid, housing, conservator ship, or counseling, as needed.
- C. The Crisis Interventionist or the applicable clinical team member will document the following and any other information required by the law enforcement or protective service agency:
 - 1. Date and time of report;
 - 2. Name of consumer;
 - 3. Age and date of birth;
 - 4. Address, including city and state;
 - 5. Telephone number
 - 6. Alleged perpetrator and witness;
 - 7. Nature of suspected abuse;
 - 8. What happened;
 - 9. Who did it;

10. When did it happen;
 11. Where did it happen;
 12. Observations of the consumer's injury (if any);
 13. Observations of the consumer's demeanor;
 14. Additional information volunteered by the consumer (using exact quotes and verbatim language whenever possible);
 15. Protective service worker identification; and
 16. Law enforcement worker identification.
- D. If not already notified, the Crisis Interventionist or applicable clinical team member will notify the consumer's BMHP and Supervisor on duty, who will determine what if any reporting requirements are necessary.
- E. If it is determined that reporting is necessary, the Crisis Interventionist, applicable clinical team member or the Supervisor on duty, will notify the appropriate authority/agency.
- F. The Crisis Interventionist or applicable clinical team member will assist with completion of the Protective Services/Duty to Warn as applicable.
- G. Adult or elder abuse will be reported to Adult Protective Services agency and the local law enforcement agency by telephone as applicable.
- H. Child abuse will be reported to Child Protective Services and the local law enforcement agency by telephone as applicable. See attached worksheet for guidelines on child abuse reporting.
- I. The Crisis Interventionist or applicable clinical staff member will inquire as to the consumer's safety before the individual leaves the DCC and ensures that the consumer either has a safe place to stay or immediate access to a shelter.
- J. A list of the appropriate private and public community agencies that provide or arrange for assessment and care of abuse victims will maintained at the outpatient clinics.
- K. As required, the Office of Behavioral Health Licensing (OBHL) will be notified verbally within one working day of a reportable incident involving the suspected or alleged abuse

of a consumer and an Incident/Accident/Death Report form will be faxed to OBHL within five working days of the event and to Magellan's QI Department within 48 hours.

Associated Partners in Recovery Forms & Attachments

Incident Reporting Form (PM Form 7.4.1)

Arizona Child Abuse Reporting Guidelines document

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