(was MCCMH Policy 8-08-020)

Chapter:DIRECTLY-OPERATED PROGRAM MANAGEMENTTitle:MORTALITY / TRAUMA DEBRIEFING PROCESS

Prior Approval Date: N/A Current Approval Date: 4/14/09

Approved by: Executive Director Date

I. Abstract

This policy establishes standards and procedures for the provision of a staff debriefing process in the event of the death of a Macomb County Community Mental Health (MCCMH) consumer or another traumatic event.

II. Application

This policy shall apply to all directly-operated network providers of the MCCMH Board.

III. POLICY

It is the policy of the MCCMH Board to provide support services to staff in the event of the death of a consumer or another traumatic event through the authorization of a debriefing team(s).

IV. DEFINITIONS

- A. Debriefing The process of assisting one or more persons to deal with the emotional effects of a difficult or stressful experience.
- B. MCCMH Executive Director Designee May include a Division Director, Area Manager, or Supervisor of staff within the discretion of the Executive Director.

V. STANDARDS / PROCEDURES

A. Following the death of a consumer or other traumatic event, e.g., employee death or direct service unit fire, support services shall be made available to affected staff through a debriefing team(s) approved by the MCCMH Executive

Director or designee.

- B. The debriefing team(s) shall provide a confidential environment in which affected staff can express their reactions to the consumer's death or other traumatic event in order to help minimize the stress inherent to such situations. The members shall have recognized skills in debriefing processes.
- C. Debriefing services may be requested by any MCCMH staff member, Therapist III, Direct Service Unit Supervisor, Area Manager, or the Director of Clinical Services.
- D. In the event of a consumer death, the debriefing team(s) shall include members who have not been involved in the provision of services to the deceased consumer, or in the supervision or administration of the directly-operated provider staff involved with the consumer.
- E. Members of the team(s) shall be selected as appropriate to circumstances to aid staff in the resolution of the emotional effects of the traumatic event. Variance regarding directly-operated provider service delivery and number of staff involved shall be taken into account when determining the size, composition and number of the debriefing teams.
- F. Authorization for release of staff from their regular duties in order to participate in debriefing activities shall be made by the MCCMH Executive Director or designee.

VI. PROCEDURES

- A. Requesting staff may contact the directly-operated provider program Supervisor to make a verbal/written request for staff debriefing and may identify particular individuals to provide the assistance. A copy of the request shall be forwarded to the Area Manager, the Director of Clinical Services, and the Executive Director.
- B. As soon as possible following the request, the directly-operated provider program Supervisor, the Area Manager, and the Director of Clinical Services shall identify the appropriate individual(s) to serve as members of the debriefing team(s). The Executive Director or designee shall approve the composition of the team.
- C. The debriefing team and the directly-operated provider program Supervisor shall arrange the date, time and location of the debriefing process, and notify all participants as soon as possible following approval of the team(s).
- D. Following the debriefing meeting, the team(s) shall determine whether more than

one meeting is needed and whether staff require individualized support to resolve emotional issues surrounding the event.

E. The team shall notify the MCCMH Executive Director and the Quality Assurance (QA) Coordinator when the debriefing process has been completed. The QA Coordinator shall notify other relevant staff.

VII. REFERENCES / LEGAL AUTHORITY

A. MCCMH MCO Policy 8-003, "Sentinel Events, Root Cause Analysis, and Mortality Review."

VIII. EXHIBIT

A. None.