

St. Clair County Community Mental Health Authority  
**Sentinel Event Root Cause Analysis (RCA)**

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Individual Involved: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_  
Start/Stop Times of Incident: \_\_\_\_\_ Event Occurred Previously: ☐ Yes ☐ No  
Other Persons Involved: \_\_\_\_\_

Analysis of Factors			
	Before the Event	During the Event	After the Event
Biological			
Psychological			
Social			
Environmental			

**RCA Findings:**

**Findings Relating to Service Systems Issues:**

**Action Plan for Improvement:**

**Expected Date of Completion:**

**BTPRC Disposition:**