The ROF form must be typed. Handwritten reports will be returned to programs for a typed [report.](https://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5079.pdf) [All fields are required](https://www.dhcs.ca.gov/formsandpubs/forms/Forms/SUDCD/DHCS_5079.pdf) and must be completed unless otherwise noted. Incomplete form may be returned. For questions or consultation regarding ROF’s or reporting incidents, contact BHS QA via QI Matters email: [qimatters.hhsa@sdcounty.ca.gov](mailto:qimatters.hhsa@sdcounty.ca.gov).

See ROF FAQ/Tip Sheet posted on the Optum site for additional details for completing the ROF Form and reporting to BHS QA. Located under “Incident Reporting” tab on the SMH & DMC-ODS Health Plan Optum page.

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| 1. **PROGRAM REPORTING CRITICAL INCIDENT**   *Provide details about program reporting CIR/ROF, including staff completing/submitting the CIR form.* | |
| Program Type | Click to view/select options |
| Agency/Legal Entity Name |  |
| Program Name |  |
| Program Manager Name |  |
| Program Manager Email |  |
| Program Manager Phone Number |  |
| Staff Name Reporting ROF |  |
| Date Staff Reporting |  |
| Contracting Officer Representative (COR) |  |
| Contract # *(if known or available)* |  |

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| 1. **INCIDENT INFORMATION**   *Provide details about the incident: date of incident, ROF submission dates; RCA requirements and date* | |
| Date of Incident |  |
| Was ROF submitted to QA within 30 days of the reported incident? | Yes  No |
| If no, why? |  |
| Is RCA required? | Yes  No |
| If yes, date RCA completed |  |

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| 1. **CLIENT INFORMATION**   *Provide details about the client involved in the incident: client name; electronic health record number; custody info. Note: If OOC Client or Non-BHS Client, this section is not required.* | |
| Client Name |  |
| EHR number, if applicable |  |
| Was the person in custody within the last 30 days? | Yes  No |

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| 1. **OVERDOSE INFORMATION**   *Complete the following for critical incidents related to an overdose.*  *If incident not related to overdose, indicate here:* ​  ​ N/A | |
| 1. Substance involved in the overdose | Click to view/select options  Other: |
| 1. If Opioid was involved, was the client receiving Mediation Assisted Treatment (MAT) services | Yes  No |
| 1. If yes, was the client referred to MAT? | Yes  No  Referred to: |
| 1. If client was not referred to MAT or declined a referral to MAT, please explain: |  |
| 1. Was Naloxone/Narcan administered? | Yes  No  By whom: |
| 1. Was fentanyl specific testing included in all client urine drug screens? | Yes  No  Date of most recent fentanyl specific test: |
| 1. If yes, result of most recent fentanyl specific test | Click to review/select options |
| 1. Was the client given health education about Naloxone/Narcan for overdose prevention as part of treatment prior to the incident (i.e., intake)? | Yes  No |
| 1. Was Naloxone/Narcan kit prescribed or given to the patient for overdose prevention prior to the incident (not including any staff administration of naloxone)? | Yes  No |

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| 1. **CRITICAL INCIDENT OF SUMMARY FINDINGS RESULTS AND RECOMMENDATIONS**   *Describe the results of your investigation and recommendations as a result of the critical incident.*  *NOTE: Section not required if RCA was complete; indicate N/A*  *for this section and complete section 6 below.* |
| 1. Describe the results of your investigation and analysis of the serious incidence |
|  |
| 1. Describe recommendations or planned improvements including a summary of quality/system improvements as a result of the analysis of the critical incident. |
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| 1. **ROOT CAUSE ANALYSIS (RCA)**   *If required, provide details for RCA if an RCA has been completed: if root cause was identified, findings and action items.*  *If RCA has not been completed, indicate N/A* | |
| 1. Was a root cause identified? | Yes  No |
| 1. RCA Summary of Findings | |
|  | |
| 1. RCA Summary of Action Items | |
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| 1. **PROGRAM MANAGER ATTESTATION**   *This section shall only be completed by Program Manager or Designee Only; select only one option.* |
| I am the Program Manager and am attesting that the information provided is accurate.  I am submitting on behalf of the Program Manager and am attesting that the information provided is accurate and has been reviewed with the Program Manager. |