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| Baltimore City Overdose Fatality Review Reporting Form | |
| ***DEMOGRAPHIC INFO*** | |
| **Name** | John Doe |
| **Case number** | XXXXX-XX |
| **Age** | XX |
| **Date of Birth** | XX/XX/XXXX |
| **Sex** | M |
| **Race** | W |
| **Residence ZIP** | XXXXX |
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| **Date of Death** | XX/XX/XXXX |
| **Primary COD** | This information will come from the medical examiner’s office. It will provide the drug(s) believed to have been the primary cause of death. |
| **Substances tested pos. on toxicology screen** | This information will come from the medical examiner’s office. This is a complete report of all substances found in the toxicology screening. |
| **Heroin? (y/n)** | Indicate Y or N based on the report above |
| **Incident location/neighborhood** | Address and the name of the neighborhood it is in |
| **Area of high non- fatal or fatal overdoses** | Here we will list the number of non-fatal and fatal overdoses from data collected by our epidemiologists. |
| Reported Circumstances of Death | This narrative will come directly from the report provided to the medical examiner. Typically this is a report completed by the police department, capturing the scene of the incident. |

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| ***PARTNER REPORTS*** | |
| **Treatment**  **SUD & MH** | This section provides treatment information based on insurance claims for the decedent. This is key for a variety of reasons. Primarily, this allows the committee to know if the person was ever in treatment (mental health and or substance use), length of time and what provider he/she was seeing. This will allow the coordinator to reach out to the provider by phone and letter to ask for their attendance and or input in the case review. |
| **CRISP** | This information is gathered and analyzed by our chief medical advisor. The information from the CRISP dashboards provide in-depth detail to the medical usage of the decedent. This is information includes hospitalizations and emergency room visits. |
| **HCAM (HealthCare Access Maryland)** | Contact within year before death:  Contact during DOD:  Health Insurance coverage year prior to death:  Other public benefits received:  Person called CI&R line:  Received Homeless/ housing services:  Notes: |
| **BCHD: CRRS**  **(Community Risk Reduction Services)** | This section informs the committee about the contact the decedent had with the Community Risk Reduction Team through the Health Department. This team provides access to clean syringes as well as education/training and dispensing of Narcan kits  NEP Client:  Dates of ALL NEP interactions:  Received Staying Alive training:  Received a Naloxone kit:  Record of previous overdose:  Notes: |
| **BHSB: OEND** | This section informs the committee of any interaction the decedent had with the B’More Power team (through Behavioral Health Systems Baltimore)  Received overdose response training & naloxone from BHSB: |
| **DSS**  **(Department of Social Services)** | DSS record of contact:  Reason/Date(s) of contact:  Received public assistance:  Received crisis intervention services:  Next of kin info:  Notes: |
| **MOHS**  **(Mayors Office of Human Services)** | Record of contact:  Contact within a year before death:  Homeless services received:  Other services received:  Enrolled at death:  Next of kin information:  Notes: |
| **EMS** | EMS Record:  Total number of EMS calls since 11/1/11:  EMS calls within 12 months of death:  Destination Codes:  Dates of overdoses:  Have they refused transport for OD:  Recorded number of Naloxone administrations:  Naloxone administered (by EMS) DOD:  Destination Codes:  Illicit or prescription drugs found at the scene (DOD):  Notes: |
| **BPD** | Total number of arrests:  Date(s) of arrest(s) within 12 months prior to death:  Controlled Dangerous Substance (CDS) arrest(s):  Most frequent cause of arrest:  Cause of most recent arrest:  Intimate Partner Violence (IVP) victim or suspect:  Death ruled a homicide:  LEAD participant:  Notes: |
| **DPSCS: BCDC**  **(Baltimore City Detention Center)** | Total number of adult detentions:  Most frequent reason for detention:  Date for most recent detention:  Reason for most recent detention:  Was person ever incarcerated:  Total number of incarcerations:  MH treatment received in jail:  SUD treatment received in jail:  Notes: |
| **SAO**  **(States Attorney’s Office)** | Record with SAO:  Case within a year prior to death:  Number of prosecutions:  SUD Treatment ever mandated by judge:  Notes: |
| **DPSCS: DPP**  **(Department of Parole and Probation)** | Record with DPP:  Amount of time sentenced:  Amount of time served:  SUD TX mandated as a part of supervised release:  Involved in drug court:  Assigned to parole/probation:  Outcome of parole/probation:  Notes: |
| **PDMP** | This is information is obtained from the prescription drug monitoring program (PDMP). This provides information regarding and controlled substance prescribed to the decedent (including date prescribed, date filled, drug name, strength, # of days in the supply, prescriber name/location, pharmacy name/location). |
| **GAPS THAT MAY HAVE BEEN PRESENTED THROUGHTOUT THIS CASE** |  |