

MACOMB COUNTY COMMUNITY MENTAL HEALTH MCCMH SUD Department

Report of Death Procedures

The following procedures should be in place for alerting MCMH of the death of a MCMH SUD funded client and subsequent review of the circumstances of the death, as described below. Per the Macomb County Community Mental Health, MCO Policy, the clinically responsible party shall notify the MCMHC Quality Coordinator by telephone or e-mail within 48-hours of receiving notification or becoming aware of the death of a client. Subsequent to that initial notice, all subcontract providers will provide MCMH SUD with a Report of Death Form, completed and forwarded to MCMH SUD. If the program's investigation of death is in progress at that time, it should be noted on the form and forwarded as an initial report.

REPORT OF DEATH FORM INSTRUCTIONS

Section I:

Provider Name: Enter name of MCMH SUD subcontract provider and site location, if appropriate.

Primary Therapist Name: Enter Name of Primary Therapist or Clinically Responsible party.

Client Name: Enter first, middle and last name of client.

Social Security Number: Enter client's social security number.

DOB: Enter client's date of birth mm/dd/year.

Status of Case: Enter status of case at the time of date.
If discharged, enter date of discharge.

Status of Treatment prior to death: Identify which choice most accurately reflected client's treatment status at the time of death with regard to abstinence, relapse and/or treatment compliance.

Clinical Progress prior to death: Identify which choice most accurately reflected the client's overall progress

just prior to report of death. If status unknown, explain.

DSM-V Diagnosis:

Complete all five DSM-V axes including all Substance Abuse Primary and Secondary and Mental Health Primary and Secondary issues that apply. Admitting or most recent DSM-V diagnoses should be used.

Medications:

Describe all current prescribed or OTC medications used for medical or psychiatric treatment. Include the name of the medication, whether or not it was prescribed, the name of the prescribing physician (if known), whether or not the physician was program staff or a private MD and the date of the most recent medication review, if known. Use reverse of the form to list all medications.

Section II

Date of Death:

Indicate the date of the client's death.

How Program was Notified and Date:

Describe how the program came to be notified of the client's death, (e.g., report by group member, obituary notice, etc.) and the date notified or discovery of death.

Place and Circumstance of Death:

Describe in as much detail as possible the place (e.g., home, auto, hospital) and circumstances of death. Include whether or not use of substances, prescribed or otherwise, was involved in the death, if known. Use reverse side of form to provide additional information as needed.

Preliminary Cause of Death:

Identify the choice that most accurately reflects what is thought to be the cause

of death. If unknown or other, explain.
Provide additional comments or relevant
information on the back of the form.

Section III

Steps taken by Program After Report of

Death

Identify the choice(s) that most accurately reflect what steps the program has taken to investigate the report of death. The program should refer to its policy and procedures for guidance related to an investigation of a client death. If no steps were taken, an explanation as to why must be provided.

Actions Taken as a Result of Program

Investigation.

Briefly describe what steps, if any, the program has taken as a result of the investigation, e.g., revised procedures, updates to forms, etc.

Supervisory Staff Completing MCCMH SUD

Report of Death form and Date:

Enter the name of the supervisory staff who completed the MCCMH SUD Report of Death form and the date the form was completed. This supervisory staff person should serve as the contact person regarding questions or follow up to the completed Report of Death form.