Local Drug Overdose Fatality Review (OFR) Team
Data Use Manual

I. Introduction

Health General Article, Title 5, Subtitle 9, Annotated Code of Maryland ("OFR law"), allows local jurisdictions in Maryland to establish Local Drug Overdose Fatality Review Teams ("OFR teams"). OFR teams conduct confidential reviews of fatal overdose incidents to identify key risk factors for overdose, opportunities for intervention with high-risk individuals and changes to laws, policies, procedures and programs that may prevent future fatal and non-fatal overdoses. To facilitate the case review process, the DHMH Behavioral Health Administration (BHA), in cooperation with the DHMH Office of the Chief Medical Examiner (OCME) and Vital Statistics Administration (VSA), provides OFR teams detailed information on overdose decedents and the circumstances of death. This OFR Data Use Manual contains important information for OFR team members on the methodology employed by DHMH to identify overdose deaths and the specific substances that caused the fatality, guidance on reading and interpreting the data file that DHMH provides to OFR teams ("OFR File") and policies for protecting confidential information.

II. Confidentiality

The OFR law includes requirements for teams and team members to protect the confidentiality of privileged information obtained by the team for case review purposes and the proceedings of the team. Except as necessary to carry out a team's purposes and duties, members of a local team and persons attending closed session of a team meeting may not disclose what transpired at the meeting (other than information that is public record). Members of the team and those who provide information to the team cannot be questioned in any civil or criminal proceeding about information presented in or opinions formed as a result of a case review. Likewise, information, documents or records of a team are not subject to subpoena, discovery or introduction into evidence in any civil or criminal court proceeding (5-906, 5-637.2.)

The majority of the information contained in the OFR File is derived from OCME investigative records and is therefore confidential, protected medical information under COMAR 10.53.01.14A. DHMH policy holds that additional information included in the File by BHA, VSA or any other unit of the Department shall be considered as confidential, protected information in the same manner. Other information may be protected by State or federal law and regulation. Only OFR team members who have signed a BHA-approved OFR Team Confidentiality Agreement may view or otherwise access information contained in the OFR File. OFR team members must agree to not re-disclose to any person, other than another team member, any information in the OFR File without prior authorization, in writing, from BHA.

III. Methodology for Analyzing Overdose Death Records

The methodology for identifying and analyzing alcohol- and drug-related overdose deaths in Maryland was developed by VSA with assistance from BHA, OCME and the Maryland Poison Center. Assistance was also provided by authors of a 2008 Baltimore City Health Department report on overdose deaths.

Sources of Data

Data for overdose deaths occurring in Maryland are obtained from OCME. Maryland law requires OCME to investigate all deaths occurring in the State that result from violence, suicide, casualty, or take place in a suspicious, unexpected or unusual manner. In these instances, information compiled during an investigation is used to determine the manner and cause(s) of death.[1] Depending on the circumstances, an investigation may involve a combination of scene examination, witness reports, review of medical and police reports, autopsy, and toxicological analysis of autopsy specimens. Information collected by the medical examiner during the course of the investigation is recorded in narrative form ("investigative record"). Toxicological analysis is routinely performed when there is suspicion that a death was the result of drug or alcohol intoxication.[2]

For each death, the substance(s) determined by the medical examiner to be directly involved in the death are typically identified in the Cause of Death (COD) field of the OCME record. Although the toxicology report may indicate other substances were present in the decedent's system at the time of death, the medical examiner may determine that these substances did not contribute to the death. Therefore, not all substances detected through toxicological analysis will be listed in the COD field.

When demographic information, such as race/ethnicity, is missing from records provided by OCME, it is obtained from death certificate data files maintained by VSA. County of residence is also obtained from death certificate records since, in some cases, the data are more accurate than the data available to OCME at the time of their investigation.

Identification of Overdose Deaths from OCME Records

OCME case records are selected for review by VSA to identify possible overdose deaths based on the following criteria:

1. The COD field included one or more of the following literal strings: "poisoning," "intoxication," "toxicity," "inhalation," "ingestion," "overdose," "exposure," "chemical," "use," or "effects."
2. The manner of death is classified as either "accident" or "undetermined." This is done to only include deaths that were likely unintentional.

[1] Findings for manner of death may include "natural," "homicide," "suicide," "accident" or "undetermined." Manner of death is classified as undetermined if the medical examiner does not have sufficient evidence to definitively determine whether a death was natural, accidental, or the result of suicide or homicide.

[2] It is important to note that OCME does not always conduct a full drug screen for every suspected intoxication death. Screens that can detect substances that are rarely involved in intoxication deaths are typically used only when the medical examiner receives information indicating that the decedent may have ingested that specific substance.

All records are then reviewed by VSA and any cases that were not alcohol- or drug-related intoxication deaths (such as deaths due to smoke inhalation, carbon monoxide intoxication, cold exposure or chronic use of alcohol or other drugs) are excluded.

Coding of Specific Substances

Following identification of overdose death records, VSA codes each record for the specific substances involved in the death. A record is typically coded for a specific substance based on the presence of the substance's name in the COD or toxicology report. However, VSA employs distinct methods for coding death records for heroin. These methods are described below.

Coding of Heroin-Related Deaths

Cause of death information, toxicology results and scene investigation reports are reviewed to identify deaths that are heroin-related. Since heroin is rapidly metabolized into 6-monacetylmorphine and morphine, deaths that do not meet the criteria below, but are associated with morphine through either COD information or toxicological results, are considered to be heroin-related unless information contained in the investigative report does not support that conclusion. A death is considered to be a confirmed heroin-related death if:

- "Heroin" is mentioned in the COD field; or
- The toxicology screen shows a positive result for 6-monacetylmorphine; or
- The toxicology screen shows positive results for both morphine and quinine (a common cutting agent); or
- The death is identified as heroin-related through scene investigation.

Since morphine is often the only metabolite of heroin that can be detected by the time a toxicology screen is conducted, deaths that do not meet the criteria above, but are associated with morphine through either COD information or toxicological results, are considered to be heroin-related unless information contained in the investigative report does not support that conclusion. Since it is likely, but not certain, that these deaths are heroin-related, they are coded as 'suspected' heroin deaths.

Statewide Maryland Automated Record Tracking (SMART) Data Matching

Publicly-funded, State-certified substance abuse treatment programs are required to report data reflecting primary-patient admissions and discharges to the SMART system, a Web-based tool that supports a consent-driven patient-tracking system. Programs receiving any public funds are required to report data on all their patients regardless of the source of payment for individual patients.

Admission, Enrollment, Disenrollment and Discharge Definitions

"Admission" is when a patient is admitted to a treatment program.
"Enrollment" is when a patient is enrolled in a specific level of care within a treatment program.
"Disenrollment" is when a patient is disenrolled from a specific level of care within a treatment program.
"Discharge" is when a patient is discharged from a treatment program.

Most admissions involve enrollment in a single level of care, but about 20% of admissions involve patients that start in a certain level of care but are subsequently transferred to another level within the same program. The admission and discharge dates mark the start and end of a treatment episode with a specific program. The first enrollment will have the same date as the admission. Any subsequent enrollments in that episode will have different enrollment dates but the same admission dates. At disenrollment, a program must report the date and reason for dis-enrollment. The categories of reason for disenrollment are essentially the same as the reasons for discharge. The final disenrollment from a level of care in a program has the same date as the discharge date.

Data Matching Process

BHA conducts matching between decedent information from OCME records and SMART data using a two-step process. First, decedent identifiers (including sex, date of birth and the first two letters of the last name) are used to match with the "SMART ID," a unique patient identification number generated by SMART that is a composite of these identifiers and the last four digits of the patient's Social Security number. This yields a list of treatment enrollments and episodes associated with the SMART ID. Each treatment enrollment/episode is then verified by accessing the full identifying information about the patient (including full name) in the treatment program's SMART records. This step is used to confirm whether or not the initial SMART ID match is valid. Exact and close matches are kept; "close" means a suspected misspelling of the name or a nickname.

IV. Reading & Interpreting the OFR File

The OFR File contains information on overdose deaths occurring in your jurisdiction and deaths of identified residents of your jurisdiction investigated by OCME.[3] For each death record, the File includes data pulled from OCME's case record, VSA's death certificate records and coded information entered by VSA. The File is delivered to OFR teams as an Excel file containing two worksheets.

Worksheet 1

Worksheet 1 contains information from OCME and VSA records arranged in columns, including:

1. **Case Number** (CaseNum): OCME's case number for the death investigation.
2. **Last Name** (Name Last)
3. **First Name** (Name First)
4. **Middle Name** (Name Middle)
5. **Suffix** (Name Suffix): Decedent's name suffix (if any), including "Sr.", "Jr." etc.
6. **OCME Residential Address** (Res Addr): Decedent's residential address information as recorded by OCME during investigation. An empty cell indicates no information entered by OCME.
7. **OCME Residential City** (Res City): Decedent's residential city as recorded by OCME during investigation. An empty cell indicates no information entered by OCME.

[3] Note that the LOFRT File will not contain information on deaths of residents of your jurisdiction that occurred outside of Maryland.

8. **OCME Residential County** (Res County): Decedent's residential county as recorded by OCME during investigation. An empty cell indicates no information entered by OCME.
9. **VSA Residential County** (rRES_CO): Decedent's residential county as recorded by VSA on decedent's death certificate (see "Sources of Data," above).
10. **OCME Residential State** (Res State): Decedent's residential state as recorded by OCME during investigation. An empty cell indicates no information entered by OCME.
11. **OCME Residential Zip Code** (Res Zip): Decedent's residential zip code as recorded by OCME during investigation. An empty cell indicates no information entered by OCME.
12. **Age** (Age): Decedent age at the date of death.
13. **Date of Birth** (Date of Birth)
14. **Sex** (Sex)
15. **Race** (Race): When information on race/ethnicity is missing from records provided by OCME, it is obtained from death certificate data files maintained by VSA.
16. **Date of Death** (Date of Death)
17. **Year of Death** (Year of Death)
18. **Month of Death** (Month of Death)
19. **Incident Location** (Incident Location): Physical address where overdose occurred as identified by OCME during investigation. An empty cell indicates no information entered by OCME.
20. **Incident City** (Incident City): City where overdose occurred as identified by OCME during investigation. An empty cell indicates no information entered by OCME.
21. **Incident Zip Code** (Incident Zip): Zip code where overdose occurred as identified by OCME during investigation. An empty cell indicates no information entered by OCME.
22. **OCME Case Type** (Case Type): Indicates whether cause(s) and manner of death were determined though full autopsy, partial autopsy or OCME inspection.
23. **Manner of Death** (Manner): Indicates the manner of death as determined by OCME during investigation. Overdose deaths will only be marked as "accident" or "undetermined" (see "Identification of Overdose Deaths from OCME Records," above).
24. **Cause of Death** (CODICD): Cause of death as determined by OCME during investigation. This field will include a list of substances that the medical examiner believes caused or contributed to the fatality.
25. **Heroin Involvement (Heroin): Indicates whether the death involved heroin based on the methodology described above (see "Coding of Heroin-Related Deaths). A cell value of zero ("0") indicates heroin was not involved. A cell value of one ("1") indicates that heroin was involved. Note that both confirmed and suspected heroin deaths will be coded with a 1.**
26. **OCME Investigation Narrative (Activity Comments):** contains narrative information from the OCME investigative record. The information is collected by the medical examiner through scene examination, inspection of the decedent, witness reports, review of medical and police reports, discussions with next-of-kin, first responders and other attending medical personnel, etc.
    NOTE: Narrative information from the investigative record is often not independently verified and should NOT be accepted as inherently factual. LOFRTs should use other data sources to confirm or refute any relevant information contained in the investigative record.

Worksheet 2

Worksheet 2 contains treatment data from SMART that is matched with OCME cases using the methodology described above.

Field Source and Definition

Below is a list of the data fields provided with the source record and definition of the field.

Field	Source Record	Definition
Date of Admission	Admission	The initial direct treatment service, created each time a patient is admitted to a treatment program.
Highest School Grade Completed	Admission	Number based on the last completed grade. High School Graduate = 12. College = 13 through 16. Post-graduate would be any number greater than 16
Employment Status at Admission	Admission	Options: Disabled, Full-time Employed, Homemaker Full-Time, In Skills Development, Training or School, Incarcerated, Other Out of Work Force, Part-Time Employed, Retired, Retired/Disabled, Unemployed
Veteran Status	Admission	Options: Non-Veteran, Veteran
Number of Prior Admissions	Admission	Self-reported number of prior admissions to any program for any substance
Living Arrangement at Admission	Admission	Living arrangement for 30 days prior to admission. Options: Dependent Living, Homeless, Independent Living.
Source of Referral	Admission	Juvenile Justice TASC DWI/DUI Related Pre-Trial Probation Parole State Prison Local Detention DHMH Court (HG-507) Drug Court Other Criminal Justice Self-Referral Parent/Guardian/Family SUD Care Provider Other Health-Care Provider School Student Assistance Program Employer/EAP DSS/TCA Other Community Referral AIDS Administration BHA

Field	Source Record	Definition
		DHMH (HG-505) Poison Control Agency Attorney
Clinic ID	Admission	Treatment provider identifier assigned by SAMHSA in conjunction with its Inventory of Substance Abuse Treatment Services (I-SATS)
Facility ID	Admission	Treatment provider's BHA-assigned specific location identifier for providers with multiple facilities
Residence	Admission	Maryland county or state of residence of patient upon admission
Current Mental Health Problem(s)	Admission	Yes/No: Counselor's impression as to the patient's need for mental health services
sud1	Admission	Primary substance problem
sud2	Admission	Secondary substance problem
sud3	Admission	Tertiary substance problem
Date of Enrollment	Enrollment	Date entering a particular level of care within a program
Level of Care	Enrollment	American Society of Addiction Medicine (ASAM) Level of Care: Level 0.5 (Early Intervention) Level I (Outpatient) Level I.D (Ambulatory Detox Level II.1 (Intensive Outpatient) Level III.1 (Halfway House) Level III.3 (Long-term Residential) Level III.5 (Therapeutic Community) Level III.7 (Short-term Residential) Level III.7.D (Residential Detox) Level IV (Hospital) Level IV.D (Hospital Detox) OMT (Opioid Maintenance Therapy OMT.D (Opioid Detox Therapy) Level II.5 (Partial Hospitalization) Level II.D (PH Detox) Assessment Continuing Care
Date of Dis-Enrollment	Enrollment	Date patient was dis-enrolled from a specific level of care within a program
Reason For Dis-Enrollment	Enrollment	Options: Completed Treatment Plan

Field	Source Record	Definition
		Transferred Referred Incarcerated Health Problems Death Non-Compliance with Program Rules Patient Left Before Completing
Date of Discharge	Discharge	Date discharged from program (the date of last face-to-face contact with the patient)
Reason For Discharge	Discharge	Options: Completed Treatment Plan Completed Treatment Plan - Transferred Completed Treatment Plan - Referred Incomplete Treatment - Transferred Incomplete Treatment - Referred Incarcerated Health Problems Death Non-Compliance with Program Rules Patient Left Before Completing

V. Technical Assistance

For questions or technical assistance with using the OFR File or other information about the overdose fatality review process, please contact:

Erin E. Haas, MPH
Overdose Prevention
Local Programs Manager
Maryland Department of Health and Mental Hygiene
Behavioral Health Administration
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
(P) 410-402-8574
erin.haas@maryland.gov