MVBCN Regional Review of Client Deaths and Suicide Attempts

Please provide all of the following information your staff has regarding the client death or suicide attempt. Date: ____________________________

Medicaid ID #

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Gender:

❒ Male
❒ Female

Client's Age:

❒ 0-12
❒ 13-18
❒ 19-25
❒ 26-49
❒ 50-65
❒ 66-80

Ethnicity:

❒ Caucasian
❒ Hispanic/Latino
❒ African American
❒ Native American
❒ Asian
❒ Other (specify):____________
____

Diagnoses at most recent contact: (Primary and Secondary, list all)

Axis 1. ____
Axis 2. ____
Axis 3. ❒ None If yes, list: ____
____
Axis 4. ____
Axis 5. ____

Substance Abuse:

❒ Previous
❒ Current - At time of Incident

Substance Abuse Treatment:

❒ Previous
❒ Current - At time of Incident

Medication:

❒ Yes ❒ No Prescribed psychotropic medication at time of death?
❒ Yes ❒ No Taking as prescribed at most recent contact?
❒ Yes ❒ No ❒ Erratic History of use as prescribed?

Involvement in Treatment:

	Frequency scheduled	Attendance	Engagement
Medication management	____________	❒ Hi ❒ Med ❒ Low	❒ Hi ❒ Med ❒ Low
Case management	____________	❒ Hi ❒ Med ❒ Low	❒ Hi ❒ Med ❒ Low
Individual counseling	____________	❒ Hi ❒ Med ❒ Low	❒ Hi ❒ Med ❒ Low
Family therapy	____________	❒ Hi ❒ Med ❒ Low	❒ Hi ❒ Med ❒ Low
Group counseling	____________	❒ Hi ❒ Med ❒ Low	❒ Hi ❒ Med ❒ Low
Other services (specify)	____________	❒ Hi ❒ Med ❒ Low	❒ Hi ❒ Med ❒ Low

____

Intake scheduled for ____________

Vocational Involvement:

❒ In school
❒ Employed
❒ Receiving vocational services

Other Agencies Involved with Client:

❒ DHS Child Welfare
❒ Corrections
❒ DHS Self Sufficiency
❒ OYA
❒ Other (specify): ______________________

History of Suicidality:

If yes, when?	*Previous Week*	*Previous Month*	*Previous Year*	*Past 3-5 Years*	*5+ Years Ago*
❒ No ideation; no attempts	❒	❒	❒	❒	❒
❒ Ideation only	❒	❒	❒	❒	❒
❒ 1-2 attempts (serious; potentially lethal)	❒	❒	❒	❒	❒
❒ 3-4 attempts	❒	❒	❒	❒	❒
❒ 5 plus attempts	❒	❒	❒	❒	❒

Contact with provider by client in week prior to incident: **(Check all that apply)**

❒ None
❒ Phone contact with worker/therapist
❒ Phone contact with other agency staff
❒ In-person contact within 1 week
❒ In-person contact within 1 day
❒ Crisis Line call
❒ Presented at PCC or other crisis service
❒ Presented at Emergency Room
❒ Emergency Services intervention (EMT's)
❒ Call to agency by concerned family/friend/worker

Housing Status at Time of incident:

❒ Living Alone
❒ Living with family, significant other or friends
❒ Living in group living situation with supervision
❒ Living in group living situation without supervision
❒ Homeless
❒ Other (specify): ______________________________

Family relationships at time of incident:

❒ Close contact with family
❒ Some contact with family
❒ Little or no contact with family
❒ Recent family crisis

Legal Status at Time of Incident:

❒ Incarcerated
❒ On probation or parole
❒ No legal involvement
❒ Other (specify): ______________________________

Location of Incident:

❒ Jail
❒ Home
❒ Community

Comments: