



Traverse City Police Department Quick Response Team Report an Overdose Form



Section 1 of 3: Contact Information

Fill out this form any time you learn about an overdose. It is confidential and will be used for tracking purposes and, if desired, to reach out to an individual to offer options for treatment and safer use.

This form does not require the name or specific demographic information for a person who has overdosed. If you are unable to provide us with information about the person who overdosed, please tell them about the Traverse City Police Department Quick Response Team. They can contact the QRT at the email listed on the back of this form or phone at **231-631-9263**.

1. What is your role in completing this form?

- Community-Based Organization staff (ATS, CHS, CMH, etc.)
 Health Care/EMS
 Law Enforcement
 Individual (i.e. family member, friend, co-worker, etc.)
 Other: _____

2. Contact information for the person completing this form (*this information will not be shared*)

Name: _____
Organization Name: _____
Email address: _____
Phone Number: _____

Section 2 of 3: Reporting an Overdose (HIPAA Compliant)

3. Do you know the exact or approximate date of the overdose you are reporting? Yes No
If yes, enter date: _____

4. To the best of your knowledge, has this reversal(s) already been reported to any other Organization? (MDHHS, EMS or a syringe service program) Yes No Unknown

5. Was 911 called for this overdose? Yes No Unknown

6. Was Naloxone (Narcan) used during this overdose? Yes No Unknown
If yes, how many doses? _____

7. Did the person overdosing survive? Yes No Unknown

8. Has anyone been able to talk with the person who overdosed and/or their support system about the overdose and/or recovery options? Yes No Unknown

9. To your knowledge, was a Naloxone kit given to the individual(s) related to this overdose?
 Yes: Number of Kits _____ No Unknown

10. If yes, did the kit(s) contain information about the QRT or a "Don't Run, Call 911" Flyer?
 Yes No Unknown

11. Where did this overdose occur?

- Unknown
 Within the city limits of Traverse City
 Within Grand Traverse County but not within the city limits of Traverse City
 Somewhere in the Grand Traverse area, but I'm not sure if it was city or county
 Outside Grand Traverse County

If an individual or their support system is open to follow up and you are able to provide additional information, please complete the back of this form. Otherwise, please provide information about the Quick Response Team and submit this form as indicated on the back of this form.

Section 3 of 3: Follow-up & QRT (Optional)

You have indicated that you would like follow up for the person who has experienced overdose, their family, or someone else struggling with drugs and/or alcohol. Please complete as much of this form as possible for better follow up.

12. What is the address of the overdose you are reporting? (You may provide a specific address or cross street or general location, like "behind Tom's East Bay" or "near Webster & Rose")

13. Name of the person who overdosed: _____

14. Who would you like us to follow up with? (Check all that apply)

- The person who experienced overdose
- A friend/family member of the person who overdosed
- Someone else in my life who struggles with drug/alcohol use
- Myself
- Unknown

15. What type of follow up would you like for this person/people? (Check all that apply)

- Treatment options for sobriety
- Options for safer use/harm reduction
- Grief counseling and/or resources
- Other: _____

16. If there is anyone else we should follow up with, other than the person completing this form or the person who overdosed, please list their name(s) and phone number(s) below.

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

17. Do the person/people you are referring for follow up know you referred them? Yes No

18. Can we tell the individual(s) you are referring who referred them? Yes No

19. Would you like more information on QRT or to discuss how you can become a part of the QRT?

- Yes – The Traverse City PSW will contact you for follow up at your phone number provided.
- No

20. Comments on any portion of this form (Optional).

Send completed form to Jennifer Holm, LMSW, TCPD PSW at jholm@traversecitymi.gov or the Traverse City Law Enforcement Center, 851 Woodmere Avenue, Traverse City, MI 49686

Mission Statement: The Traverse City Police Department QRT will implement Quick support to individuals at risk for, and following, overdose. Due to the correlation between substance misuse, mental health and homelessness, the QRT will also address (Respond to) the systemic barriers to recovery by examining gaps in local social service provisions and supporting wrap-around services for vulnerable populations in Traverse City.