

House Concurrent Resolution 50 of the 2018 Regular Legislative Session

Summary of Findings

Prepared by:

Louisiana Violent Death Reporting System (LA-VDRS) Program

Louisiana Department of Health

Office of Public Health

Bureau of Family Health

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Executive Summary

Violence is a public health concern negatively affecting Louisiana's residents, communities and economy. In the 2018 Legislative session, Representative Edward "Ted" James proposed House Bill 458 to facilitate the sharing of information on violent deaths between law enforcement and coroner agencies and the Louisiana Department of Health's (LDH) federally funded National Violent Death Reporting System (NVDRS) initiative sponsored by the Centers for Disease Control and Prevention (CDC). The legislation was intended to serve as a single piece of legislation that would give law enforcement agencies and coroners' offices legislative protections to share case level investigative information with the Office of Public Health. It had been suggested by attorneys representing law enforcement that one clear piece of legislation would protect them from sharing with public health which was not an exemption under the public records legislation. The bill further delineated the protections that legislatively exist to protect information shared with the Office of Public Health in its course of investigations. i.e., Louisiana Revised Statute 40:3.1. House Bill 458 received opposition from the Louisiana's Coroner's Association, Sheriff's Association, the District Attorney's Association, and the Louisiana State Police. The bill sponsor decided to withdraw the bill and create a mechanism to further study a solution for data collection for NVDRS. House Concurrent Resolution (HCR) 50 was the resulting urge and request for LDH and the stakeholder organizations to identify a means to enable the collection of comprehensive information on violent death cases, defined as suicides, homicides, deaths of undetermined natures, deaths due to legal intervention, unintentional firearm death, or death due to terrorism.

This report is a compilation of the study committee's proceedings and identified solution. It outlines participating organizations, the approach to reaching consensus, meeting agendas and discussion notes and decisions, data collection process, and summary templates for collection of required data.

The main findings from the study subcommittee include:

- Legislation (LA RS 40:3.1) exists that protects information provided to the Office of Public Health in the course of investigations
- Public records laws (LA RS 44:4.1) do not include specific exemptions for public health. Law enforcement agencies would only be comfortable sharing the required information to public health with approval from the prosecuting district attorney of the relevant jurisdiction.
- When discussing an amendment to LA RS 44:4.1, there was lack of agreement of the members on the necessity for, or the potential success of, any future proposed legislation to solve this issue.
- In order to best report, understand and characterize violent deaths, the Study Committee recognizes the need for standardized data collection tools. The committee also recommends that any such tool must be designed as to not create undue burden on the participating agencies as well as assurances for confidentiality for data.
- The most appropriate next step would be legislation, but in the absence of legislation that mandated sharing of investigative information, agencies should voluntarily decide to participate and identify and agree upon the extent of data they would provide.

- Agencies could be encouraged to participate by the professional Associations – Louisiana District Attorneys Association, Louisiana Coroners Association, District Judges Association, Louisiana Sheriff’s Association, and the Louisiana Association of Chief of Police.

Section 1 – Overview of National Violent Death Reporting System (NVDRS)

Violence is a public health concern negatively affecting Louisiana’s residents, communities and economy. In the 2018 Regular Legislative Session, Representative Edward “Ted” James proposed House Bill 458 to facilitate the sharing of information on violent deaths between law enforcement and coroner agencies and the Louisiana Department of Health’s (LDH) federally-funded National Violent Death Reporting System (NVDRS) initiative sponsored by the Centers for Disease Control and Prevention (CDC). The legislation was intended to serve as a single piece of legislation that would give law enforcement agencies and coroners’ offices legislative protections to share case level investigative information with the Office of Public Health.

House Concurrent Resolution (HCR) 50 was the final result of House Bill 458 which urged and requested the Louisiana Department of Health and the designated organizations to identify a means to enable the collection of comprehensive information on violent death cases, defined as suicides, homicides, deaths of undetermined intent or manner, deaths due to legal intervention, unintentional firearm death, or death due to terrorism.

Louisiana participates in the NVDRS which collects *the who, what, when, where, and how* to help understand the *why* behind violent deaths. It is the only state-based active surveillance (reporting) system that merges and standardizes data from vital records, coroners and law enforcement on violent deaths into one comprehensive usable, anonymous, web-based database. At the time of the proposed legislation, Louisiana was one of 42 states participating in the national reporting system. Shortly thereafter, the US Congress appropriated funding for all 50 states and US territories to participate in the NVDRS. As of October 1, 2018, NVDRS is a national comprehensive, systematized, standardized surveillance system for violent death.

The NVDRS dataset is the nation’s one stop source of information on suicides, homicides, unintentional fatal shootings, and law enforcement related fatalities. The data give a clearer picture of violent death and act as a tool to detect trends, and evaluate which policies, programs and strategies have the most impact. Providing these analyses to partners allows them to understand trends in their community and to concentrate their resources where most needed. In addition, with accurate and timely NVDRS data, the state can appropriately describe the problem of violence on communities and impact the targeting and success of prevention activities.

Subsection 1.1 – Purpose of the Committee

The purpose of the HCR 50 study committee was to “identify means by which to enable the collection of comprehensive information, prepared and compiled with the death of an individual who suffered a violent death.” The Louisiana Department of Health (LDH) was to “engage, collaborate with, and obtain information from designated organizations and additional parties with appropriate expertise to provide guidance on this matter. LDH convened a study group as directed and is required to submit a summary of committee findings outlining the identified procedure or mechanism for sharing information between the Office of Public Health (OPH) and coroners and law enforcement agencies, and any others in the connection with the death of an individual who has suffered a violent death.

Subsection 1.2 – Committee members

HCR 50 outlined a list of designated organizations and included a provision that allowed for the engagement, and collaboration with and obtaining information from “stakeholder groups or additional parties with appropriate expertise to provide guidance on this matter.”

HCR 50 stipulated inclusion of the following individuals or designated agency representatives:

- Louisiana State Police (Superintendent or designee)
- Louisiana Association of Chiefs of Police (President or designee)
- Louisiana Sheriff’s Association (Executive Director or designee)
- Louisiana District Attorney’s Association (Executive Director or designee)
- Louisiana District Judges Association (President or designee)
- Louisiana Supreme Court (Chief Justice or designee)
- Baton Rouge Police Department (Chief or designee)
- East Baton Rouge District Attorney (or designee)
- Louisiana State Coroners’ Association (President or designee)
- Louisiana Department of Health (Deputy Secretary or designee)
- Louisiana Office of Public Health (Assistant Secretary or designee)

Additional organizations currently participating in the NVDRS project are the Calcasieu Parish Sheriff’s Office, the Jefferson Parish Sheriff’s Office, East Baton Rouge Sheriff’s Office, the New Orleans Police Department, and the Jefferson and Orleans Parishes Coroners’ offices.

Subsection 1.3 – Proceedings

The committee convened twice on August 6, 2018 and September 13, 2018. Meetings were held at LDH Bienville Building.

Section 2 – Data Collection Process

Per NVDRS program guidelines, required data sources are to be secured by the grantee staff from the state Vital Records authority, law enforcement and coroners. The group discussed the types of data needed and mechanisms for obtaining the needed information. Data collection is the main responsibility of the Louisiana NVDRS staff. Participating agencies are only asked to submit known data variables. NVDRS does not require any investigation above and beyond that which is routinely performed by an investigating agency. Per protocol, by mid-month, Louisiana Vital Records provides electronic files from which all qualifying deaths can be extracted, de-identified and imported into the secure national data reporting system. The local Louisiana team then communicates with the responsible investigating law enforcement and coroners to officially request the needed information. The NVDRS supports data abstraction services and has trained data abstraction personnel who are available to assist law enforcement and coroner agency staff with data abstraction and data entry into the electronic system. If agencies prefer, they can abstract all known variables on one of the created templates and forward via a secure mechanism to the OPH NVDRS team.

NVDRS data request process:

- NVDRS team reaches out to agency via telephone to notify them of a case in need of data.
- NVDRS team provides an official request letter and template marked confidential. (See Attachment A)
- NVDRS team offers the services of data abstraction staff to come and abstract onsite.
- Agency forwards requested information to the NVDRS team or the NVDRS team goes on location and directly abstracts information and enters into the anonymized system.
- Agencies are asked if they require a memorandum of understanding with OPH. Should one be needed, the MOU is written up and shared with the agency for review and revisions if needed prior to the signing and provision of data.
- All hard copy records forwarded to OPH only include an identification number and no other protected information. All templates are marked confidential and are only used by the approved Louisiana NVDRS data abstraction staff. All hard copies are maintained in a locked filing cabinet within the offices of OPH Bureau of Family Health (BFH) in the Benson Tower in New Orleans.
- All participating agencies are invited to participate on the NVDRS State Advisory Body.
- Requests for aggregate data will be provided to stakeholders. NVDRS staff will not identify agencies responsible for investigations, however, an individual agency may request its own information and can approve the sharing of its agency data with others on a case-by-case basis.
- NVDRS staff will track data requests and maintain signed approvals for use of any agency specific data.

Subsection 2.1– Committee Findings

The committee proposed templates for law enforcement and coroner agencies. The templates include the main data variables collected by the NVDRS. Per committee discussion, the comprehensive list of required variables was pared down to 1) decrease burden for the collecting agency and 2) to exclude firearm questions that may make some providers suspicious of the motives of the national project.

Agencies are given the option of abstracting their own data onto the templates and forwarding to the NVDRS team or working with approved trained NVDRS Abstractors to collect the information.

The NVDRS team will work with the source agency to identify the least burdensome data collection option for the agency.

The main findings from the study subcommittee include:

- Legislation (LA RS 40:3.1) exists that protects information provided to the Office of Public Health in the course of investigations
- Public records laws (LA RS 44:4.1) do not include specific exemptions for public health. Law enforcement agencies would only be comfortable sharing the required information to public health with approval from the prosecuting district attorney of the relevant jurisdiction.
- When discussing an amendment to LA RS 44:4.1, there was lack of agreement of the members on the necessity for, or the potential success of, any future proposed legislation to solve this issue.
- In order to best report, understand and characterize violent deaths, the Study Committee recognizes the need for standardized data collection tools. The committee also recommends that any such tool must be designed as to not create undue burden on the participating agencies as well as assurances for confidentiality for data.
- The most appropriate next step would be legislation, but in the absence of legislation that mandated sharing of investigative information, agencies should voluntarily decide to participate and identify and agree upon the extent of data they would provide.
- Agencies could be encouraged to participate by the professional Associations – Louisiana District Attorneys Association, Louisiana Coroners Association, District Judges Association, Louisiana Sheriff's Association, and the Louisiana Association of Chief of Police.

Subsection 2.2 – Data Collection Templates

Included as Attachment A.

Subsection 2.3 – Attachment

Attachment A: Data Abstraction Templates

Louisiana Department of Health

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www.ldh.la.gov



www.facebook.com/LaHealthDept



www.twitter.com/LADeptHealth

Attachment A: Data Collection Templates*

Coroner

Law Enforcement

*These templates look similar but include slightly different information.

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Victim Demographic Information

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____
 Gender: _____ Transgender Sexual Orientation _____ Race: _____ Hispanic/Latino/Spanish
 Currently in a Relationship: _____ Sex of Partner _____
 Victim was homeless **Current** Occupation: _____ Retired Unemployed Current/Former Military

Injury and Death Information

Injury Date: ___/___/___ Injury Address: _____ Manner of Death: _____
 Injured at own home Injured while in custody EMS at scene Alcohol use suspected when injured

Autopsy and Toxicology Information

Height (in inches): _____ Weight (in pounds): _____ If Female, Pregnancy Status: _____
 Number of Penetrating Wounds i.e. knife or bullet (bullet entry counts as 1 wound; bullet exit counts as another): _____
 Number of bullets that hit victim: _____ Note: one shotgun blast = 1 wound

Penetrating Wound Locations (check if present):

Head <input type="checkbox"/>	Face <input type="checkbox"/>	Neck <input type="checkbox"/>	Upper Extremity <input type="checkbox"/>
Spine <input type="checkbox"/>	Thorax <input type="checkbox"/>	Abdomen <input type="checkbox"/>	Lower Extremity <input type="checkbox"/>

Alcohol and Drug Testing (enter regardless of weapon type; tests may be from any bodily fluid, except blood alcohol concentration, BAC):

Toxicology Tested - Yes No
 Date Specimens Collected: ___/___/___ Time Collected: _____ AM PM

Substance Type	Tested	Positive
Alcohol BAC (mg/dl): _____ %	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide (CO) Source: _____	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
Anticonvulsants	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotics	<input type="checkbox"/>	<input type="checkbox"/>

Substance Type	Tested	Positive
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Relaxants	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	<input type="checkbox"/>	<input type="checkbox"/>

(List any additional substances on back of this form)

Circumstances – Complete the following for **ALL MANNERS OF DEATH**

NOTE: each circumstance checked should be explained in the narrative (see pg.4)

Mental Health and Substance Abuse Related:

Current depressed mood	<input type="checkbox"/>	Current mental health treatment	<input type="checkbox"/>	Other substance problem/abuse	<input type="checkbox"/>
Current mental health diagnosis(es) <small>Please List:</small> _____	<input type="checkbox"/>	Ever treated for mental health or substance abuse problem	<input type="checkbox"/>	Other addiction <small>Please List:</small> _____	<input type="checkbox"/>
		Alcohol problem	<input type="checkbox"/>		

Relationship Problems / Exposure to Violence

Intimate partner violence	<input type="checkbox"/>	Family relationship problem	<input type="checkbox"/>	Abuse or neglect led to death	<input type="checkbox"/>
Intimate partner problem	<input type="checkbox"/>	Other relationship problem	<input type="checkbox"/>	History of abuse or neglect as a child	<input type="checkbox"/>

Physical fight (2 people)	<input type="checkbox"/>
Argument <i>Timing of Argument:</i> _____	<input type="checkbox"/>

Previous perpetrator of violence in the past month	<input type="checkbox"/>
Previous victim of violence in the past month	<input type="checkbox"/>

Crime and Criminal Activity

Precipitated by another crime <i>Crime(s) Type:</i> _____	<input type="checkbox"/>
First crime in progress	<input type="checkbox"/>

Prostitution or sex trafficking	<input type="checkbox"/>
Stalking	<input type="checkbox"/>

Gang Related	<input type="checkbox"/>
Walk-by assault	<input type="checkbox"/>

Circumstances – Complete the following for **HOMICIDE & LEGAL INTERVENTION** Deaths only

Justifiable self defense	<input type="checkbox"/>
Victim was a police officer on duty	<input type="checkbox"/>
Victim was a bystander	<input type="checkbox"/>
Random violence	<input type="checkbox"/>

Mercy killing	<input type="checkbox"/>
Hate crime	<input type="checkbox"/>
Jealousy (lover's triangle)	<input type="checkbox"/>
Brawl (3 people or more in a physical fight)	<input type="checkbox"/>

Victim was an intervener	<input type="checkbox"/>
Victim used a weapon	<input type="checkbox"/>
Drive-by shooting	<input type="checkbox"/>
Drug involvement	<input type="checkbox"/>

Circumstances – Complete the following for **SUICIDE & UNDETERMINED** Deaths only

History of suicide attempts	<input type="checkbox"/>
Disclosed suicidal thoughts or intent to commit suicide <i>To whom:</i> _____	<input type="checkbox"/>
Left a suicide note	<input type="checkbox"/>
Disaster exposure	<input type="checkbox"/>

History of expressed suicidal thoughts or plans	<input type="checkbox"/>
Contributing criminal legal problem	<input type="checkbox"/>
Civil legal problems	<input type="checkbox"/>
Anniversary of a traumatic event	<input type="checkbox"/>
Suicide of friend or family	<input type="checkbox"/>

Contributing physical health problem	<input type="checkbox"/>
Job problem	<input type="checkbox"/>
Financial problem	<input type="checkbox"/>
School problem	<input type="checkbox"/>
Eviction or loss of home	<input type="checkbox"/>
Non-suicide death of friend/family	<input type="checkbox"/>

Circumstances – Complete the following for **UNINTENTIONAL/ACCIDENTAL FIREARM DEATHS** only:

Hunting	<input type="checkbox"/>
Self-defensive shooting	<input type="checkbox"/>
Target Shooting	<input type="checkbox"/>
Thought safety was engaged	<input type="checkbox"/>

Playing with gun	<input type="checkbox"/>
Loading or unloading gun	<input type="checkbox"/>
Cleaning Gun	<input type="checkbox"/>
Showing gun to others	<input type="checkbox"/>

Gun defect or malfunction	<input type="checkbox"/>
Thought gun was unloaded	<input type="checkbox"/>
Unintentionally pulled trigger	<input type="checkbox"/>
Other mechanism of injury	<input type="checkbox"/>

Weapon Information

Primary Weapon Description (e.g. Knife, gun, hanging/rope, blunt instrument, poison, hands/fist) _____

For any death involving a ***firearm***, enter the following:

Number of *non-fatally* shot persons: ____ Gun Owner/Relationship to victim: _____

Gun stored loaded Gun stored locked Gun reported stolen

Brief Narrative of the Incident

or See Attached

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Victim Demographic Information

Last Name: _____ First Name: _____ Middle Name: _____ DOB: _____
 Gender: _____ Transgender Sexual Orientation _____ Race: _____ Hispanic/Latino/Spanish
 Currently in a Relationship: _____ Sex of Partner _____
 Victim was homeless **Current** Occupation: _____ Retired Unemployed Current/Former Military

Injury and Death Information

Injury Date: ____/____/____ Injury Address: _____ Manner of Death: _____
 Injured at own home Injured while in custody EMS at scene Alcohol use suspected when injured

Autopsy Information

Height (in inches): _____ Weight (in pounds): _____ If Female, Pregnancy Status: _____
 Number of Penetrating Wounds i.e. knife or bullet (bullet entry counts as 1 wound; bullet exit counts as another): _____
 Number of bullets that hit victim: _____ **Note:** one shotgun blast = 1 wound

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Spine <input type="checkbox"/>	Thorax <input type="checkbox"/>	Abdomen <input type="checkbox"/>	Lower Extremity <input type="checkbox"/>

Circumstances – Complete the following for **ALL MANNERS OF DEATH**

NOTE: each circumstance checked should be explained in the narrative (see pg.4)

Mental Health and Substance Abuse Related:

Current depressed mood <input type="checkbox"/>	Current mental health treatment <input type="checkbox"/>	Other substance problem/abuse <input type="checkbox"/>
Current mental health diagnosis(es) <i>Please List:</i> _____ <input type="checkbox"/>	Ever treated for mental health or substance abuse problem <input type="checkbox"/>	Other addiction <i>Please List:</i> _____ <input type="checkbox"/>
	Alcohol problem <input type="checkbox"/>	

Relationship Problems / Exposure to Violence

Intimate partner violence <input type="checkbox"/>	Family relationship problem <input type="checkbox"/>	Abuse or neglect led to death <input type="checkbox"/>
Intimate partner problem <input type="checkbox"/>	Other relationship problem <input type="checkbox"/>	History of abuse or neglect as a child <input type="checkbox"/>
Physical fight (2 people) <input type="checkbox"/>	Previous perpetrator of violence in the past month <input type="checkbox"/>	
Argument <i>Timing of Argument:</i> _____ <input type="checkbox"/>	Previous victim of violence in the past month <input type="checkbox"/>	

Crime and Criminal Activity

Precipitated by another crime <i>Crime(s) Type:</i> _____ <input type="checkbox"/>	Prostitution or sex trafficking <input type="checkbox"/>	Gang Related <input type="checkbox"/>
First crime in progress <input type="checkbox"/>	Stalking <input type="checkbox"/>	Walk-by assault <input type="checkbox"/>

Circumstances – Complete the following for **HOMICIDE & LEGAL INTERVENTION** Deaths only

Justifiable self defense <input type="checkbox"/>	Mercy killing <input type="checkbox"/>	Victim was an intervener <input type="checkbox"/>
Victim was a police officer on duty <input type="checkbox"/>	Hate crime <input type="checkbox"/>	Victim used a weapon <input type="checkbox"/>
Victim was a bystander <input type="checkbox"/>	Jealousy (lover's triangle) <input type="checkbox"/>	Drive-by shooting <input type="checkbox"/>
Random violence <input type="checkbox"/>	Brawl (3 people or more in a physical fight) <input type="checkbox"/>	Drug involvement <input type="checkbox"/>

Circumstances – Complete the following for SUICIDE & UNDETERMINED Deaths only

History of suicide attempts	<input type="checkbox"/>
Disclosed suicidal thoughts or intent to commit suicide <i>To whom: _____</i>	<input type="checkbox"/>
Left a suicide note	<input type="checkbox"/>
Disaster exposure	<input type="checkbox"/>

History of expressed suicidal thoughts or plans	<input type="checkbox"/>
Contributing criminal legal problem	<input type="checkbox"/>
Civil legal problems	<input type="checkbox"/>
Anniversary of a traumatic event	<input type="checkbox"/>
Suicide of friend or family	<input type="checkbox"/>

Contributing physical health problem	<input type="checkbox"/>
Job problem	<input type="checkbox"/>
Financial problem	<input type="checkbox"/>
School problem	<input type="checkbox"/>
Eviction or loss of home	<input type="checkbox"/>
Non-suicide death of friend/family	<input type="checkbox"/>

Circumstances – Complete the following for UNINTENTIONAL/ACCIDENTAL FIREARM DEATHS only:

Hunting	<input type="checkbox"/>
Self-defensive shooting	<input type="checkbox"/>
Target Shooting	<input type="checkbox"/>
Thought safety was engaged	<input type="checkbox"/>

Playing with gun	<input type="checkbox"/>
Loading or unloading gun	<input type="checkbox"/>
Cleaning Gun	<input type="checkbox"/>
Showing gun to others	<input type="checkbox"/>

Gun defect or malfunction	<input type="checkbox"/>
Thought gun was unloaded	<input type="checkbox"/>
Unintentionally pulled trigger	<input type="checkbox"/>
Other mechanism of injury	<input type="checkbox"/>

Weapon Information

Primary Weapon Description (e.g. Knife, gun, hanging/rope, blunt instrument, poison, hands/fist) _____

For any death involving a **firearm**, enter the following:

Number of *non-fatally* shot persons: _____ Gun Owner/Relationship to victim: _____

Gun stored loaded Gun stored locked Gun reported stolen

Suspect (or "S") Information (list in order of primacy; applicable only if NOT self-inflicted) or *Suspect Info Unknown*

S Number	Age (years)	Gender	Race	Hispanic	History of abuse of victim by this S	S was caregiver for the victim	S attempted suicide	S mentally ill	Suspect-Victim Relationship
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Please list any additional suspects and suspect information on the back of this form

Brief Narrative of the Incident

OR See Attached
