

JURISDICTION/REGION Drug Overdose Fatality Review Team Charter

This Charter establishes the JURISDICTION/REGION Drug Overdose Fatality Review Team (“DOFRT” or “Team”) and describes the background and purpose of the Team; defines the principles and authority under which the Team will operate; assigns membership and responsibilities; and establishes policies and procedures for the operation of the Team.

SECTION 1: Background

Fatal or near-fatal drug and alcohol overdose is a significant public health problem in Maryland. In 2013, 858 fatal drug and alcohol overdoses occurred in the state. Opioids, including heroin and pharmaceutical opioid analgesics, are involved in a majority of overdose deaths. To support the development of effective strategies for preventing and responding to overdoses, it is necessary and appropriate to review and analyze all available information related to overdose deaths in a jurisdiction. The creation of a multidisciplinary, multi-agency overdose fatality review team will enable public health authorities to receive information and expert consultation from a wide array of stakeholders while preserving the confidentiality of protected information, including personal health information.

SECTION 2: Scope

2.1 Purpose

The purposes of forming the JURISDICTION/REGION DOFRT, as identified in Health-General Article § 5-903, Annotated Code of Maryland, are to:

- Promote cooperation and coordination among agencies involved in investigations of drug overdose deaths or in providing services to surviving family members
- Develop an understanding of the causes and incidence of drug overdose deaths in the county
- Develop plans for and recommend changes within the agencies represented on the local team to prevent drug overdose deaths
- Advise the Department on changes to law, policy, or practice, including the use of devices that are programmed to dispense medications on a schedule or similar technology, to prevent drug overdose deaths.

2.2 Objectives

To fulfill the purposes of the JURISDICTION/REGION DOFRT, the Team will:

- Establish policies and procedures for pooling all available information on overdose decedents from state and local government agencies, law enforcement agencies, private entities, etc. that maintain confidentiality
- Conduct multidisciplinary, multi-agency reviews of available information about a decedent
- Identify points of contact between deceased individuals and healthcare, social services, criminal justice, and other systems
- Identify the specific factors that put individuals at risk for drug and alcohol overdose within their particular jurisdiction
- Improve coordination and collaboration between member agencies/entities
- Make recommendations to state and local authorities for changes to statute, regulation or agency policies and procedures to further the development of overdose prevention initiatives

SECTION 3: Authority

The authority for JURISDICTION/REGION to establish a DOFRT is codified in Health-General Article Title, 5, Subtitle 9, Annotated Code of Maryland, for the purposes of preventing drug and alcohol overdose deaths.

The Chair of the Team may request, and should be immediately provided with, access to information and records, including information on physical health, mental health, and treatment for substance use disorders maintained by a healthcare provider, and records and information maintained by the state or a local government agency, that served the individual whose death is being reviewed by the local team, as well as an individual convicted of a crime that caused a death or near fatality. Access to records and information held by a state or local government agency can also be requested for family members of the individual being reviewed. Pursuant to Health-General Article, § 4-306, Annotated Code of Maryland, a healthcare provider shall disclose the medical record without the authorization of a person of interest to a DOFRT.

A person who acts in good faith and within the scope of the jurisdiction of a local team is not liable for any action as a member of the local team or for giving information to, participating in or contributing to the function of the local team, according to Judicial Courts and Proceedings Article § 5-637.2, Annotated Code of Maryland.

SECTION 4: Confidentiality

All team proceedings are strictly confidential.

Health General Article § 5–906, Annotated Code of Maryland, establishes that, with certain exceptions, the proceedings, records, and files of a DOFRT are confidential and not discoverable or admissible as evidence in any civil action. Much of the information provided to and reviewed by the DOFRT, including investigative records of the Office of the Chief Medical Examiner, is confidential, privileged and protected from or limited in disclosure under state and federal laws and regulations.

In general, team members and staff shall not disclose any confidential information reviewed by the DOFRT or the content of DOFRT deliberations unless required to do so by law; in the performance of official duties as an employee of a state or local agency; as specifically authorized by action of the team recorded in the notes of the meeting; or as requested by the Secretary of the Department of Health and Mental Hygiene (“DHMH Secretary”).

All Team members and other individuals granted access to confidential or privileged information will be required to sign the JURISDICTION/REGION DOFRT Confidentiality Agreement, which will be kept on file at the JURISDICTION HEALTH DEPARTMENT(S). No review of protected information shall occur without all attendees having signed the Confidentiality Agreement.

Violators of these standards are subject to up to a \$500 fine and up to 90 days imprisonment.

SECTION 5: Membership

Team membership may include the following or his or her designee:

- County health officer
- Director of local department of social services
- The state’s attorney
- The superintendent of schools
- A state, county, or municipal law enforcement officer
- The director of behavioral health services in the county
- An emergency medical services provider
- A representative of a hospital
- A health care professional who specializes in the prevention, diagnosis, and treatment of substance use disorders
- A representative of a local jail or detention center
- A representative from parole, probation, and community corrections
- The secretary of juvenile services

- A member of the public with interest or expertise in the prevention and treatment of drug overdose deaths, appointed by the county health officer
- Any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer

Teams may also request the presence of an individual at a meeting that has information relevant to the team's purpose, but that individual must sign a Confidentiality Agreement.

A list of current Team members, including full name, organizational affiliation, position and contact information, is included as Appendix A.

SECTION 6: Procedure

6.1 Meetings

The JURISDICTION/REGION DOFRT will hold meetings at least quarterly.

Meetings of the JURISDICTION/REGION DOFRT are closed to the public in when confidential information is discussed. The Team may hold a public meeting in accordance with Health-General Article § 5-905(c)(1), Annotated Code of Maryland, which states that public meetings cannot contain any information that discloses:

- The name of a deceased individual, his or her family members, caretakers, or guardians
- The name of an individual convicted of a crime that caused a death or near fatality
- Any agency involved with the deceased individual or an individual convicted of a crime that caused a death or near fatality

6.2 Records

The Coordinator will ensure that minutes are recorded at each meeting.

Minutes should record, at a minimum:

- Information about each case that was reviewed, including
 - Age, sex, and race of the deceased
 - Substances involved in death
 - Time spent reviewing the case
 - Systems with which the deceased interacted
 - Key observations from the review
- List of meeting attendees
- Observation and recommendation tracking chart

6.2 Reports

Teams are required to report to the Department of Health and Mental Hygiene. Reports are on request of the Department, and may include:

- Discussion of individual cases
- Steps taken to improve coordination of services and investigations
- Steps taken to implement changes recommended by the local team within member agencies
- Recommendations on needed changes to state and local laws, policies, or practices

Appendix A

[Please identify jurisdiction]

[Identify team chair and coordinator]

[Insert member list with full name, organizational affiliation, position and contact information]