

Utah State-level Opioid Overdose Fatality Review Committee Charter

This Charter establishes the Utah State-level Opioid Overdose Fatality Review Committee (“OFRC” or “Committee”) and describes the background and purpose of the Committee; defines the principles and authority under which the Committee will operate; assigns membership and responsibilities; and establishes policies and procedures for the operation of the Committee.

SECTION 1: Background

Fatal or near-fatal opioid overdose is a significant public health problem in Utah. Nationally, Utah has the seventh highest rate of drug poisoning deaths. Drug misuse, abuse, and overdoses affect individuals, families and communities at all levels of society. Opioids, including heroin and pharmaceutical opioid analgesics, are involved in a majority of overdose deaths. In 2015, there were 19.6 opioid-related overdose deaths per 100,000 Utah residents. To support the development of effective strategies for preventing and responding to overdoses, it is necessary and appropriate to review and analyze available information related to overdose deaths statewide. The creation of a statewide, multidisciplinary, multi-agency opioid overdose fatality review committee will enable public health and public safety 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 Statewide OFRC:

- Promote cooperation and coordination among agencies involved in opioid misuse, abuse and overdose prevention, treatment and surveillance
- Develop an understanding of the causes and incidence of opioid overdose deaths in the state
- Develop plans for and recommend changes to prevent opioid overdose deaths
- Advise the Department on changes to law, policy, or practice, to prevent opioid overdose deaths
- Inform public health and public safety of emerging trends in opioid overdose events

2.2. Outcomes

Decrease opioid overdoses in Utah.

- Decrease the rate of drug overdose deaths involving opioids per 100,000 population.
- Decrease the rate of drug overdose ED visits / hospitalizations involving opioids per 100,000 population.
- Increase public safety and public health alerts.

2.3 Objectives

To fulfill the purposes of the OFRC, the Committee will:

- Establish policies and procedures for pooling 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 decedents and healthcare, social services, criminal justice, and other systems
- Identify the specific factors that put individuals at risk for opioid overdose
- Make recommendations to state and local authorities for changes to statute, regulation or agency policies and procedures to further the development of opioid misuse, abuse, and overdose prevention initiatives

SECTION 3: Authority

The authority for Utah to establish an OFRC is implied in the Utah Administrative Code Rule R386-703. Injury Reporting Rule.

“The Injury Reporting Rule establishes an injury surveillance and reporting system for major injuries occurring in Utah. Injuries constitute a leading cause of death and disability in Utah and, therefore, pose an important risk to public health.

The rule “is adopted with the intent of identifying causes of major injury which can be reduced or eliminated, thereby reducing morbidity and mortality.”

Utah Administrative Code Rule R386-703(i): “Chemical Poisoning. Reportable cases of chemical poisoning include all persons with acute exposure to toxic chemical substances which result in death or which require hospital admission or hospital emergency department evaluation.

Unintentional adverse health effects resulting from the use of pharmacological agents as described by physicians do not require reporting under this rule.”

Utah Administrative Code Rule R386-703(k): “Injuries Related to Substance Abuse. Reportable injuries include all cases of injury resulting in death or hospitalization and associated with alcohol or drug intoxication of any person involved in the injury occurrence.”

The OFRC Coordinator will facilitate the request of applicable records from state and local data providers, through the authority of Utah’s Government Records Access Management Act (GRAMA) 63-2-801. When necessary, the OFRC Coordinator can also subpoena records.

SECTION 4: Confidentiality

All Committee proceedings are strictly confidential.

In the event that an agency or individual requests information discussed/gathered through the review process, the OFRC Coordinator will not release that information, but will refer the individual back to the provider agency.

Much of the information provided to and reviewed by the OFRC, including investigative records of the Office of the Chief Medical Examiner and law enforcement agencies, is confidential, privileged and protected from or limited in disclosure under state and federal laws and regulations.

In general, Committee members and staff shall not disclose any confidential information reviewed by the OFRC or the content of OFRC deliberations unless required to do so by law; in the performance of official duties as an employee of a state or local agency; or as specifically authorized by action of the Committee recorded in the notes of the meeting.

All Committee members and other individuals granted access to confidential or privileged information will be required to sign the Utah Department of Health, Fatality Review Committee Confidentiality Agreement, which will be kept on file by the Utah Department of Health, Violence and Injury Prevention Program. No review of protected information shall occur without all attendees having signed the Confidentiality Agreement.

SECTION 5: Membership

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

- Local health department
- The state’s attorney

- A state, county, or municipal law enforcement officer
- The director of behavioral health services
- An emergency medical services provider
- A representative from the Office of the Medical Examiner
- A representative from the Office of Vital Records
- A representative from the Office of Health Care Statistics
- A representative from the Division of Occupational and Professional Licensing
- 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
- Any other individual necessary for the work of the Committee, recommended by the Committee

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

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

SECTION 6: Procedure

6.1 Meetings

The OFRC will hold meetings monthly.

Meetings of the OFRC are closed to the public.

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
- Confirmed data entry into the State Unintentional Drug Overdose Reporting Surveillance Systems (SUDORS)

6.2 Reports

Fatality Review 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 Committee within member agencies
- Recommendations on needed changes to state and local laws, policies, or practices
- Aggregate analysis from SUDORS

6.3 Evaluation

An evaluation plan will be developed and used to examine several aspects of the OFRC process and its impact on the community. Potential evaluation questions are as follows:

Process Evaluation

Committee Structure and Functioning

- Does the committee have appropriate representation for effective review and information gathering?
- Does the committee collect the necessary information to conduct reviews?
- Does the committee make effective recommendations?
- Does the committee share the recommendations with appropriate agencies or individuals?
- How is the Committee disseminating information and to whom?

Data Collection and Analysis

- Does the OFRC help identify all opioid overdose deaths?
- Is the data collection system appropriate and effective for OFRC purposes?

Impact Evaluation

- Is the OFRC making appropriate recommendations?
- Are the recommendations being used? If no, why not? If so, how?
- Has there been an increase in prevention programs/activities recommended by the OFRC?

Outcome Evaluation

- To what extent did the OFRC effect agency policies and lead to system improvement?
- To what extent did emergency department and hospital visits for opioid overdose rates decrease?
- To what extent did opioid overdose deaths decrease?