INCAPACITATED AND VULNERABLE ADULT FATALITY REVIEW COMMITTEE

"…and that vulnerability which makes up most vulnerable is that which also is the source of our greatest strength." ~Andre Lorde

2019-2020 Biennial Report
November 1, 2020

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ACKNOWLEDGMENTS

Sincere appreciation goes to the members of the Incapacitated and Vulnerable Adult Fatality Review Committee (IVAFRC), who have continued to work diligently and respectfully to study New Hampshire's incapacitated and vulnerable adult fatalities, in an effort to prevent future deaths.

These deaths are difficult and painful to review. The IVAFRC has worked to honor the lives that have been lost and to examine ways to help prevent future fatalities. The IVAFRC would like to recognize and thank all of the individuals who have made presentations at IVAFRC meetings and who have participated as guests in reviewing the cases. We are indebted to these individuals for assisting us in better understanding the complexities of the issues surrounding these fatalities.

This past year, the IVAFRC had two long standing members retire. Dr. Alexander de Nesnera retired from his role as the Chief Medical Officer for New Hampshire Hospital and Kaarla Weston retired from her position as Administrator of the Bureau of Developmental Services within the Department of Health and Human Services.

Dr. de Nesnera had been an active member of both the Executive Committee and the full committee for many years. He brought useful information about medications, psychiatric illnesses, current treatment recommendations and personal history to many of the reviews. He never refused a request to do a presentation to the committee to help enlighten and support the recommendations. Dr. de Nesnera also never failed to follow up with any recommendations assigned to him. He handpicked his successor to the committee, leaving us in good hands with Dr. Thatcher Newkirk.

Kaarla's passion and commitment never waned as she fiercely advocated for system changes that would help improve the lives of people with disabilities. Kaarla was an active participant on both the Executive and full Committees, always providing valuable insight and contributions. She was always timely in following up on her assigned recommendations and would often go above and beyond what was asked of her. Tiffany Crowell, R.N. will now serve as the representative for the Bureau of Developmental Services on the committee.

Thank you, Dr. de Nesnera and Kaarla for your many years of participation and all of your hard work on the committee!

MISSION STATEMENT

To reduce incapacitated and vulnerable adult fatalities through systemic multidisciplinary review of incapacitated and vulnerable adult fatalities, evaluation of practices, policies, relevant data and trends and through recommendations for changes in law, policy and practice.

We recognize the responsibility for responding to, and preventing, incapacitated and vulnerable adult abuse and neglect fatalities lies within the community, and not with any single agency or entity. We further recognize that a careful examination of the fatalities provides the opportunity to develop education, prevention, service delivery, management, quality assurance strategies and, if necessary, prosecution strategies that will lead to improved coordination of services for incapacitated and vulnerable adults and their families.

OBJECTIVES

1. Determine and report on trends and patterns of incapacitated and vulnerable adult deaths in New Hampshire.
2. Recommend policies, practices, and services that will promote collaboration among service providers for, and reduce preventable fatalities among incapacitated and vulnerable adults.
3. Evaluate policies, practices, intervention and responses to fatalities among incapacitated and vulnerable adults and offer recommendations for any improvements in those interventions and responses.
4. Evaluate and report on high risk factors, current practices, gaps in systematic responses, and barriers to safety and well-being for incapacitated and vulnerable adults in New Hampshire.
5. Recommend improvements in the sources of data relative to preventing fatalities among incapacitated and vulnerable adults.
6. Educate the public, policy makers, and budget authorities about fatalities that involved incapacitated and vulnerable adults.
7. Identify and evaluate the prevalence of risk factors for preventable deaths in the population of incapacitated and vulnerable adults.
8. Development and dissemination of a biennial report to state officials describing any trends and patterns of deaths or serious injuries or risk factors. Recommendations for changes in law, policy, and practice that will prevent deaths and related serious occurrences and special reports when doing so is necessary to alert authorities or the public to the need for prompt corrective action.

INCAPACITATED AND VULNERABLE ADULT FATALITY REVIEW COMMITTEE

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Bernie Seifert
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I. INTRODUCTION

The abuse of incapacitated and vulnerable adults is a serious problem, both locally and nationally. However, the responses of the justice, health, and social services systems to incapacitated adult abuse lag far behind their responses to the similar problems of child abuse or domestic violence. Fatality review teams for child abuse and domestic violence have had an impact in improving systems' responses to the victims of those similar forms of abuse.

The Incapacitated and Vulnerable Adult Fatality Review Committee (IVAFRC) or "Committee" is a group of professionals from different organizations, agencies and branches of government that convenes regularly to review cases where an incapacitated or vulnerable adult has died. The theory underlying the fatality review process is that if we are able to understand why and how a death occurred, we can learn important lessons to help prevent future deaths. The review process affords the Committee with the opportunity to develop recommendations intended to improve the statewide provision and coordination of services for incapacitated and vulnerable adults and their families. By statute, the primary emphasis is on reviewing selected deaths of incapacitated and vulnerable adults who are receiving, were recently receiving, or potentially should have been receiving services from the mental health system (including NH Hospital), the Area Agency system (which services individuals with developmental disabilities or acquired brain injuries), the elderly service system, licensed care and treatment facilities, or were reported to the Bureau of Elderly and Adult Services as victims of abuse, neglect or exploitation under RSA 21-M (IV).

II. HISTORICAL BACKGROUND

In 2007, House Bill 862-FN, sponsored by State Representatives Schulze, MacKay, Donovan, Emerson, French and Senator Fuller Clark was introduced to establish a committee to study the incidence and causes of deaths of incapacitated adults. (See Appendix A) The purpose of the proposed committee was, among other things, to recommend policies, practices, and services that will promote collaboration and reduce preventable fatalities among incapacitated adults.

On January 1, 2008, RSA 21-M: 16 took effect, creating the Incapacitated Adult Fatality Review Committee. The Committee, administratively attached to the Attorney General's office, exemplifies New Hampshire's strong tradition of multi-disciplinary cooperation and its commitment to improving the State's ability to protect its most vulnerable citizens.

The authority and objectives of the Committee are defined in the statute and incorporated into the Committee's mission statement. The meetings and records of the Committee are exempt from the provisions of RSA 91-A (Right-to-Know Law). The Committee adheres to strict confidentiality standards and does not identify reviewed cases. Additionally, Committee members sign a confidentiality agreement that prohibits any unauthorized dissemination of information beyond the purpose of the review process as a condition of membership. This also allows participants to engage in an open and honest discourse.

III. FATALITY REVIEW

MEMBERSHIP

The Attorney General appoints members of the Committee. By statute, the members must be drawn from the health care field, organizations with expertise in services provided to incapacitated and vulnerable adults, law enforcement, organizations or individuals who advocate for or provide legal representation for incapacitated and vulnerable adults, and may include such other members as the Attorney General determines will assist the Committee in fulfilling its objectives.

A review of the membership list reflects representation from the following: law enforcement, victim services, health care (medical and mental health), Office of the Chief Medical Examiner, Department of Health and Human Services, Bureau of Elderly and Adult Services, Office of The Long Term Care Ombudsman, attorneys, disability rights advocates, emergency management services, home care providers, public guardians, and members of public and private organizations that advocate for, and serve the needs of, incapacitated and vulnerable adults.

The unique make-up of Committee members is key to the committee's success. Committee members are volunteers and do not receive pay for their mileage or time to participate. Their presence on the committee exemplifies their compassion, their professionalism, and their professional and personal commitment to improving the lives of our incapacitated and vulnerable adult population as well as the system that serves them.

These members come together every other month to review deaths with the hope of improving the State's ability to meet the needs of its most vulnerable citizens.

CONFIDENTIALITY AGREEMENT

Pursuant to RSA 21-M: 16, VIII, the meetings and records of the Committee are exempt from the provisions of RSA 91-A ("Right-To-Know-Law"). Because certain information shared at committee meetings is confidential, all members of the Committee must sign a confidentiality agreement that prohibits any unauthorized dissemination of information beyond the purpose of the review process as a condition of membership. (See Appendix B).

In addition to individual confidentiality agreements, the heads of the New Hampshire Attorney General's Office, the New Hampshire Department of Health and Human Services, and the New Hampshire Department of Safety have signed an interagency agreement. (See Appendix C).

CASE REVIEW PROTOCOL

1. The IVAFRC will review data regarding certain deaths of New Hampshire incapacitated and vulnerable adults as defined in N.H. RSA 21-M:16.

2. The Committee's review of a case shall not be initiated until any related criminal action has been finally adjudicated at the trial court level.

3. Comprehensive, multi-disciplinary review of specific cases may be initiated by the Department of Justice, the Department of Health and Human Services, the Department of Safety, or by any member of the Incapacitated and Vulnerable Adult Fatality Review Committee (IVAFRC).

4. Once the IVAFRC Executive Committee identifies a case for review, the IVAFRC Chairperson or Staff Assistant will send case information to IVAFRC members in a sealed envelope marked "Confidential" prior to the scheduling of the case for review at an IVAFRC meeting. The envelope may contain, among other things, the following information: name of victim and perpetrator (if applicable), name of facility or address of residence where death occurred, deceased's date of birth, and deceased's date of death.

5. The IVAFRC members should gather necessary information pertaining to the specific case and report this information and their organization's involvement or non-involvement during the IVAFRC meeting.

6. At the IVAFRC meeting, members will review the facts and information gathered for each case, and identify any policies and procedures that could be strengthened or implemented, or measures that could have been taken to prevent the death from occurring.

7. The Committee shall make a biennial report, on or before the first day of November each year and send to the speaker of the House of Representatives, the President of the Senate, the Attorney General and the Governor. This report will describe any trends and patterns of deaths or serious injury or risk factors, together with any recommendations for changes in law, policy, and practice that will prevent deaths and related serious occurrences. The Committee may also issue special reports when doing so is necessary to alert authorities or the public to the need for prompt corrective action.

8. Each Committee member representing a discipline or agency will designate an alternate member from their discipline or agency and will ensure that one member will be present at every meeting.

9. Confidentiality agreements are required of any individual participating in any IVAFRC meeting.

10. Written materials from the meeting, such as case summaries or notes pertaining to the case, will be collected by the Staff Assistant or the Chair at the end of the meeting and destroyed. Use of recording equipment is not allowed.

11. The IVAFRC Executive Committee, comprised of members of the IVAFRC, assesses case information for review by the IVAFRC and performs other business as needed.

12. The IVAFRC will convene every other month at times published by the Executive Committee.

13. The Committee may invite non-member guests to observe and participate in a review. Invited guests shall be required to sign a confidentiality agreement.

IV. REVIEW AND ANALYSIS OF DATA

In 2019, the committee met six times and reviewed seven cases. The cases reviewed encompassed fatalities attributable to various manners of death including homicide, suicide, accidental and undetermined. The Committee aims to pair educational presentations along with the case reviews to inform the Committee on services, prevalence of the issue(s) being discussed, possible barriers and other issues pertaining to the case. These educational presentations allow for future meaningful discussions as well.

In 2020, the committee met twice. The first meeting in January, there was no case review. Instead, the Executive Committee decided to bring together the full Committee to review the statute and protocol. The Committee has been through some significant membership turnover in the past couple of years and this provided an opportunity to have each member give a brief description of their organization and their role. Due to the coronavirus pandemic, the Committee was unable to hold regular case reviews during the spring and summer. This pandemic hit our vulnerable population hard, specifically in our long-term care facilities. As a Committee, we recognize the devastating affects this virus has had on the population we strive to protect. At our second meeting, in September, each committee member provided the group with an update on how the pandemic has influenced their work and the population supported by their organization.

The Committee hosted the following educational presentations throughout 2019:

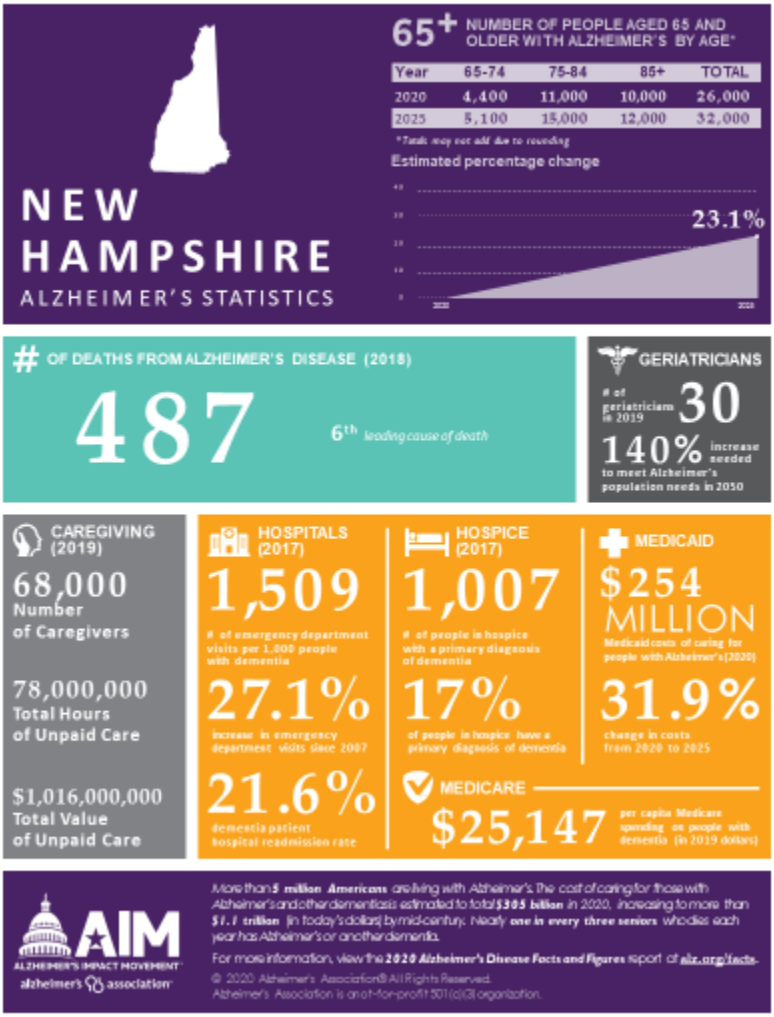
ALZHEIMER'S ASSOCIATION

Dementia, Mild Cognitive Impairment (MCI) and Alzheimer's are conditions that have been present in many of the cases reviewed. This is not surprising given that approximately 15 to 20 percent of people age 65 or older have Mild Cognitive Impairment (MCI) from any cause. People with MCI, especially MCI involving memory problems, are more likely to develop Alzheimer's or another dementia than people without MCI. Educational presentations were made to the Committee on not only the course of the diseases, but also the resources available to family members, community agencies and medical providers to better manage the disease and improve the quality of life not only for the patient, but also the caregivers. The Alzheimer's Association of Massachusetts/New Hampshire is a tremendous resource for the State of New Hampshire.

Regional Manager Melissa Grenier provided this information - "The risks that people with dementia have related to their self-care, health, and increased risk of premature death are complicated, but are important to view and understand more thoroughly so as to increase protection for this vulnerable population. People with memory loss are more prone to accidents and incidents leading to an increased risk of falls and fractures. People have a difficult time with food preparation, adequate hydration, and proper nutrition leaving them frail and weak, or with incidents of choking or aspiration. Many people living with dementia have other health conditions and diagnoses that may be impacted by their dementia. People lose the ability to communicate and to react to their environment. This can lead to inadequate reporting of pain or other issues they are experiencing.

Adequate training for family caregivers, as well as professionals, would greatly improve the health, well-being and quality of life for people living with dementia. Earlier diagnosis, treatment, and management of a person's dementia, will increase these factors as well. Despite there being such a

significant amount of hurdles that must be dealt with in relation to dementia, there are strategies for managing care and improving quality of life for those that need it. “



https://www.alz.org/media/documents/alzheimers-facts-and-figures-2019-r.pdf

SERVICELINK

ServiceLink is New Hampshire's designated Aging and Disability Resource Center. ServiceLink serves as a highly visible and trusted place where people of all ages, disabilities and income levels know they can turn for objective and unbiased information on the full range of services and supports options. ServiceLink promotes awareness of the various options that are available in the community, including options among under-served, hard-to-reach and private paying populations, as well as options individuals can use to plan for their long-term needs.

CLOZAPINE

Clozapine is a medication that has provided amazing changes in individuals with schizophrenia or schizoaffective disorders. It also requires monitoring for side effects and can result in some

complications. Dr. Alex de Nesnera, former Chief Medical Officer for New Hampshire Hospital (and a former Committee member) provided a presentation on the benefits, use, and side effects.

HOMELESSNESS

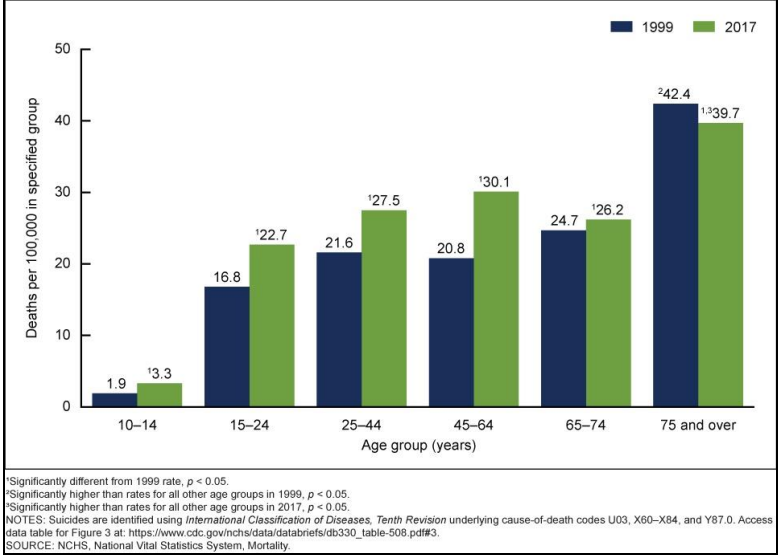
The Committee has reviewed cases over the years in which homelessness was a contributing factor to the death. Melissa Hatfield, of the Bureau of Housing Supports, presented on services for the homeless, policies and procedures regarding homeless shelters, and how the community can best access their services.

SUICIDE IN THE ELDERLY

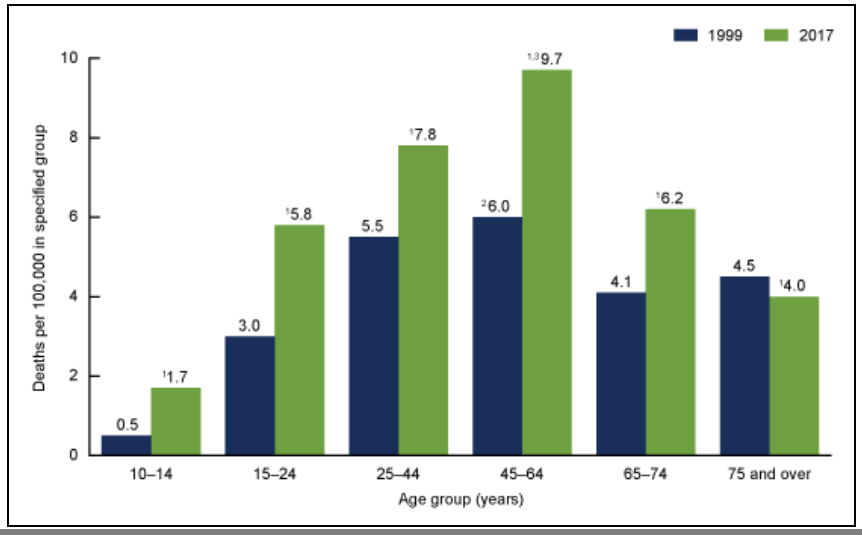
Dr. Thatcher Newkirk presented and discussed trends for suicide rate across the lifespan, risk factors for suicide in older adults, recommended screening methods for suicidal ideation in the primary care setting, the (limited) evidence for treatment methods of suicidal ideation in the elderly, and the unique challenges for managing suicidal ideation in individuals with cognitive impairment.

The charts below show how male suicide rate increases over the lifespan, whereas female suicide rate seems to peak more in middle age.

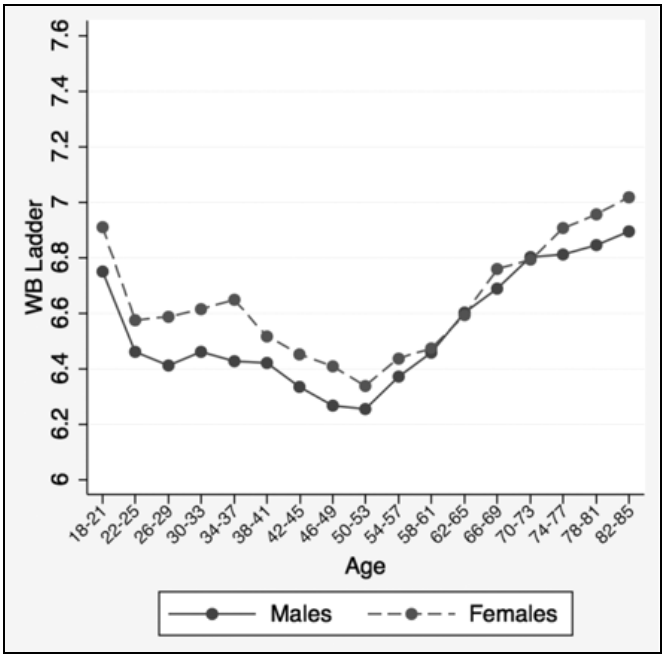
Figure 3. Suicide rates for males, by age group: United States, 1999 and 2017



[1]Significantly different from 1999 rate, $p < 0.05$.
[2]Significantly higher than rates for all other age groups in 1999, $p < 0.05$.
[3]Significantly higher than rates for all other age groups in 2017, $p < 0.05$.
NOTES: Suicides are identified using *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db330_table-508.pdf#3.
SOURCE: NCHS, National Vital Statistics System, Mortality.

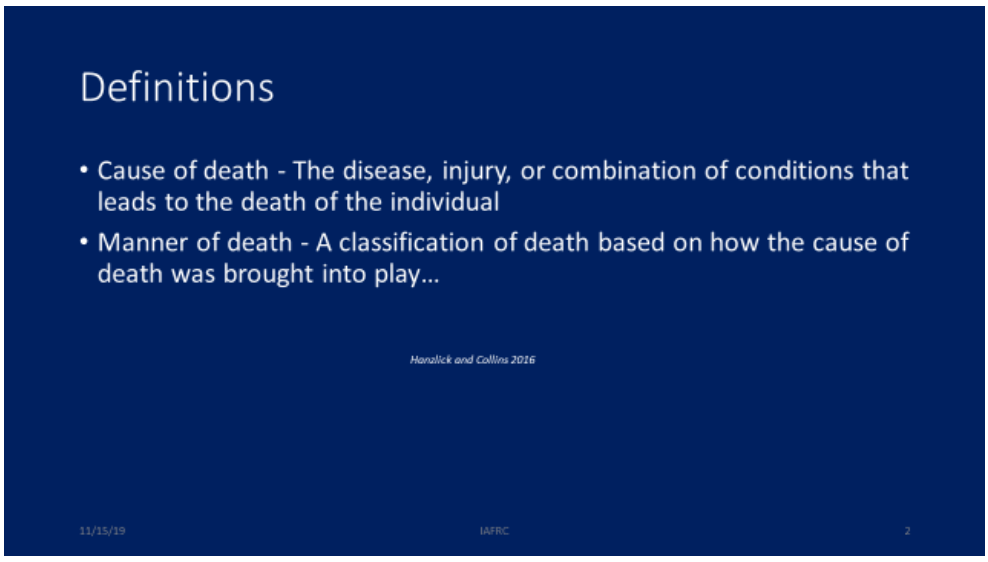


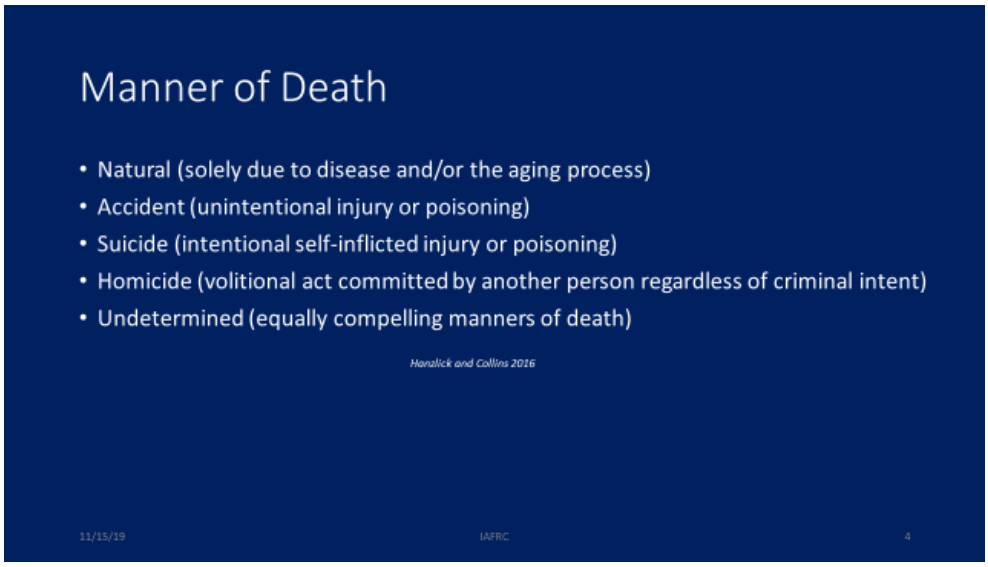
The below "U curve" shows, despite conventional wisdom, that subjective well-being (or happiness) actually increases in old age.

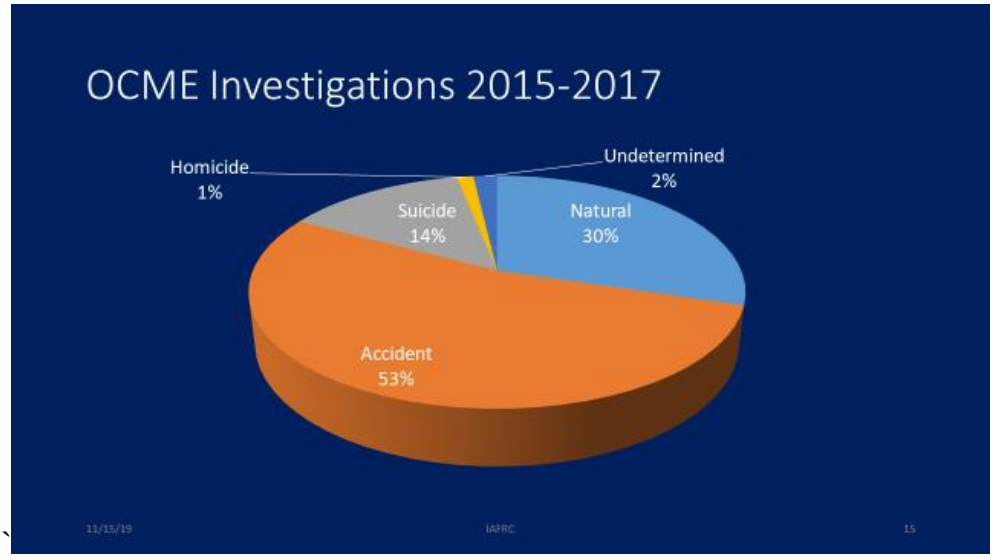


TYPES OF DEATH

The IVAFRC has been fortunate to have an active member from the Office of Chief Medical Examiner (OCME) as part of both the larger committee and the Executive Committee. There are often questions about how and why some of the findings from the Medical Examiner are finalized. Dr. Jennie Duval, the Chief Medical Examiner, did a presentation on how, when and why the OCME would become involved in a death investigation, the steps taken as a result of accepting jurisdiction over a death, and some of the issues and concerns that can, and cannot, be determined as a result of OCME investigations.







V. RECOMMENDATIONS AND RESPONSES

The purpose of recommendations made during a review is to take case-specific facts and create broader recommendations for system improvement. For ease of organizing the recommendations, they are sorted into one of the following areas: **Training, Public Awareness or Policy.** Each recommendation is assigned to the appropriate committee member responsible for taking the recommendation back to the agency that is capable of responding to and/or implementing the recommendation. It is the committee member's role to provide the response back to the Committee. In some instances, resource constraints have dampened the ability of the agency to act on the recommendation. The specific recommendations and system or institutional responses follow.

TRAINING RECOMMENDATIONS	
Provide information to professionals and direct service staff, who assist people taking this medication, on the potentially severe side effects affiliated with Clozapine.	Dr. Alexander de Nesnera, Chief Medical Officer of New Hampshire Hospital, developed a one-page fact sheet to be distributed through the IVAFRC Committee members. The fact sheet, as well as additional information from NAMI NH was provided to committee members in January 2019. The Bureau of Developmental Services provided the information to their Nursing Administrator in order to disseminate to the nurse trainers throughout the system and target the Direct Service Professionals for specific training on the individuals they support. The Community Mental Health Centers (CMHCs), the NH Hospital Association and hospitals with inpatient psychiatric units also received this information.
Encourage a discussion regarding Clozapine side effects to occur at a future CMHC Medical Director meeting.	The Director of the Bureau of Mental Health Services shared the information at the April 2019 CMHC Medical Directors meeting.
Explore opportunities for training related to aggressive behaviors for providers in long-term care facilities.	The Bureau of Developmental Services shared several training opportunities with the committee for dissemination to professionals interested in these opportunities.
Educate the committee on resources and trainings for facility and non-facility based caregivers.	In lieu of a case review in May 2019, the IVAFRC hosted the Alzheimer's Association and Service Link. Representatives from both organizations presented information related to the specific resources they provide to the community and state.
Educate nursing facilities on the risk factors for suicide.	Due to changes in staff and retirement of key personnel, there has been no action taken on this recommendation.
Remind shelters of the rules surrounding SUD as exclusionary	Administrators from the Office of Program Support and the Bureau of Housing Supports worked together to ensure the rules regarding Substance Use Disorders and admittance into homeless shelters was disseminated to the Doorways.
Share information regarding Dialectical Behavior Therapy (DBT) Informed training	In November 2019, the entire IVAFRC Committee received Information regarding DBT training for non-DBT clinicians. Committee members were encouraged to share the information with their contacts as appropriate.

POLICY RECOMMENDATIONS	
Determine what prohibitions are in place regarding psychiatric records following a patient when transferred between facilities.	Due to changes in staff and retirement of key personnel, there has been no action taken on this recommendation.
Explore the role of outreach workers who have direct contact with the homeless population.	The guide linked below is one of many resources that the outreach workers use to reach the homeless population in order to best serve them: **The Role of Outreach and Engagement in Ending Homelessness**
Educate committee members on the dissemination of grant money for Substance Use Disorder (SUD) to determine if additional housing is being considered	There are pending contracts with State Opioid Response (SOR) funding to open 11 male and female respite beds in Effingham and 12 male beds in Nashua. The focus of SOR funds is to fund temporary, safe, monitored places to stay while waiting for the appropriate level of care to be assessed and/or available. There will be guidelines on "housing vouchers" for temporary housing. When that information becomes available, the Administrator for the Office of Program Support will share with the IVAFRC.

PUBLIC AWARENESS RECOMMENDATIONS	
Educate homeless population, through shelters, on the risks of carbon monoxide.	Reminders about the dangers of carbon monoxide were shared with Housing Supports staff. This information also is included in their weekly update newsletter and on their Facebook page.
Increase awareness of mental health resources available for nursing facilities and assisted living facilities.	Providers working on the mental health centers received the list of nursing and assisted living facilities.

GENERAL IVAFRC POLICY STATEMENTS

1. The IVAFRC acknowledges the extreme challenges long-term care facilities have faced this past year with the COVID-19 pandemic. The IVAFRC acknowledges the challenges of staffing for the facilities impacted, the compounded grief of the many deaths in these settings and the stress for both residents and staff. Our sympathies are with the many family members who lost loved ones as a result of the pandemic.

2. The IVAFRC recognizes the need for expanded services and supports for the population diagnosed with dementia who have engaged in criminal activity. The existing penal system is not able to provide the needed supports and services to individuals diagnosed with dementia and long-term care facilities are not equipped to deal with potential violent behavior.

3. The IVAFRC recognizes the impact of chronic staff shortages on the ability to hire, retain, and adequately compensate qualified staff. We appreciate every staff member who works with the incapacitated and vulnerable population. These personnel often are not highly paid and have difficult responsibilities.

VI. CONCLUSION

The New Hampshire Incapacitated and Vulnerable Adult Fatality Review Committee is instrumental in the State of New Hampshire's effort to reduce or prevent deaths of some of its most vulnerable citizens. The Committee recognizes that the education provided, and the recommendations made, are valuable to the organizations and agencies dedicated to the services for New Hampshire's incapacitated and vulnerable adult populations.

> Kindness can transform someone's dark moment with a blaze of light. You'll never know how much your caring matters. Make a difference for another today.
>
> ~ Amy Leigh Mercree, *author*

APPENDIX A:
STATUTORY AUTHORITY

TITLE I
THE STATE AND ITS GOVERNMENT
CHAPTER 21-M
DEPARTMENT OF JUSTICE

[RSA 21-M: 16 effective July 24, 2018.]

21-M: 16 Incapacitated and Vulnerable Adult Fatality Review Committee Established. –

I. There is hereby established the incapacitated and vulnerable adult fatality review committee (committee) which shall be administratively attached, under RSA 21-G:10, to the department of justice.
II. The attorney general shall appoint members and alternate members to the committee. The members of the committee shall include individuals representing the health care field, organizations with expertise in services provided to incapacitated and vulnerable adults, law enforcement, organizations or individuals who advocate for or provide legal representation for incapacitated and vulnerable adults, and such other members as the attorney general determines will assist the committee in fulfilling its objectives. The terms of the members shall be 3 years; provided, that the initial members shall be appointed to staggered terms. Members shall serve at the pleasure of the attorney general.
III. The committee shall:
(a) Recommend policies, practices, and services that will promote collaboration among service providers for, and reduce preventable fatalities among, incapacitated and vulnerable adults.
(b) Evaluate policies, practices, interventions and responses to fatalities among incapacitated and vulnerable adults and offer recommendations for any improvements in those interventions and responses.
(c) Determine and report on trends and patterns of incapacitated and vulnerable adult deaths in New Hampshire.
(d) Evaluate and report on high risk factors, current practices, gaps in systematic responses, and barriers to safety and well-being for incapacitated and vulnerable adults in New Hampshire.
(e) Educate the public, policy makers, and budget authorities about fatalities involving covered incapacitated and vulnerable adults.
(f) Recommend improvements in the sources of data relative to preventing fatalities among incapacitated and vulnerable adults.
(g) Identify and evaluate the prevalence of risk factors for preventable deaths in the population of incapacitated and vulnerable adults.
IV. For the purposes of this section, "incapacitated adult" means:
(a) Adults who are clients of the area agency system pursuant to RSA 171-A or RSA 137-K at the time of the person's death or within one year of the person's death.
(b) Adults who are patients at the New Hampshire hospital or any other designated receiving facility or whose death occurs within 90 days following discharge, who are on conditional discharge, or who are applicants for or clients of the community mental health center system under RSA 135-C:13 and RSA 135-C:14 at the time of death or within one year of death.
(c) Adults who are receiving services pursuant to RSA 161-E and RSA 161-I.
(d) Adults who are participants in programs or residents of facilities specified in RSA 151:2, I(a), (b), (d), (e), or paragraph IV-a, or RSA 161-J, or within 90 days of discharge from such a facility.
(e) Adults who were in need of any of the services defined in subparagraphs (a)- (d) and paragraph IV-a

at the time of their death.
IV-a. For the purposes of this section, "vulnerable adult" means an adult who was the reported victim of abuse, neglect, self-neglect, or exploitation which was reported to the department of health and human services pursuant to RSA 161-F:46, where the report was determined to be unfounded and was filed within 6 months prior to death, where the report was determined to be founded and was filed within 3 years prior to death, or where the report was pending at the time of death.
V. The committee shall adopt a protocol defining which deaths shall be reported to the committee and subject to review, and which deaths may be screened out for review, such as deaths where the cause is natural, expected, and non-preventable. The committee shall also determine whether it is appropriate to have different types of review, such as comprehensive or more limited reviews depending on the incident under review or the purpose of the review. The protocol shall also define the character of the contents of the committee's annual report, required under paragraph VII.
VI. The committee's review of a case shall not be initiated until such time as any related criminal action has been finally adjudicated at the trial court level. Records of the committee, including testimony by persons participating in or appearing before the committee and deliberations by committee members relating to the review of any death, shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. However, information, documents, or records otherwise available from original sources shall not be construed as immune from discovery from the original sources or used in any such civil or administrative action merely because they were presented to the committee, and any person who appears before the committee or supplies information as part of a committee review, or who is a member of the committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her statements before the committee, participation as a member of the committee, or opinions formed by him or her or any other member of the committee, as a result of participation in a review conducted by the committee.
VII. The committee shall make a biennial report, on or before the first day of November of each even-numbered year, beginning on November 1, 2020 , to the speaker of the house of representatives, the president of the senate, and the governor describing any trends and patterns of deaths or serious injuries or risk factors, together with any recommendations for changes in law, policy, and practice that will prevent deaths and related serious occurrences. The committee may also issue special reports when doing so is necessary to alert authorities or the public to the need for prompt corrective action.
VIII. The meetings and records of the committee shall be exempt from the provisions of RSA 91-A. The committee's reports shall not include any private or privileged information. Members of the committee may be required to sign a confidentiality agreement that prohibits any unauthorized dissemination of information beyond the purpose of the review process as a condition of membership.

Source. 2007, 256:1, eff. Jan. 1, 2008. 2016, 59:7, eff. July 4, 2016. 2018, 59:1, eff. July 24, 2018.

APPENDIX B:
CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT FOR THE NEW HAMPSHIRE INCAPACITATED AND VULNERABLE ADULT FATALITY REVIEW COMMITTEE

The purpose of the New Hampshire Incapacitated and Vulnerable Adult Fatality Review Committee is to conduct a full examination of incapacitated and vulnerable adult fatalities. In order to assure a coordinated response that fully addresses all systemic concerns surrounding incapacitated and vulnerable adult fatality cases, the New Hampshire Incapacitated and Vulnerable Adult Fatality Review Committee must have access to all existing records on each case. This includes social service reports, court documents, police records, autopsy reports, mental health records, hospital or medical related data and any other information that may have a bearing on the involved incapacitated adult, family and perpetrator, if applicable.

Records of the committee, including testimony by persons participating in or appearing before the committee and deliberations by committee members relating to the review of any death, shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. However, information, documents, or records otherwise available from original sources shall not be construed as immune from discovery from the original sources or used in any such civil or administrative action merely because they were presented to the committee. Any person who appears before the committee, supplies information as part of a committee review, or who is a member of the committee may not be prevented from testifying as to matters within his or her knowledge. Such witness may not be asked about his or her statements before the committee, participation as a member of the committee, or opinions formed by him or her or any other member of the committee, because of participation in a review conducted by the committee.

The meetings and records of the committee shall be exempt from the provisions of RSA 91-A. The committee's reports shall not include any private or privileged information.

With this purpose in mind, I the undersigned, as a representative of:_____
agree that all information secured in any review will remain confidential and not be used for reasons other than that which was intended. No material with case identifying information will be taken from the meeting.

Print Name: _____

Authorized Signature: _____

Witness: _____ Date: _____

APPENDIX C:
INTERAGENCY AGREEMENT

INTERAGENCY AGREEMENT TO ESTABLISH THE NEW HAMPSHIRE ELDERLY INCAPACITATED ADULT FATALITY REVIEW COMMITTEE

This cooperative agreement is made between the New Hampshire Department of Justice, the New Hampshire Department of Health and Human Services and the New Hampshire Department of Safety.

WHEREAS, the parties hereto are vested with the authority to promote and protect the public health and to provide services which improve the well-being of incapacitated and vulnerable adults; and

WHEREAS, under RSA 125:9 II, the Department of Health and Human Services – Division for Public Health has the statutory authority to: "Make investigations and inquiries concerning the causes of epidemics and other diseases; the source of morbidity and mortality; and the effects of localities, employment, conditions, circumstances, and the environment on the public health;" and

WHEREAS, under RSA 161-F, the Department of Health and Human Services – Bureau of Elderly and Adult Services, has the responsibility to protect the well-being of elder and incapacitated adults; and

WHEREAS, the objectives of the New Hampshire Incapacitated and Vulnerable Adult Fatality Review Committee are, as specified by the statute, agreed to be:

1. *Recommend policies, practices, and services that will promote collaboration among service providers for, and reduce preventable fatalities among, incapacitated adults.*
2. *Evaluate policies, practices, interventions and responses to fatalities among incapacitated adults and offer recommendations for any improvements in those interventions and responses.*
3. *Determine and report on trends and patterns of incapacitated adult deaths in New Hampshire.*
4. *Evaluate and report on high risk factors, current practices, gaps in systematic responses, and barriers to safety and well-being for incapacitated adults in New Hampshire.*
5. *Educate the public, policy makers, and budget authorities about fatalities involving covered incapacitated adults.*
6. *Recommend improvements in the sources of data relative to preventing fatalities among incapacitated adults.*
7. *Identify and evaluate the prevalence of risk factors for preventable deaths in the population of incapacitated adults.*
8. *Development and dissemination of an annual report to state officials describing any trends and patterns of deaths or serious injuries or risk factors, together with any recommendations for changes in law, policy, and practice that will prevent deaths and related serious occurrences and special reports when doing so is necessary to alert authorities or the public to the need for prompt corrective action.*

WHEREAS, all parties agree that the membership of the New Hampshire Incapacitated and Vulnerable Fatality Review Committee needs to be comprehensive and to include at a minimum, representation from the following disciplines: law enforcement, judiciary, medical, mental health, public health, child protection services, consumer advocacy organizations, with specific membership from designated agencies to include, but not to be limited to: the Office of the Chief Medical Examiner, the New

Hampshire Department of Justice, the New Hampshire Department of Safety and the New Hampshire Department of Health and Human Services; and

WHEREAS, the parties agree that meetings of the New Hampshire Incapacitated and Vulnerable Fatality Review Committee will be held no fewer than six (6) times per year to conduct reviews of fatalities:

NOW, THEREFORE, it is hereby agreed that the following agencies will cooperate with the New Hampshire Incapacitated and Vulnerable Adult Fatality Review Committee under the official auspices of the New Hampshire Department of Justice, subject to the renewal of this Interagency Agreement. Records of the committee, including testimony by persons participating in or appearing before the committee and deliberations by committee members relating to the review of any death, shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding.

The meetings and records of the committee shall be exempt from the provisions of RSA 91-A. The committee's reports shall not include any private or privileged information.

All members of the New Hampshire Incapacitated and Vulnerable Adult Fatality Review Committee will sign a confidentiality statement that prohibits any unauthorized dissemination of information beyond the purpose of the review process. The New Hampshire Incapacitated and Vulnerable Adult Fatality Review Committee shall not create new files with specific case-identifying information. Non-identified, aggregate data will be collected by the Committee. Case identification will only be utilized in the review process in order to enlist interagency cooperation. No material may be used for reasons other than that for which it was intended. It is further understood that there may be individual cases reviewed by the Committee which will require that a particular agency be asked to take the lead in addressing a systemic or quality of care issue based on that agency's clear connection with the issue at hand.

_____ _____

Attorney General Date

_____ _____

Commissioner, Health and Human Services Date

_____ _____

Commissioner, Department of Safety Date