

# ELDERLY AND INCAPACITATED ADULT FATALITY REVIEW COMMITTEE



*"Wrinkles should merely indicate where smiles have been." ~Mark Twain*

2016 Annual Report  
June 22, 2017

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## **ACKNOWLEDGMENTS**

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

These deaths are difficult and painful to review. The EIAFRC has worked to honor the lives that have been lost and to examine ways to help prevent future fatalities. The EIAFRC would like to recognize and thank all of the individuals who have made presentations at EIAFRC 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.

The committee is excited to welcome our new co-chairs, Brandon Garod, Esq. and Sunny Mulligan Shea, Esq. effective July 2016. Brandon and Sunny are tasked with developing, implementing and managing the newly formed Elder Abuse and Exploitation Unit (EAEU). They bring a wealth of expertise that will enhance the work of this committee going forward.

## ***MISSION STATEMENT***

To reduce elderly and incapacitated adult fatalities through systemic multidisciplinary review of 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, elder and incapacitated 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 elder and incapacitated adults and their families.

## ***OBJECTIVES***

1. Determine and report on trends and patterns of elderly and incapacitated 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 adults.
3. Evaluate policies, practices, intervention and responses to fatalities among incapacitated 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 adults in New Hampshire.
5. Recommend improvements in the sources of data relative to preventing fatalities among incapacitated adults.

6. Educate the public, policy makers, and budget authorities about fatalities involving elderly and 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.

# ELDERLY AND INCAPACITATED ADULT FATALITY REVIEW COMMITTEE

## Co-Chairs

### **Brandon Garod, Prosecutor\***

Elder Abuse and Exploitation Unit  
Attorney General's Office

### **Sunny Mulligan Shea, Victim Advocate\***

Elder Abuse and Exploitation Unit  
Attorney General's Office

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### **Thomas A. Andrew, MD\***

Chief Medical Examiner  
Office of the State Medical Examiner

### **Rachel Lakin**

Administrator  
NH DHHS Elderly and Adult Services

### **Vicki Blanchard**

Advanced Life Support Coordinator  
Dept of Safety, Bureau of EMS

### **Marie Linebaugh**

Program Director  
New Hampshire Coalition Against  
Domestic and Sexual Violence

### **Karl Boisvert, MA, LCMHC**

Administrator of Community Mental Health Services  
Department of Health and Human Services

### **Linda Mallon, Esq.**

Executive Director  
Office of the Public Guardian

### **Susan Buxton**

Long-Term Care Ombudsman  
Office of the Long-Term Care Ombudsman

### **John Martin, Manager\***

Bureau of Licensing and Certification  
Department of Health and Human Services

### **Janet Carroll, RN, CEN, SANE – A/P**

Dartmouth Hitchcock Medical Center

### **David Ouellette**

Director of Projects  
NH Council on Developmental Disabilities

### **Alexander de Nesnera, MD\***

Associate Medical Director  
New Hampshire Hospital

### **Lynda Ruel, Director\***

Office of Victim/Witness Assistance  
NH Attorney General's Office

### **Jennie Duval (Alt.)**

Office of the State Medical Examiner

### **Benjamin Sahl, Esquire**

Legal Director  
Disabilities Rights Center

### **Elizabeth Fenner-Lukaitis\***

Acute Care Services Coordinator  
Bureau of Behavioral Health

### **Bernie Seifert**

Coordinator of Older Adult Programs  
National Alliance on Mental Illness of New  
Hampshire (NAMI)

### **Amanda Grady Sexton**

Director of Public Affairs  
New Hampshire Coalition Against  
Domestic and Sexual Violence

### **Kaarla Weston, MHSA\***

Bureau Liaison  
Bureau of Developmental Services

### **Sergeant Sara Hennessey**

New Hampshire State Police  
Major Crimes  
Family Services

Staff Assistant

### **Stacey MacStravic\***

Administrative Assistant  
Office of Victim/Witness Assistance  
Attorney General's Office

### **Honorable David King**

Deputy Administrative Judge  
New Hampshire Probate Courts

\*= denotes Executive Committee Member

# I. INTRODUCTION

The abuse of elderly and incapacitated adults is a serious and growing 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. Yet, Incapacitated Adult fatality review teams are only just starting to develop.<sup>1</sup>

The Elderly and Incapacitated Adult Fatality Review Committee (EIAFRC) or "Committee" is a group of professionals from many different organizations, agencies and branches of government that convenes regularly to review cases where an elderly or incapacitated adult has died. The theory underlying the fatality review process is that if we are able to better 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 that are intended to improve the statewide provision and coordination of services for elderly and incapacitated adults and their families. By statute, the primary emphasis is on reviewing selected deaths of elderly or incapacitated adults who are receiving or were recently receiving services 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 Adult and Elderly Services as victims of abuse, neglect or exploitation. 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 Elderly and Incapacitated Adult Fatality Review Committee. The Committee, which is 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 by statute and incorporated into the Committee's mission statement. The meetings and records of the Committee are exempt

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<sup>1</sup> Reprinted with the permission of the American Bar Association Commission on Law and Aging publication entitled *Elder Abuse Fatality Review Teams: A Replication Manual*.

from the provisions of RSA 91-A (Right-to-Know Law). The Committee adheres to strict confidentiality standards and does not identify what cases have been reviewed. 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.

The Committee strives to review certain deaths that pose unique or systemic questions with the ultimate question being posed, “What could have been done to prevent this death?”

### **III. FATALITY REVIEW**

#### ***MEMBERSHIP***

Members of the committee are appointed by the Attorney General. By statute, the members must be drawn from the health care field, organizations with expertise in services provided to elderly and incapacitated adults, law enforcement, organizations or individuals who advocate for or provide legal representation for elderly and incapacitated 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, included at the beginning of this report, reflects representation from the following: Probate Court, law enforcement, victim services (through both the Attorney General’s Office and the New Hampshire Coalition Against Domestic and Sexual Violence), health care (medical and mental health), Department of Health and Human Services, Bureau of Elderly and Adult Services and 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, elderly and incapacitated adults.

The unique make-up of the committee members is the key to the committee’s success. Committee members are volunteers and do not get paid for their time or mileage to participate. Their presence on the committee exemplifies their compassion, their professionalism, and their professional and personal commitment to improving the lives of our elderly and incapacitated 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 that is 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, an Interagency Agreement has been signed by 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. (See [Appendix C](#)).

## ***CASE REVIEW PROTOCOL***

1. The EIAFRC will review data regarding certain deaths of New Hampshire elderly and incapacitated adults as defined in NH RSA 21-M:16, IV.
2. The Committee's review of a case shall not be initiated until such time as any related civil and criminal actions have finally been resolved.
3. Comprehensive, multi-disciplinary review of specific cases may be initiated by the Attorney General's Office, the Department of Health and Human Services, the Department of Safety, or by any member of the Elderly Incapacitated Adult Fatality Review Committee (EIAFRC).
4. Once the EIAFRC Executive Committee identifies a case for review, the EIAFRC Chairperson or Staff Assistant will send case information to EIAFRC members in a sealed envelope marked "Confidential" prior to the scheduling of the case for review at an EIAFRC 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, name of caregiver, deceased's date of birth, driver's license number and social security number.
5. The EIAFRC members should gather necessary information pertaining to the specific case and report this information and their organization's involvement or non-involvement during the EIAFRC meeting.
6. At the EIAFRC 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 an annual report, on or before the first day of November each year 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 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 EIAFRC meeting.
10. Written materials generated from the meeting such as case summaries or notes pertaining to the case will be collected by the Staff Assistant or the Chairperson and destroyed. Use of recording equipment is not allowed.
11. The EIAFRC Executive Committee, comprised of members of the EIAFRC, assesses case information to be reviewed by the EIAFRC and performs other business as needed.
12. The EIAFRC 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**

2016 was a year of significant transition for the EIAFRC. The committee's prior chair departed in June and was replaced shortly thereafter by its current co-chairs who were new EIAFRC members. The committee met four times and reviewed 5 cases in 2016. The cases reviewed encompassed fatalities attributable to various causes. During those meetings, the committee dedicated more time than usual to self-educational presentations that would allow members to engage in more meaningful discussions and make informed and practical recommendations at future meetings.

### ***SUICIDE***

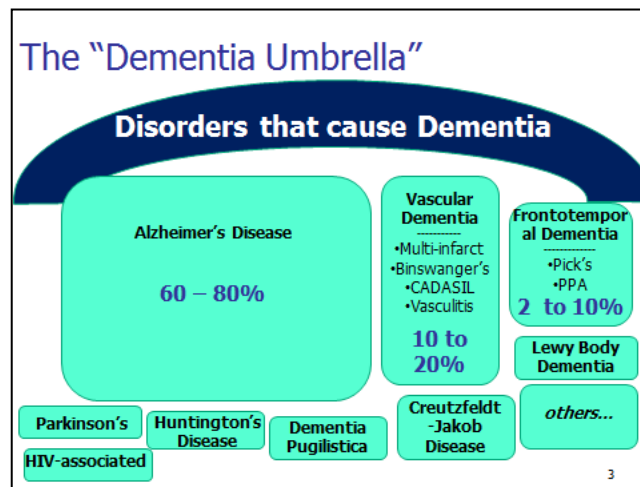
In July 2016, a joint training opportunity with the Domestic Violence Fatality Review Committee (DVFR) and the EIAFRC occurred. Counseling on Access to Lethal Means (CALM) was presented by a multidisciplinary team member. Firearm related suicides have been a factor in many of the cases DVFR and EIAFRC review. CALM is a Best Practice recognized by the Suicide Prevention Resource Center as a method to raise awareness and reduce firearm suicide. This training was therefore offered to assist in the development of discussion and recommendations.

### ***DEMENTIA***

The prevalence and diversity of disorders that cause dementia are of paramount concern to the EIAFRC as the aging population in New Hampshire continues to grow. The committee will continue to explore opportunities to educate members and the general public about the manner in which these disorders can pose an increased risk of fatality for those suffering from dementia and what steps can be taken to reduce that risk.

A multidisciplinary team member provided a presentation including statistics on the many aspects of dementia. This presentation allowed for a comprehensive understanding of the

complexities of dementia, thus enabling a solid foundation for recommendations. The charts and statistics presented below formed the basis for discussion.



The presentation also included the following data which covered the prevalence of Alzheimer's Disease and other types of dementia currently effecting the population of the United States:


**Prevalence in US:  
AD and other dementias**

- 1 in 9 age 65+ have AD
- 1/3 of population age 85+
- 81% of people who have AD are 75+

Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures

**Americans with Alzheimer's**

- More than 5.2 Million in US in 2015
- By 2025, 7.1 Million in US
- By 2050, 13.8 Million in US



Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures 15

**New Hampshire numbers**

Year	Number of people in NH with Alzheimer's
2015	22,000

These numbers are expected to increase to:

Year	Number of people in NH with Alzheimer's
2025	32,000

Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures 16

## V. RECOMMENDATIONS

This report contains the recommendations made by the EIAFRC, the corresponding responses, and what has been accomplished through the recommendation.

### TRAINING

1. **Recommendation:** Ensure immediate and ongoing support is available to providers in the aftermath of a traumatic event. EIAFRC members requested additional information on resources available in order to support staff.

***Response:** Information on the Employee Assistance Program (EAP) available for state employees and Disaster Behavioral Health Response Team (DBHRT) for other organizations was provided to the Committee to share among their professional partners.*

2. **Recommendation:** Educate members of the EIAFRC on available resources for peer-to-peer support by researching speakers with knowledge of the subject and inviting them to speak at a future committee meeting.

***Response:** A representative from the Department of Safety presented the topic of peertopeer support and Critical Incident Stress Management (CISM). Available resources were identified and shared.*

3. **Recommendation:** Educate EIAFRC members on available technological devices that can be used to monitor and locate vulnerable adults with dementia who are prone to wandering and therefore are more susceptible to accidental death.

***Response:** A representative from Adaptive Technology Equipment Center (ATEC) presented to the EIAFRC in January 2017. During that presentation, several devices were described and shared with the group.*

### PUBLIC AWARENESS

1. **Recommendation:** Utilize the Attorney General's Offices' new Elder Abuse and Exploitation Unit (EAEU) to further support Adult Protective Services (APS) educational and outreach initiatives.

***Response:** Representatives from the EAEU met with police chiefs and county attorneys in Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Rockingham, Strafford and Sullivan Counties to discuss the importance of law enforcement collaboration with APS. Scheduling efforts are underway to meet with the remaining county. In addition, representatives of the EAEU taught a comprehensive two hour course on elder abuse and neglect for new recruits at the New Hampshire Police Academy that emphasized the importance of collaboration*

*with APS. The director of APS will also instruct future police academy classes with representatives of EAEU.*

2. **Recommendation:** Identify and utilize opportunities to educate the general public on the mandated reporting responsibilities created by RSA 161-F:46.

***Response:** The EAEU was established by the Attorney General's Office in July, 2016. Since formation, the EAEU have given approximately ten presentations to the general public. The presentations covered all aspects of elder neglect, abuse and exploitation, including the mandatory reporting requirements created by RSA 161-F:46. Presentations, followed by active discussions, were facilitated at senior centers and assisted living facilities.*

3. **Recommendation:** Explore and implement a plan to provide utility companies with information on recognizing signs of self-neglect and how to notify the proper authorities.

***Response:** APS has done educational outreach to Public Service of New Hampshire (PSNH), now known as Eversource, through their Gateways program and found it to be effective and beneficial. BEAS will make efforts to revitalize and expand the program to other utility providers.*

## **POLICY**

1. **Recommendation:** Develop a plan to increase awareness of BEAS/APS amongst professionals who work with elderly and vulnerable adults and the general public.

***Response:** The BEAS/APS director educated committee members about the function and processes of the Bureau. The EIAFRC will continue to explore opportunities to educate professionals about BEAS/APS in the future. Members of the EIAFRC committee have an ongoing commitment to remind their colleagues that mandated reporting does not fall solely for children. The mandate applies to elderly and vulnerable adults as well.*

2. **Recommendation:** Explore and utilize opportunities for public service announcements to further generate awareness of BEAS/APS amongst the general public.

***Response:** An EIAFRC co-chair appeared as a guest on Senior Speak, a Concord Community Television program for senior citizens. During the program, the attorney discussed how to report cases of suspected elder abuse or neglect.*

## **GENERAL EIAFRC POLICY STATEMENTS**

1. The EIAFRC recognizes the challenges that service agencies are going to be facing as the aging population demographics in New Hampshire change. This will impact the workforce, as aging employees retire and the demand for services increases. Family members will be

increasingly relied upon to act as caregivers, therefore, EIAFRC supports the provision of any respite services.

2. The EIAFRC recognizes the challenges that individuals face in obtaining affordable and easily accessible medication.
3. The EIAFRC recognizes the need for expanded services and supports for the rapidly growing population diagnosed with dementia.

## **VI. CONCLUSION**

The New Hampshire Elderly and Incapacitated Adult Fatality Review Committee is a significant component of the State of New Hampshire's effort to reduce or prevent deaths of some of its most vulnerable citizens. The Committee hopes that the education provided, and the recommendations made will be seen as valuable by the organizations and agencies dedicated to the services for New Hampshire's elderly and incapacitated adult populations.

The challenges that face our state in providing services to these populations are not unique to New Hampshire. The needs of the ever-increasing elderly and incapacitated adult populations strain a system that is already overburdened and under-funded. However, despite these challenges, there are numerous competent, professional, and caring service providers working to mitigate the risk of unnecessary and premature deaths. We continue to honor these professionals for their ongoing dedication. The Committee also recognizes the need to provide continued supports to these professionals in times of adverse events in order to allow them to continue their dedicated work.

The Committee acknowledges the growing number of caregivers needed to support the work that is twenty-four hours a day, seven days a week and three-hundred and sixty-five days a year. Family members are becoming "a sandwich generation"; caring for an elderly relative and children simultaneously. These individuals and families need to be provided with the necessary supports to continue these rewarding but often demanding tasks. These services may include assistance to the individuals and/or the caregivers in the form of: personal care, advocacy, counseling, respite care, in-home support services, and adult day services.

"There is no greater disability in society, than the inability to see a person as more."

~ Robert M. Hensel

# **APPENDIX A: STATUTORY AUTHORITY**

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

[RSA 21-M: 16 effective January 1, 2008.]

### **21-M: 16 Incapacitated Adult Fatality Review Committee Established. –**

I. There is hereby established the incapacitated 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 adults, law enforcement, organizations or individuals who advocate for or provide legal representation for incapacitated 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 adults.
- (b) Evaluate policies, practices, interventions and responses to fatalities among incapacitated adults and offer recommendations for any improvements in those interventions and responses.
- (c) Determine and report on trends and patterns of incapacitated 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 adults in New Hampshire.
- (e) Educate the public, policy makers, and budget authorities about fatalities involving covered incapacitated adults.
- (f) Recommend improvements in the sources of data relative to preventing fatalities among incapacitated adults.
- (g) Identify and evaluate the prevalence of risk factors for preventable deaths in the population of incapacitated 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 (f), or RSA 161-J, or within 90 days of discharge from such a facility.
- (e) Adults who were the reported victims 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.
- (f) Adults who were in need of any of the services defined in subparagraph (a)-(e) at the time of their 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 an annual report, on or before the first day of November each year, beginning on November 1, 2008, 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.



## **APPENDIX B: CONFIDENTIALITY AGREEMENT**

### **NEW HAMPSHIRE INCAPACITATED ADULT FATALITY REVIEW COMMITTEE**

The purpose of the New Hampshire Incapacitated Adult Fatality Review Committee is to conduct a full examination of incapacitated adult fatalities. In order to assure a coordinated response that fully addresses all systemic concerns surrounding incapacitated adult fatality cases, the New Hampshire Incapacitated 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, 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

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 will be taken from the meeting with case identifying information.

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 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 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 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 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 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 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 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

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Date

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Commissioner, Health and Human Services

\_\_\_\_\_  
Date

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Commissioner, Department of Safety

\_\_\_\_\_  
Date