INCAPACITATED AND VULNERABLE ADULT FATALITY REVIEW COMMITTEE

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

2018 Annual Report
July 10, 2019

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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 study New Hampshire's elder and incapacitated fatalities, in an effort to prevent future deaths.

These deaths are difficult 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 the individuals who made a presentation at our IVAFRC meeting and who 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 and educating us as to possible solutions.

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 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 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

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I. INTRODUCTION

The abuse of incapacitated and vulnerable 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.[1]

The Incapacitated and Vulnerable Adult Fatality Review Committee (IVAFRC) or "Committee" is a group of professionals from many different organizations, agencies and branches of government that convenes regularly to review cases where a vulnerable 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 vulnerable and 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 individuals who were reported to Adult Protective 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 Vulnerable 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

[1] 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 dialogue.

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: 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), The Bureau of Developmental Services, The Department of Health and Human Services, Bureau of Adult Protective 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 take time from their busy schedules and some travel a good distance 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 strive to 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 IVAFRC will review data regarding certain deaths of New Hampshire incapacitated and vulnerable 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 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, and deceased's date of birth.

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 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 IVAFRC 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 IVAFRC Executive Committee, comprised of members of the IVAFRC, assesses case information to be reviewed 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 2018 the committee met once and reviewed two cases. The fatalities reviewed were related to bed rails in nursing facilities and the potential dangers. There is an increased awareness around this issue as the result of reports from facilities related to bedrails.

The committee utilized time during its meeting to host a presentation on Health Risk Screening

The Bureau of Developmental Services (BDS) has had active representation on the IVAFRC since its inception. When the opportunity arose to share a new tool that is widely implemented to all eligible participants who access services via the three 1915(c) waivers, all of which are managed by BDS, the committee agreed to extend an invitation to learn about the tool. The tool is a product of Health Risk Screening (HRS). It's intended to mitigate risk by detecting health care destabilization and providing a Health Care Level (HCL) resulting in service and training considerations for staff. The IVAFRC engaged the HRS representatives and were given an overview of the tool and how it may be used to promote health and wellness and mitigate risk. Data was shared regarding the correlation of a high health care level and mortality. Below is a synopsis of the training that provided to members of the IVAFRC.

HEALTH RISK SCREENING TOOL (HRST)

Sherry Neal, Clinical Director
Craig Escude, Executive VP of Strategy
Health Risk Screening, Inc.

The goal of the HRST is to promote optimum health, to mitigate or eliminate identified risks and to avert unnecessary health complications or deaths. The HRST provides measurable data in five categories on a total of 22 rating items. These 5 categories include such rating items as: Eating, Ambulation, Toileting, Self-abuse, Nutrition, Gastrointestinal, Seizures, Falls and Hospital

Admissions. The outcome of scoring all 22 rating items is an objective Health Care Level that represents the overall degree of health risk and destabilization of the person. Since each of the 22 rating items receives its own score, the level of health risk can be determined on each of the items as well.

New Hampshire Service Coordinators and Nurses complete HRST screenings. All New Hampshire Raters of the HRST must complete a 4 hour online training course prior to screening using the HRST. After the online rater training is completed, Raters also have the opportunity for ongoing training and support. We emphasize how the HRST offers risk response opportunities by educating New Hampshire Raters how to use the product of the risk screening process; the Training and Service Considerations. These Consideration statements show how risk can be better managed. Quality and accuracy of scoring is also very important. Any Health Care Level reaching 3 or higher is required to have a quality review (i.e. the Clinical Review) by a trained Clinical Reviewer.

Within the HRST itself, there is a means for determining causes of death over time. A key indicator of mortality risk is the HRST's Health Care Level. This Health Care Level is established once a Rater has fully screened an individual for risk. Those individuals with a Health Care Level of 4 or higher show a pronounced increase in early mortality.
New Hampshire individuals Health Care Levels have reduced by 10% in the previous year. This is notable as the reduction in Health Care Level indicates successful management of risk over time. Where we observed an increase in Health Care Level within the New Hampshire population, over half were 50 years and older.

Overall benefits of using the HRST include:

- Empowers families and caregivers to be responsive to health related risks.
- Allows for early recognition of health destabilization with the ability to follow a proposed action plan.
- Points out the need for other services and training that may be less than obvious.
- Educates case managers, families, and direct support professionals with knowledge of where risks are present and how to intervene.
- Empowers families and staff with talking points while visiting community doctors.
- Helps caregivers and doctors discover the root cause of risks.
- Gives actions steps on how to mitigate or eliminate risks before they become chronic or life-threatening.
- Identifies and addresses obstacles to a well-lived life.
- Assists with Person-Centered planning and continuity of care.
- Objectively quantifies the level of risk as signified in the assigned Health Care Level.
- Helps avert Preventable deaths.

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, once a recommendation is made it is sorted into one of the following areas: **Training, Public Awareness or Policy.** Each recommendation is then 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 then 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	
1) Reach out to assisted living facilities in to assure they have policies in place to ensure any suspicious death is reported to the local police department.	One law enforcement agency visited local facilities in their town to make introductions and left fliers offering trainings and education for residents and staff. In one of the facilities a monthly social event has been implemented, "Talk with a Cop" to encourage open communication with the police department.
2) Continue to educate law enforcement and the nursing home and assisted living provider community about the Elder Justice Act.	Communication is ongoing with long-term care providers to ensure their compliance with the Elder Justice Act.

GENERAL IVAFRC POLICY STATEMENTS

1. The IVAFRC 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, IVAFRC supports the provision of any respite services.

2. The IVAFRC recognizes the challenges that individuals face in obtaining affordable and easily accessible medication.

3. The IVAFRC recognizes the need for expanded services and supports for the rapidly growing population diagnosed with dementia.

4. The IVAFRC recognizes the impact of chronic staff shortages on the ability to hire, retain, and adequately compensate qualified staff.

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 have been viewed as valuable by the organizations and agencies dedicated to the services for New Hampshire's elderly, incapacitated and vulnerable adult populations.

The needs of the ever-increasing elderly and incapacitated adult populations in New Hampshire strain a system that is already overburdened and under-funded. However, despite these challenges, there are competent, professional, and caring service providers working to mitigate the risk of unnecessary and premature deaths. We honor these professionals for their ongoing dedication.

The Committee recognizes that family caregivers are heavily relied on to provide the majority of care to their loved ones due to lack availability of adequate staff. We recognize that family caregivers need ongoing support to remain in those roles.

In 2018, the Committee has determined it will focus its' efforts towards understanding the scope of the issues inherent in providing services to the elderly, incapacitated and vulnerable adult populations.

> "Being disabled should not mean being disqualified from having access to every aspect of life."
>
> ~ Emma Thompson

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

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 adult fatalities. In order to assure a coordinated response that fully addresses all systemic concerns surrounding incapacitated 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, 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 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