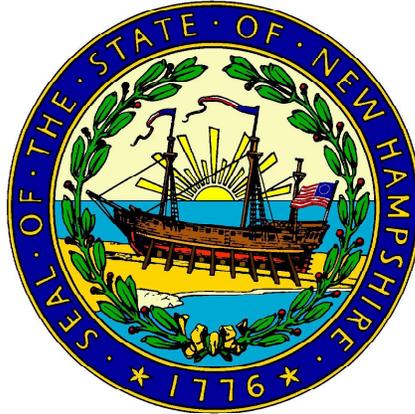


THE STATE OF NEW HAMPSHIRE



INCAPACITATED ADULT FATALITY REVIEW COMMITTEE



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

SECOND ANNUAL REPORT

November 2009

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CHAIR REPORT AND ACKNOWLEDGMENTS

The Incapacitated Adult Fatality Review Committee (IAFRC) has completed its second year of reviewing certain deaths of New Hampshire's elderly and incapacitated adults. As I reflect upon the efforts, commitment and accomplishments of the Committee over the first two years, I remain confident that this work will positively impact the lives of New Hampshire's most vulnerable residents.

Our state and local communities face daunting economic challenges. Decreased revenue and an ailing economy often results in budget cuts which, in turn, results in fewer services and even fewer resources to meet the increasing need of New Hampshire's elderly and incapacitated adults. The IAFRC recognizes that these challenges exist and strives to make recommendations for changes that are both necessary and practical in today's society.

The 2009 Annual IAFRC Report highlights the need to maintain (and increase where possible) awareness, services and screening for elder suicide. Additionally, caregivers of the elderly or incapacitated must be provided with information about state, local and private resources that they can turn to for help or respite before the stress of providing care takes such a physical and mental toll that they lash out thus causing harm to or neglecting their loved one.

The IAFRC wishes to recognize the dedication and service of Lynn Koontz, a supervisor with the New Hampshire Bureau of Elderly and Adult Services who retired this past year after 30 years of protecting our elderly and incapacitated adult populations. We wish you well, Lynn.

Tracy M. Culberson, Esq.
Chair

INCAPACITATED ADULT FATALITY REVIEW **COMMITTEE**

MISSION STATEMENT

To reduce incapacitated adult fatalities through systemic multidisciplinary review of incapacitated 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, 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 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 covered 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.

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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 elder and 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, elder and incapacitated adult fatality review teams are only just starting to develop.¹

A fatality review committee is a group of professionals from many different organizations, agencies and branches of government that convenes periodically 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 coordination of services for elder and incapacitated adults and their families.

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*.

II. HISTORICAL BACKGROUND

In 2007, House Bill 862-FN, sponsored by State Representatives Schulze, MacKay, Donovan, Emerson, French and 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 thus creating the Incapacitated Adult Fatality Review Committee. The Committee, which is administratively attached to the Department of Justice, 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 statute authorized the attorney general to appoint members to the committee from 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 other members as the attorney general determines will assist the committee in fulfilling its objectives.

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 from the provisions of RSA 91-A (Right-to-Know Law). 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.

At its first meeting in March 2008, the IAFRC executive committee began the difficult task of drafting a mission statement, Committee objectives, interagency and confidentiality agreements, and a procedure for identifying specific cases to review. Additionally, the executive committee identified more than 25 individuals from varied disciplines as potential review committee members. Once identified, those individuals were appointed by Attorney General Kelly Ayotte to serve on the Committee.

On June 27, 2008 the full committee met for the first time. The meeting afforded those who serve the needs of New Hampshire's elderly and incapacitated adult population the opportunity to meet and interact with one another and become familiar with the mission and purpose of a fatality review committee. The full committee would meet again in August to conduct its first review of a death of an elderly incapacitated person and again in October to conduct its second review.

Since its inception, the committee has reviewed five deaths of elderly or incapacitated adults. Such cases include a homicide, a murder-suicide, elder neglect with death resulting, a death of an elderly woman from complications of chronic schizophrenia, and the death of an incapacitated man as a result of diabetic ketoacidosis. 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?”

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.

III. FATALITY REVIEW

Membership

The Committee’s membership is comprised of 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. Committee members serve at the pleasure of the attorney general for three-year terms.

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 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 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. These members volunteer their time 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 Department of Justice, the New Hampshire Department of Health and Human Services, and the New Hampshire Department of Safety. (See [Appendix C](#)).

Case Review Protocol

1. The IAFRC 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 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 Adult Fatality Review Committee (IAFRC).
4. Once the IAFRC Executive Committee identifies a case for review, the IAFRC Chairperson or Staff Assistant will send case information to IAFRC members in a sealed envelope marked "Confidential" prior to the scheduling of the case for review at an IAFRC 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 IAFRC members should gather necessary information pertaining to the specific case and report this information and their organization's involvement or non-involvement during the IAFRC meeting.
6. At the IAFRC 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 IAFRC 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 chair and destroyed. Use of recording equipment is not allowed.
11. The IAFRC Executive Committee, comprised of members of the IAFRC, assesses case information to be reviewed by the IAFRC and performs other business as needed.
12. The IAFRC 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.

Annual Report

The committee makes 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 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.

“It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.”

- Hubert H. Humphrey

IV. 2008-2009 CASE REVIEWS AND RECOMMENDATIONS

2008

During its inaugural year, the Committee reviewed two cases of elder and incapacitated adult fatalities. A third review was scheduled but was cancelled due to an ice storm. Prior to each review, members of the Committee are presented with brief educational components that specifically relate to issues that are likely to present themselves during the review.

In 2008, committee members received such educational presentations from committee member and Chief New Hampshire Medical Examiner Dr. Thomas Andrew who provided an overview of the medical examiners office and what constitutes a mandated reportable death. The educational component was followed by the review of the death of an elderly woman as a result of caregiver neglect.

Committee members also heard from Ken Norton, project director of Frameworks, a suicide prevention project under the auspices of the National Alliance on Mental Illness (NAMI). 'Frameworks' develops best-practice protocols in the areas of suicide prevention and intervention as well as "postvention" to include the community response to suicide. The educational component was followed by a review of a murder/suicide involving an elderly New Hampshire couple.

Such educational components are invaluable instruments to the success of the committee. They assist committee members by providing a necessary understanding to the context in which the death has occurred. They also create a greater understanding and appreciation of the efforts of organizations such as NAMI, which oftentimes do not receive the support or recognition that they deserve.

2009

In 2009, committee members reviewed three elder or incapacitated adult fatalities. One of the reviews was quite comprehensive and required two meetings to complete. Cases reviewed included the murder of an elderly woman, the death of an elderly woman who died as a result of complications from schizophrenia, and an incapacitated adult who died as a result of diabetic ketoacidosis.

In 2009, committee members received educational presentations from Margaret Walker, Executive Director of the New Hampshire Board of Nursing. Dr. Alex DeNesra, Associate Medical Director for the New Hampshire Hospital, also provided an overview of the involuntary commitment process. Dr. Carl Cooley from the Crotched Mountain Rehabilitation Center provided the members with an overview of the "Medical Home Model" of healthcare for incapacitated adults.

Based upon these comprehensive 2008-2009 reviews, the Committee reports the following findings and recommendations, which are intended to help reduce and prevent

the deaths of certain elderly and incapacitated adults through enhanced policy development, societal awareness, increased funding, and service delivery within and among the state and private agencies and organizations that serve the elderly and incapacitated adults.

A. Public Health and Medical

- Develop and institute a course of training as well as literature for the medical community in proper recognition and reporting of medicolegal deaths.
- Increased pharmacist education and awareness regarding caregiver issues.
- Training medical providers to do routine screening about general wellness and mental health screening as it relates to caregiver stress and depression.
- All registered nurses employed by State Area Agencies, or providers serving persons with disabilities, should be certified by the Developmental Disabilities Nurses Association. Current nurses and new hires should be provided with the funding to become certified.

B. Emergency Medical Services

- There should exist a multidisciplinary protocol for first responders responding to incidences of elder and incapacitated adult abuse and neglect.

C. Mental Health

- Promote a system of comprehensive medical, psychosocial and health care coordination as not only desirable but as critical to meet the health and medical needs of persons with developmental disabilities and other vulnerable populations. The “medical home” is one such model.

D. Education and Public Awareness

- Research the opportunities to work with local media to do a segment on issues related to multigenerational living arrangements impacted by the economy and the aging population.
- Increase public awareness about the warning signs of elder and incapacitated adult abuse and neglect.
- Develop caregiver outreach materials.

E. Adult Protective Services

- The Bureau of Elderly and Adult Services should increase the awareness of (and provide increased training to) its adult protective service workers relative to the legal options available to them during their investigations to include, but not limited to, the use of guardianships, conservators, and protective orders.
- The Bureau of Elderly and Adult Services should include a member of the medical community in those investigations that involve allegations of abuse and/or neglect.
- The Department of Health and Human Services should strongly consider adopting an objective assessment instrument, such as the Supports Intensity Scale (SIS) to determine the level of need and services for individuals in the health and human services system including the type of housing arrangement.
- The Department of Health and Human Services should promote, and as appropriate, require that there be a variety of community housing options and supports available to include options for persons with more complex medical and behavioral needs.
- The Department of Health and Human Services / Bureau of Developmental Services should reinstate its investigative capacity so that there is a state level investigation of deaths that arise from suspicious or unusual circumstances, to include investigations when there is reason to believe that abuse or neglect contributed to the death.
- The Department of Health and Human Services / Bureau of Developmental Services should revise its rules regarding its expectation that the Area Agency Service Coordinator visit the client at the client's new residence within 30 days of placement or sooner as necessary.

F. Courts and Law Enforcement

- There should be sufficient and increased funding to clear the backlog of those individuals in need of a court-appointed guardian to ensure that guardians are appointed in a timely manner including immediately or on an emergency basis as needed.

G. Legislation

- Support efforts regarding suicide prevention and support the New Hampshire Suicide Prevention Council's state suicide prevention plan through sufficient funding for a comprehensive and ongoing mechanism for public awareness and training for key service providers.

- The IAFRC supports the findings of SB 496, the Commission to study incentives for home and community based providers. The Committee finds that the systems of hiring, supervising, evaluating and retaining staff (direct, support and professional) at the provider and area agency levels must be improved so that qualified and competent people are hired and retained and unqualified people are not. The Committee reiterates the recommendations from “Renewing the Vision”, the Governor’s Commission on Area Agencies (2005) and the SB 138 Committee Reports.
- There should exist mandatory reporting of any suspected instance of a nurse or other professional violating state nursing licensing requirements to the Board of Nursing or other regulatory agency.

H. Elder and Incapacitated Adult Fatality Review Committee

- The Committee will continue to consider the long-term effects of psychiatric drugs prescribed to elderly individuals who are at a heightened risk of adverse side effects and drug interactions and make recommendations as necessary after additional reviews.

V. RESPONSES TO 2008-2009 RECOMMENDATIONS

Over the next 12 months, these recommendations will be assigned to various committee members who will be obligated to respond to the specific recommendations in order to determine whether such recommendations have been implemented and, if not implemented, why. This method ensures accountability and that the collaborative work of the committee is accomplished. Responses will be included in the 2010 annual report.

VI. CONCLUSION

The work of the New Hampshire Incapacitated Adult Fatality Review Committee represents an important and significant step forward in the State’s effort to reduce preventable deaths of its most vulnerable citizens. We hope that our recommendations will be received and considered by those organizations and agencies that are dedicated to preserving the rights and general welfare of New Hampshire’s elderly and incapacitated adult population.

The challenges that face our state are not unique. As our elderly and incapacitated adult populations increase, greater strains will be placed on a system that is already overburdened and under-funded. In such an environment, competent, professional, and caring service providers will be our strongest weapon against abuse and neglect. These are the ones that we must retain while we filter out the incompetent and uncaring.

We must also provide support to the growing number of caregivers in our state. An increasing number of family members are finding themselves in situations where they are working full-time while also caring for an elderly or incapacitated parent, relative or child. We must recognize and appreciate the enormous physical and mental strains placed upon these caregivers and provide them with necessary support through counseling, respite care, and adult day care. If we don't improve the system today, it won't be there when we need it.

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 subparagraphs (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
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

Date

Commissioner, Health and Human Services

Date

Commissioner, Department of Safety

Date