Testimony
House Human Services Committee

H.46
Establishment of Adult Fatality Review Teams

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Background

The movement across the United States to establish adult fatality review teams, similar to Child Death and Domestic Violence Fatality Review teams, is growing. Although little data exists, adult fatality review teams are seen as adding value to the public good by creating greater collaboration between providers, raising the awareness of the needs of elders in the community and promoting greater interest in advocacy. There is some evidence this can lead to systems improvements that result in improved early identification of high risk elders.

DAIL has been in discussion with the Long Term Care Ombudsman, Jackie Majoros, at least for the past four years about the utility and viability of establishing an adult fatality review team in Vermont.

Activities and findings to date

- Researched the experience in other states through the use of the National Center for Elder Abuse (NCEA) list serve
    - All respondents found the teams valuable in forging new relationships.
    - Only a couple of respondents were able to describe concrete policy recommendations/initiatives/interventions that emerged from the teams' meetings.
    - Most of the teams are led by or operate under the aegis of the Attorney General's office; at least one is led by the Office of the Long Term Care Ombudsman (New Hampshire)

    - Some review teams investigate suicides; some death by law enforcement that involves individuals with mental illness (New Hampshire)

- Spoke/corresponded with members of functioning teams in four states
    - Teams that function best had at least initial funding from grants; some that did not receive continued funding, folded; others continued and rolled the activity into other job duties.

- Compared cost of setting up such teams in with respect to materials, time and human resources. Range is no additional FTEs to 1FTE at a total cost of $0 to $95K.

- Identified standards for adult fatality review teams
    - The American Bar Association produced a manual for states wanting to replicate elder death review teams from the pilots. http://apps.americanbar.org/aging/publications/docs/fatalitymanual.pdf

Specifics in H.46 of concern

- The definition of vulnerable adult is too broad.
- The scope of review has not been defined: How many? Which cases? etc
- There are no indicators proposed that would help judge the value of such teams in Vermont.
- There are no performance measures included (How much? How well? Is anybody better off?).
- The bill leaves it to the team to develop and use "uniform procedures established by the team" despite the availability of national standards.
- The actual resource need has not been acknowledged.
- Who will house the team, coordinate the meetings, prepare the materials and so on is unclear.
- It is clear that an exemption from the Open Meeting Law is desirable in order to protect confidentiality. It may however be worth considering having only a

portion of the proceedings (the actual case review) be exempt; it may be helpful to have policy recommendations be discussed openly

Conclusion

DAIL believes that a significant investment of time and human resources would be needed to meet the obligations of the proposed statute and to make teams more likely to be successful; especially while it is being established.

DAIL does not have the resources necessary to provide the leadership or the technical or administrative support and level of member ship that has been proposed.

Should the General Assembly choose to establish adult fatality review teams under the aegis of the AGs office – as with the Domestic Violence Fatality Review Commission - DAIL proposes we provide a single member for the team; we cannot dedicate three staff as has been proposed.

DAIL cannot support H.46 as introduced and currently amended given the number of unresolved issues and the need for human resources we simply do not have.

Alternative to passage of H.46

Consider referring the matter to the Elder Justice Workgroup for resolution of outstanding issues prior to reintroducing the legislation next year, including whether or not to include deaths by suicide or at the hands of law enforcement (involving person with mental illness).

Upon reintroduction, consider adding language that makes it clear teams will only be created if adequate funding and positions are available.

List of cities/states who provided input: California, New Hampshire, NYC, Virginia, Georgia, Wyoming, Rochester NY, Iowa, Maine