

**Sunset Advisory Commission
Boards and Commission Review
November 9, 2018**

**Testimony of AAG Steven Monde
Re Vulnerable Adult Fatality Review Team**

Overview

- The Legislature established the Vulnerable Adult Fatality Review Team just over two years ago; it's early to consider sunset.
- The Team's membership is unique, bringing together state agencies and private actors (including, regulators and regulated entities) in a collaborative venture to improve the welfare of vulnerable and elderly Vermonters by learning what we can from untimely deaths. No other state agency performs this work.
- The Team also fosters communication and information sharing among the various state agencies with responsibilities to Vulnerable Adults.
- The Team could not perform its function without the confidentiality provisions and exemptions from open meeting and public records law granted in the enacting legislation.
- The Team does not impose any direct expenses on the State, aside from minimal overhead costs to the Office of the Attorney General. Eliminating the Team would not result in cost savings or more efficient government.

1. In general, how often does the board or commission meet?

The Vulnerable Adult Fatality Review Team ("Team") was established on July 1, 2016. The full 14-member Team has met six times since its inception. (The last meeting was in September 2018; the next meeting is set for November 2018). In addition, the Team's case preparation subcommittee has met on three occasions, and the executive committee has met, at least, monthly.

Meeting agendas are attached to this testimony. However, the Team's minutes are confidential because, in part, they may contain reference to an individual's identity and Personal Health Information. Should this Commission desire to review the minutes, the Team will provide them with appropriate safeguards.

2. Provide the names of members, their term length and expiration, appointing authority and the amount of any per diem

A current roster of the Team's 14 statutory members (9 representing state agencies; 5 from the private sector) follows below. All terms are for two years, and will expire in September 2020.

No members receive a per diem for participation on the Team.

Name	Appointing Authority
Lauri McGivern, <i>Chair</i>	Chief Medical Examiner
Linda Purdy, <i>Co-V. Chair</i>	Attorney General
Virginia Merriam, <i>Co-V. Chair</i>	Attorney General
Devon Green, <i>Ex. Com.</i>	Vermont Association of Hospitals & Health Systems
Shawna Agel	Director, APS (DAIL)
Sheila Aubin	Association of Home Health Agencies
Chris Bell	Director, Office of Emergency Medical Services
Andre Courcelle	Director, Adult Services Division (DAIL)
Dr. Rosy Hill	UVMHC Center on Aging
Sean Londergan	LTC Ombudsman
Claire McFadden	Commissioner, DAIL
Nietra Panagoulis	Vermont Center for Crime Victim Services
Ed Paquin	Disability Rights Vermont
Linda Phypers	Vermont Health Care Association
AJ Ruben	Disability Rights Vermont
Capt. Daniel Trudeau	Commissioner, Public Safety

3. Provide an overview of the board or commission’s purpose.

The Team is an interdisciplinary body with members drawn from seven state agencies and five private entities, sharing a common interest in the health and welfare of the Vermont’s elderly and Vulnerable Adults.

Specifically, the Team examines select cases of abuse- and neglect-related fatalities of Vulnerable Adults in Vermont, occurring in private homes, group residences and institutional settings. The purpose of these reviews is to:

- (A) identify system gaps and risk factors associated with those deaths;
- (B) educate the public, providers, and policymakers about abuse- and neglect-related fatalities and strategies for risk identification and intervention; and
- (C) where appropriate, recommend legislation, policies, training, and other initiatives, to enhance the coordination of services delivered to Vulnerable Adults, and promote interagency and public-private collaboration.

In the final analysis, the Team’s purpose is to improve the delivery of public and private services to vulnerable Vermonters. It achieves this purpose by placing the stakeholders in a room to examine fatalities as a means of identifying deficiencies and recommending improvements. The Team’s focus is forward looking, concerned only with future improvements, rather than the assignment of responsibility.

4. Is that purpose still needed? What harm would come if the board or commission no longer fulfilled that purpose?

In light of its purpose – the improvement of the health and well being of Vulnerable Adults and the elderly – the need for the Team, which the Legislature recognized just over two years ago, remains strong.

Vermont’s population is aging, rapidly. Fatalities provide a powerful lens through which we can understand the challenges facing elderly and vulnerable Vermonters, as well as the nature and effectiveness of state and private efforts aimed at this population. Moreover, the problems that the Team identifies, and the solutions it offers, will improved the delivery of necessary state and private services, and may well prevent untimely deaths.

The primary harm that would result if the Team were dissolved would be the lost opportunity to learn from untimely deaths. It would also end a unique forum bringing together disparate public and private actors (regulators and regulated entities) in a cooperative venture to improve the welfare of vulnerable Vermonters. Finally, it would also result in the loss of an effective and efficient channel of communication and cooperation among state agencies with a shared interest in the vulnerable and elderly.

5. How well is the board of commission performing in executing that purpose? What evidence can you provide to substantiate that performance?

Since its inception and first meeting in September 2016, the Team, its case-preparation subcommittee and executive leadership has worked diligently to fulfill its legislative mandate.

Much of the Team’s effort in 2017, focused on foundational matters. We drafted and approved general protocols to guide our work; developed policies and procedures for case intake, screening and review; and formed sub-committees to assist with the preparation of cases for presentation.

Preparations for the Team’s first substantive review of cases began in July 2017. The Team selected three cases for it’s initial review, all of which involved hypothermia as a cause or contributing cause of death. (The Team believes that it can be most effective and efficient by first selecting a broad subject area for examination and then preparing multiple fatalities for review that relate to that subject area).

After assembling the relevant documents, conducting interviews, and preparing fact presentations, the Team heard testimony from Bennington and Barton law enforcement officers, and the adult daughter of one of the decedents in late October 2017. The Team met again in December of that year to discuss recommendations, resulting in draft press release calling attention to the risks of hypothermia.

Resource limitations and time demands required the Team to postpone meetings scheduled for the first half of 2018. The Team met again in September 2018, selecting to focus on fatalities related to decubitous ulcers for its next round of substantive reviews set for late this fall. Also in September, Linda Purdy, Director of the Medicaid Fraud and Residential Abuse Unit, and MFRAU Det. Virginia Merriam, joined the Team and assumed leadership positions. Their addition will ease the time demands on the executive committee in preparing cases for review, and allow the Team to effectively carryout its purpose going forward.

6. If the purpose is still needed, can State government be more effective and efficient if the purpose was executed in a different manner?

No, as noted in throughout this testimony, there is no other state entity that performs similar work, hence there is no duplication of efforts, and the cost to the State is minimal and indirect. Moreover, the State derives considerable benefit from the uncompensated time contributions of the Team's private sector members. Please see the responses to Question Nos. 4 and 9 for additional details.

7. Do any of the board or commission's functions overlap or duplicate those of another state board or commission of federal or state agencies?

No, the Team's mission and function are unique. There is no other board or government agency doing this work. Indeed, Vermont is one of only five states nationwide with a fatality review team dedicated to the elderly and vulnerable.

Vermont is fortunate to have a Domestic Violence Fatality Review Commission. Although we share a methodology, there is no overlapping or duplication of responsibilities or efforts.

8. Does the board or commission's enabling law continue to correctly reflect the purpose and activities of the board or commission?

Yes. The primary function of the Team's enacting legislation is to provide a confidential forum, to foster a free and frank exchange of views, and exemptions from the open meetings and public records laws. These provisions are necessary because the Team's work involves the review and discussion of medical records, autopsies and related documents that identify individuals and Protected Health Information. Critically, they also make it possible for representatives from various state agencies to share information with each other, and with the Team's private actors.

9. Provide a list of the board or commission's last fiscal year expenditures, including staffing costs. How are these funded?

The Team did not have any expenditures in the last fiscal year. Aside from overhead, borne by the Office of the Attorney General, which hosts the Team, there are no direct state costs associated with the Team's work. State-employed members work on the Team (approximately 10-12 hours per year; more for executive members) as part of their job responsibilities. Private-sector members volunteer their time.

10. Is the board or commission required by law to prepare any reports or studies for the Legislature?

Beginning in 2018, the Team is required to report annually to the Legislature. The Team's 2018 Annual Report, its first, is submitted with this testimony.