ANCHORAGE DOMESTIC VIOLENCE FATALITY REVIEW TEAM

INTERAGENCY MEMORANDUM OF AGREEMENT

The undersigned agencies understand the need for review of domestic violence-related fatalities. In order to strengthen operational policies and procedures, and identify prevention strategies, reviews are necessary. The Review Team shall consist of designated individuals who conduct fatality reviews based upon the facts and circumstances of each case.

The parties are vested with the authority to promote and protect the public health and safety and to provide services which improve the well-being of the Municipality of Anchorage and their families. The parties agree that they are mutually served by the establishment of a multi-agency, multi-professional domestic violence fatality review team, and that the outcome of reviews will be the identification of preventable domestic violence-related deaths and recommendations for intervention and prevention strategies.

The objectives of a Review Team are agreed to be:

- Promote cooperation, communication and coordination among agencies involved in responding to domestic violence-related fatalities;
- Assure the accurate inventory of domestic violence fatalities by age, location, cause, manner and circumstance;
- Support adequate domestic violence-related death investigation and certification;
- Establish investigative guidelines and recommendations for domestic violence fatalities;
- Enhance the general awareness of domestic violence deaths through the understanding of how and why domestic violence-related deaths occur;
- Identify system-based impediments to domestic violence-related deaths, that when removed will ultimately reduce the number of preventable domestic violence-related deaths;
- Initiate local prevention efforts to reduce the number of preventable domestic violence-related deaths as indicated by team findings.

The parties agree the review process requires case-specific sharing of records and confidentiality is inherent in many of the involved reports. Therefore, there will be clear measures taken to protect confidentiality. The parties further understand and agree that all materials reviewed and meeting discussions are to be held in strict confidentiality by all members serving on the Review Team.

The parties agree that the signing of the Interagency Memorandum of Agreement does not waive or abandon any absolute or qualified governmental immunities or
privileges held by any of the Review Team members in their individual or official capacities.

The parties agree that the Anchorage Domestic Violence Fatality Review Team may include the following professionals:

- Alaska Office of Victims’ Rights
- AWAIC
- Department of Health—Office of Children’s Services
- Department of Health—McLaughlin Youth Center
- Victims for Justice
- Department of Law

The Review Team philosophy is “accountability without blame.” The policy and objective of the Review Team are process and task-oriented. While the business of review is important, the process is equally as important. Cases will receive in-depth review and one case may be discussed at several meetings. The mission of the Review Team is to prevent domestic violence cases from escalating into murder by constructively examining the circumstances of each death. The Review Team will then make recommendations based on the reviews, and increase coordination and communication between judicial and law enforcement agencies.

The parties agree that the Anchorage Domestic Fatality Review Team will not disclose transactions at review meetings to the public, except as necessary to carry out the Review Team’s review purposes and duties.

It is agreed that all team members will sign a confidentiality agreement which prohibits any unauthorized dissemination of information beyond the purpose of the review process. Team members agree to meet on a regular basis to review domestic violence fatality cases. The Review Team shall maintain a local registry of domestic violence fatality cases it reviews.

I agree that my organization is a full participant in the Anchorage Domestic Violence Fatality Review Team. This participation includes providing an ongoing representative to meet on a regular basis as a member of the Review Team, and the necessary data to support the Review Team’s operations as described in the Review Team’s operation Protocol.

This agreement will be in effect as of March 23, 2009. I can request a revision or review of this agreement within thirty (30) days of written notice. Requests for any revision or termination of the Memorandum of Agreement will be sent to all members of the Review Team. Termination will be effective upon written notice or upon completion of the current review.

Signature of agency head or Review Team representative represents acceptance of this agreement.
Signature page is attached to this document.

March 3, 2009

Complete the following and return to:

Dana M. Hoffman, Special Projects Coordinator
Alaska Office of Victims’ Rights
Anchorage Domestic Violence Fatality Review Team Administrator
1007 West 3rd Avenue, Suite 305
Anchorage, Alaska 99501

Signed: _______________________________________
Printed Name: _________________________________
Agency Name: Office of Children’s Services
Date: _________________________________________

Signed: _______________________________________
Printed Name: _________________________________
Agency Name: AWAIC
Date: _________________________________________

Signed: _______________________________________
Printed Name: _________________________________
Agency Name: McLaughlin Youth Center
Date: _________________________________________

Signed: _______________________________________
Printed Name: _________________________________
Agency Name: Victims for Justice
Date: _________________________________________
Signed: ________________________________
Printed Name: ____________________________

Signed: ________________________________
Printed Name: ____________________________
Agency Name: Department of Law
Date: ________________________________

Signed: ________________________________
Printed Name: ____________________________
Agency Name: Office of Victim’s Rights
Date: ________________________________