Child Fatality and Near Fatality External Review Panel
Virtual Meeting

Tuesday, February 16, 2021

MINUTES

Members Present: Hon. Melissa Moore Murphy, Chair; Commissioner Marta Miranda-Straub, Department for Community Based Services, CHFS; Hon. Dawn Blair, Assistant Hardin County Attorney; Judge Libby Messer, Fayette Family Court; Dr. Jaime Pittenger Kirtley, Prevent Child Abuse Kentucky; Dr. Henrietta Bada, Department of Public Health, CHFS; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky, Betty Pennington, Family Resource and Youth Service Center; Dr. William Ralston, Chief Medical Examiner; Dr. Melissa Currie, Chief, Norton Children's Pediatric Protection Specialist, University of Louisville; Detective Jason Merlo, Kentucky State Police; Janice Bright, RN, State Child Fatality Review Team; Lori Aldridge, Executive Director, Tri County CASA; Steve Shannon, Executive Director, KARP; Angela Yannelli, CEO, Kentucky Coalition Against Domestic Violence; and Dr. David Lohr, Child & Adolescent Psychiatry.

Welcome: ***Hon. Melissa Moore Murphy, Chair***

Judge Murphy welcomed everyone and thanked them for joining the meeting. She would like to offer a special thanks to Dr. Currie and Dr. Pittenger for handling the recent media request regarding the annual report. Judge Murphy asked if anyone had any changes to the Agenda, Minutes or Case Review Summaries, if not she'll entertain a motion. Dawn Blair made a motion to accept the Minutes and Case Review Summaries from the January 19th meeting. The motion was seconded by Judge Messer and the Minutes and Case Review Summaries will stand as submitted.

Near Fatality Acceptance Criteria **Dr. Christina Howard,** ***Child Abuse Pediatrician***

Dr. Howard explained this was brought to her attention due to a four-month-old child who presented unresponsive at the local ED and subsequently tested positive for methamphetamine and fentanyl. The child received Narcan and was considered stable when transferred to PFM. It took PFM staff multiple calls to central intake to get the case accepted as a near fatality and the case was opened 5 days after the incident. Dr. Howard was informed that the use of Narcan was not considered a life-saving intervention anymore. Regarding the panel, if there is a change in the acceptance criteria for overdose/ingestion cases, this should be noted in the report. The panel's number of overdose/ingestion cases may be decreasing due to the acceptance criteria and not the true number of occurrences. Commissioner Miranda-Straub shared the recently revised tip sheet with the panel and explained the previous tip-sheet was too complicated for staff. However, it has come to their attention the new tip-sheet needs to be revised as well. The tip-sheet was designed to help front life staff slow down their decision-making process and act more as a flow chart. It was never the intention to remove Narcan as a life-saving intervention, it just was not specifically mentioned on the new form. Dr. Currie cautioned DCBS staff about using the term stable because someone can be in serious condition and still be considered stable. Avoiding the use of that term would be beneficial. Dr. Howard and Dr. Currie both agreed to help DCBS in creating the new tip-sheet. DCBS will share the revised tip-sheet with the panel and then offer additional staff training to promote understanding.

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Case Review:

The following cases were reviewed by the Panel. A case summary of findings and recommendations are attached and made a part of these minutes.

Group	Case #	Analyst
1	F-003-20-C	Joel Griffith
2	F-007-20-C	Joel Griffith
3	F-033-20-C	Joel Griffith
4	NF-003-20-C	Joel Griffith
1	NF-022-20-C	Joel Griffith
2	NF-025-20-NC	Joel Griffith
3	NF-035-20-C	Joel Griffith
4	NF-040-20-C	Joel Griffith
1	NF-041-20-C	Joel Griffith
2	NF-061-20-C	Joel Griffith
3	NF-068-20-C	Joel Griffith
4	NF-013-20-C	Joel Griffith
1	NF-059-20-C	Joel Griffith
2	F-016-20-C	Joel Griffith
3	F-008-20-C	Joel Griffith
4	NF-014-20-C	Joel Griffith
4	F-002-20-C	Joel Griffith

Additional Discussion:

DCBS Legal Representation: Panel members expressed the importance of DCBS having their own representation during court proceeding when the county attorney is not supportive of their recommendation. In this particular case, DCBS was on top of the case and despite their efforts the child was placed in an unsafe home environment. DCBS staff is allowed to reach out to their regional counsel if they need support or feel like the county attorney is not aligned with the Cabinet. Kentucky is one of the few states that operates this way. How the case is prosecuted is ultimately the county attorneys decision. There are several counties in Kentucky that DCBS is blindsided the day of hearing. The Commonwealth should explore protocol that requires the county attorneys to conference with DCBS staff prior to the court hearing. As it relates to training with prosecutors, perhaps this is something we can work with the AG's office to implement. Some counties conduct collaborative training with prosecutors and their local Cabinet representatives, perhaps this should be expaned throughout the state.

Secondary Trauma: Panel members discussed the recommendation regarding secondary trauma and how to effectively deliver services to individuals involved. Secondary trauma gets overlooked and leads to burn out and staff turnover. DCBS staff is currently exploring different avenues to address not only secondary trauma but compassion fatigue and chronic burn out. The Cabinet is committed to addressing these issues and implementing effective policies.

Meeting adjourned

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