Child Fatality and Near Fatality External Review Panel

Fayette Circuit Courthouse
120 N. Limestone
Lexington, KY 40507

Tuesday, March 28, 2023

MINUTES

Members Present: Judge Melissa Moore Murphy, Chair; Lori Aldridge, Co-Chair, Tri County CASA; Lesa Dennis, Commissioner, Department for Community Based Services; Judge Libby Messer, Fayette Family Court; Janice Bright, State Child Fatality Review Team; Dr. Elizabeth Salt, Citizens Foster Care Review Board; Steve Shannon, Executive Director, KARP, Inc.; Dr. David Lohr, Medical Director, Department for Community Based Services, Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Geoff Wilson, LCSW, Practicing Addiction Counselor and Dr. William Ralston, Chief Office of the Medical Examiner.

Welcome and Introductions ***Judge Murphy, Chair***

Judge Murphy welcomed everyone to the Fayette County Courthouse and the Child Fatality and Near Fatality External Review Panel meeting. Everyone should have the Minutes and Case Review Summaries from the February meeting in their packets. If everyone has had an opportunity to review those, we will entertain a motion. Judge Libby Messer made a motion to adopt the minutes and case review summaries which was seconded by Steve Shannon. With no objections, the February Minutes and Case Review Summaries stand as submitted.

LOIC Recommendations ***Steve Shannon***

Every year the Legislative Oversight and Investigations Committee reviews the panel's work and may issue recommendations. In your packet, you will find the nine recommendations the Committee issued last year, and we would like to dedicate some time to discuss each one.

The first recommendation discusses DCBS, and it appears DCBS was already doing the work while the legislators were working on this piece. So, these recommendations have been addressed.

Dr. Howard: I will say, we just did a presentation at Ephraim McDowell about what a near fatality is and shared the flow chart with them. We can help with some of that training also.

The next recommendation discusses the possibility of online training modules with the Kentucky Board of Medical Licensure regarding reports filed by the medical community and documenting near fatalities. Perhaps we reach out to the Board and use some of the medical professionals' positions on the panel to discuss this option.

Dr. Howard: What are thoughts about adding a training module to the Abusive Head Trauma training?

Steve: It would be perfect.

Dr. Howard: I think the Abusive Head Trauma training meets the minimum requirements but those of us that are presenting the training could provide that additional information to our current trainings. I don't think that would be hard to add a couple of slides to our training material.

That's great! The next one, is discussing with DCBS the feasibility of using the existing pediatric forensic medicine contract to provide the additional training. Again, we can have that discussion, but I suspect this is something they do already. Recommendation 3.4, we should follow through with our idea to hold a spring 2023 meeting to discuss SB 97 implementation and other issues. We have met this one 100 percent. Recommendation 3.5, the panel should proactively seek feedback from the courts, law enforcement, the medical community and coroners related to SB 97. We could potentially reach out to AOC to start a conversation about system improvements. We now have the President of the Coroners' Association on the panel, and he can help facilitate those conversations.

Jam Bright: We are already talking to coroners at their annual training and new coroners' training about the changes implemented in SB97. Coroners receive information on how to contact their local DCBS office and others during this training.

Dr. Howard: Our CFR teams are getting the feedback piece about the testing.

Great, moving on to 3.6, the panel should continue its positive efforts to ensure their findings are based on data and their recommendations are actionable, targeted, and directly related to findings. Same with 3.7, just continues to reinforce the work we are already doing addressing naloxone and torture cases.

Dr. Howard: I think we also need to talk about that a lot of our torture cases end up not being fatalities or near fatalities and our numbers are not a true reflection of what we're seeing across the state.

Steve: I would recommend we put that specific notation in our report. We've said that when we're at the table testifying, we only look at cases we get, we don't go out and find cases. That's a disclaimer we continue to use.

Dr. Howard: I do understand the limitation that the torture cases do have to qualify as a fatality or near fatality to be included in our numbers.

Steve: As do all cases. Recommendation 3.8 is about our MOU with the Cabinet. Are we working on that?

Elisha: The MOU is in everyone's packet for review. If the panel wants to update that MOU, the Cabinet is more than happy to do so. If everyone would please review it and let me know how you want to proceed. You will also find the panel's current budgetary report, including expenditures to date. If you have any questions, please let me know.

Steve: Again, we want to acknowledge these recommendations and discuss them. Everyone look at the MOU and decide how we want to proceed. Lastly, is Recommendation 3.9 to discuss financial updates. Which is in your packet. Now that we have an appropriation, we can thoroughly review the budget.

Elisha: The budgetary report is straight forward, the first line represents staff salaries, the second line pertains to Cindy's contract, cost for office space, travel expenses, COT charges and the dues pertain to AOC and Zoom fees. We are in the process of trying to hire an administrative staff that we would share 50/50 with Office of Drug Control Policy. We have received a signed MOU with the Department for Public Health for epidemiologist services, however, there is not a mechanism currently setup in eMARS for payment. So, we are trying to obtain another contract to get that implemented.

Steve: So those are the nine recommendations and I think part of this speaks to the value the General Assembly sees in this panel. They're not really directives and there's no indication they're dissatisfied with our work.

Judge Murphy: Thank you, Steve. Regarding the MOU, if all members will look at that and let us know if you have any suggestions. If you don't have any changes, that's fine too.

Case Updates: Cindy Curtsinger – NF-018-22-C – We reviewed this case during the last meeting; however, the child abuse pediatricians were not available to provide feedback at that time. So, we asked Dr. Currie to review, and she agreed the injuries to the child did not match the description of the events given by the caregiver.

Case Reviews:

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-049-22-C	Joel Griffith
2	F-016-22-C	Joel Griffith
3	F-030-22-C	Joel Griffith
4	F-017-22-NC	Joel Griffith
4	F-044-22-C	Joel Griffith
3	NF-074-22-C	Joel Griffith
2	NF-126-22-C	Joel Griffith
1	NF-077-22-C	Cindy Curtsinger
1	NF-023-22-C	Cindy Curtsinger
2	NF-045/046-22-C	Cindy Curtsinger
3	NF-020-22-C	Cindy Curtsinger
4	F-046-22-C	Cindy Curtsinger
2	NF-064-22-C	Cindy Curtsinger
1	F-007-22-C	Joel Griffith
3	NF-009-22-C	Joel Griffith
4	NF-031-22-C	Joel Griffith
4	NF-030-22-C	Joel Griffith
3	F-045-22-C	Joel Griffith
2	NF-024-22-NC	Joel Griffith
1	F-003-22-C	Joel Griffith
1	NF-049-22-C	Joel Griffith

2	NF-032-22-C	Joel Griffith
3	NF-050/051-22-C	Joel Griffith
4	NF-073-22-NC	Cindy Curtsinger
4	NF-071-22-C	Cindy Curtsinger
3	NF-042-22-C	Cindy Curtsinger
2	F-028-22-C	Cindy Curtsinger
1	NF-141-22-C	Cindy Curtsinger

Additional Discussion:

Mental Health Counseling: Panel members discussed counselors providing mental health treatment at school. Are school counselors communicating with the child's mental health and/or medical providers? What are the policies and training requirements around school counselors? Staff will request documentation and follow up at future meeting with additional records.

Plan of Safe Care: Medical providers are calling DCBS to make a referral when the infant is substance exposed. When those referrals are screened out, medical providers don't know what other resources are available for their patients. You have to have case management and an infrastructure that can provide a plan of safe care for these infants.

Dr. Howard: There are a lot of OBs that have no idea what the Plan of Safe Care even is and that's an educational issue. I do know what plan of safe care is and I struggle with finding out how do I get a plan of safe care for my patients. I don't know and I'm a provider who know a lot about plan of safe care.

Firearm Injury Study: Is there a place or entity that reviews all firearm injuries in children, similar to the SUID review team? A team that could collect data and develop prevention informed recommendations. KIPRIC can tell you how many gunshot injuries occurred, including their age, if there was a fatality or hospitalization but the piece that is missing is pulling all that data together and moving it into an evidence informed prevention strategy. Like what DPH has done with their Safe Sleep efforts.

Dr. Howard: UK, in collaboration with KIPRIC, wrote a grant regarding gun violence but were unable to get funded.

Next meeting will be held via Zoom on April 25th.

Meeting adjourned.