

Child Fatality and Near Fatality External Review Panel
Virtual Meeting

Tuesday, November 19, 2024

MINUTES

Members Present: Hon. Benjamin Harrison, Chair; Commissioner Lesa Dennis, Department for Community Based Services; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Hon. Olivia McCollum, Boone County Assistant Attorney; Jan Bright, State Child Fatality Review Team; Dr. Elizabeth Salt, Citizen Foster Care Review Board; Detective Jason Merlo, Kentucky State Police; Heather McCarty, Regional Program Manager, Family Resource and Youth Service Center; Dr. Henrietta Bada, Department for Public Health; Senator Danny Carroll, State Senate; Rep. Samara Heavrin, House of Representatives; Dr. Melissa Currie, Chief, Norton Children’s Pediatric Protection Specialist; Dr. Danielle Anderson, MAT Provider; Dr. William Ralston, Chief Office of the Medical Examiner; Dr. Jaime Pittenger Kirtley, Prevent Child Abuse Kentucky; Victoria Benge, Executive Director, CASA; and Steven Shannon, Executive Director, KARP.

Welcome and Introductions

Hon. Benjamin Harrison, Chair

Chair Harrison welcomed everyone to the November panel meeting. Before we begin, I do want mention, if you are making a comment or have a question, please be sure to turn your camera and microphone on to ensure we can hear you. I realize during this long meeting; you may have your cameras off but please turn them on when you’re speaking. First item on the agenda is to approve the Minutes and Case Reviews from the October meeting. Motion to approve was made by Steve Shannon and seconded by Commissioner Lesa Dennis. With no objections, the Minutes and Case Review Summaries from the October meeting will stand as submitted.

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.

<u>Group</u>	<u>Case #</u>	<u>Analyst</u>
3	F-036-23-NC	Joel Griffith
2	F-063-23-PH	Joel Griffith
4	F-027-23-C	Joel Griffith
4	F-024-23-C	Joel Griffith
1	F-049-23-C	Joel Griffith
4	NF-042-23-C	Joel Griffith
2	NF-129-23-NC	Cindy Curtsinger
3	NF-040/041-23-C	Cindy Curtsinger
2	NF-156-23-C	Cindy Curtsinger

1	F-001-23-C	Joel Griffith
1	F-033-23-C	Joel Griffith
3	F-031-23-C	Joel Griffith
1	F-044-23-C	Joel Griffith
4	NF-150-23-C	Joel Griffith
3	NF-070-23-C	Cindy Curtsinger
2	NF-100-23-NC	Cindy Curtsinger
2	NF-033-23-C	Joel Griffith
3	NF-021-23-C	Joel Griffith
4	F-039-23-C	Joel Griffith
1	NF-142-23-C	Joel Griffith
4	NF-094-23-C	Joel Griffith
3	NF-004-23-C	Cynthia Hildebrandt

Additional Discussion:

Dr. Howard - Lack of statewide routine testing for xylazine, especially for emergency departments. It's important that CPS frontline staff physically evaluate caregivers to look for signs of xylazine use in order to request comprehensive drug screening. Potential recommendation for DCBS to increase staff awareness about skin lesions caused by xylazine use in order to assist in making the appropriate drug screening requests.

Dr. Anderson – Some of the medical toxicologists have talked to the lab at UK trying to encourage regular screening for xylazine. I feel like the uptake across the board, even our more rural hospitals are going to be pretty slow, especially related to cost. I don't know how we push for hospitals across the state to monitor for this drug. We know it's here, but we don't know how much is here.

Dr. Currie – I agree, I think we've had at least 10 positive cases and that's among the kids that show up and get tested.

Dr. Anderson – How can we push this as a public health concern?

Joel – Perhaps we contact the Kentucky Hospital Association or Office of Drug Control Policy.

Dr. Salt – Data is always compelling. Do we have any other sources of data available?

Dr. Anderson – There's a pharmacist at the University of Kentucky, who I believe is working with KIPRC, that sending information to the DEA on overdoses. I will reach out and see if they have any data on xylazine.

Dr. Salt – That would be great, and I'll reach out to Jeff Talbert the Director of Informatics for the CCTS and see what data we would have available to us.

Dr. Anderson – Peter Akpunonu is the state medical toxicologist. He may be able to point us in the direction of data as well.

Dr. Howard – We did reach out to him after the last xylazine death we discussed to try and revamp some of the testing here. I think since Dr. Currie’s comprehensive testing already includes it, that might be a good population also.

Dr. Bada – Would it help if the panel made a recommendation to the hospitals to test for xylazine and kratom? It’s the only way we’re going to find out the prevalence throughout the state. With the NAS registry, some of the hospitals are not reporting and most of the hospitals are not testing for xylazine and kratom. Sometimes we have kids with NAS, and we can’t find the drug that’s causing it because they’re not conducting the proper test.

Dr. Anderson – Sounds like we can form a meeting to gather as much information as possible.

Dr. Bada – The NAS registry is actually mandated. There’s legislation that hospitals should be reporting so that we can monitor trends in opioid use, cocaine, amphetamines, methamphetamine but unfortunately not all hospitals are reporting. It’s mandated but it’s not funded and we’re not in a position to control.

Dr. Howard – Even with KIPRC’s data, it’s going to be an underestimate because we’re just not testing for it. I think the recommendation would be to increase the testing of xylazine and kratom and the Hospital Association be held responsible for that in our report.

Joel – To get a baseline KIPRC might be a good place to start. ODCP may be testing for xylazine already in all overdose deaths. That may not include the hospital deaths or department visits.

Dr. Ralston – The ODCP gets their death overdose data from ultimately the medical examiners office and coroners. We test for it and anecdotally, in the deaths with xylazine there’s usually a massive amount of something else, like fentanyl. While it’s neat to know, had it not been there, they’d been dead from the fentanyl.

Dr. Anderson – I think what the data is showing is that the presence of xylazine greatly increases the likelihood of overdose deaths. I think we can see what data is available and then formulate a recommendation.

Elisha – I’ll send an email to members and reach out to Van Ingram to schedule a discussion. If anyone is interested in joining the meeting, please let me know.

Motion to adjourn made by Dr. Howard and seconded by Heather McCarty. With no objections meeting adjourned.

Next meeting Tuesday, December 17, 2024.