Child Fatality and Near Fatality External Review Panel
Virtual Meeting

Tuesday, May 21, 2024

MINUTES

Members Present: Hon. Benjamin Harrison, Chair; Commissioner Lesa Dennis, Department for Community Based Services; Representative Samara Heavrin, House of Representatives; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Dr. Elizabeth Salt, Citizen Foster Care Review Board; Hon. Olivia McCollum, Boone County Assistant Attorney; Geoff Wilson, LCSW, Practicing Addiction Counselor; Dr. Danielle Anderson, MAT Provider; Steve Shannon, KARP, Inc.; Janna Estep Jordan, Director of Operations, Prevent Child Abuse Kentucky; Dr. Henrietta Bada, Department for Public Health; Janice Bright, State Child Fatality Review Team; Detective Jason Merlo, Kentucky State Police; Dr. William Ralston, Chief Medical Examiner, Office of the Medical Examiner; Hon. Judge Libby Messer, Fayette County Family Court; Heather McCarty, Regional Program Manager, Family Resource and Youth Service Center; and Dr. William Lohr, Medical Director, Cabinet for Health and Family Services.

Welcome and Introductions ***Hon. Benjamin Harrison, Chair***

Chair Harrison welcomed everyone to the May meeting and reminded them he is the newly appointed chair for the panel. Chair Harrison is the County Attorney in Lewis County and thanked everyone being here today. Before we get into the agenda, are there any legislative updates? Representative Heavrin, do you have any updates?

Rep. Heavrin – No, I don't have any additional updates this month. I think we covered everything during the last meeting. If there's anything you all would like to get on the agenda for interim, please let me know. I would love for you all to come and put you on the agenda.

Chair Harrison – Thank you. I don't see Sen. Carroll on today, so we will move onto the agenda items. First, we need to approve the Minutes and Case Review Summaries from last months meeting. Motion made by Steve Shannon, which was seconded by Commissioner Dennis to approve the Minutes and Case Review Summaries. With no opposition, the Minutes and Case Review Summaries are approved as submitted from the April meeting. Regarding the next item of business, we're going to skip that until after we complete the case reviews. I'd like for Olivia to be present when we present that item. Next item we'd like to discuss is having an in-person meeting. It's been a while since the panel has met in-person and I personally would like to meet everyone. Elisha and I were talking about trying to meet maybe end of summer or early fall, does anyone have any thoughts or opinions about that? Hearing no comments, we were thinking about trying to have a meeting in Frankfort. Any body have any thoughts about what month we could or should do that?

Rep. Heavrin – I think it's a good idea to get through summer first. I know things get hectic in state government around that time. Any time after might be a good idea but I don't know how everyone else feels.

Chair Harrison – I think that might be a good idea. I see some thumbs up on the screen. I'm thinking October might be a good idea and give us enough time to plan something. Elisha and I will get together and get that planned. I suspect it will be in Frankfort, but we will keep you up to date. I look forward to meeting everybody in person. Next on the agenda is the Memorandum of Understanding. Elisha sent that out to everyone a couple weeks ago. I have not received any comments from members. Does anyone have any comments they'd like to share today? I think Dr. Salt talked to Elisha and you were ok with everything? Seeing no discussion, I'll entertain a motion to adopt the new Memorandum of Understanding. Steve Shannon made a motion to adopt which was seconded by Dr. Elizabeth Salt. With no opposition, the MOU passes. I will get that signed and sent over to Elisha to obtain signatures. For the next item of business, I'm going to let Elisha discuss the new case management system. We were hoping to have a demo prior to this meeting but unfortunately that didn't happen.

Elisha – As everyone knows, we did receive our requested allocated budget. Additionally, the panel received $200,000 for a new case management system. The only stipulation is it must be expended this upcoming fiscal year. Over the last year, I've met with COT several years, explored private vendors, and talked with Jan about similar program's systems. The pros of choosing COT over private vendors will be lower maintenance fees and any additional costs associated with changes to our data tool. I think that's important considering we do not have a huge budget. I've worked with COT, and they are fully confident they can build us exactly what we need in that timeframe. If the panel does not have any objection, we would like to go ahead and move forward with the COT build. The new system will be very similar to how our current system operates but we will be able to incorporate all the changes we made to the data tool in Redcap. Does anyone have any thoughts on that?

Chair Harrison – Seeing no discussion, we will move forward with the COT build. Elisha will keep us all updated on that process.

Elisha – Yes, and we will be updating the Analyst Binder which will reflect the changes made in the new system. That will be shared with the entire panel for any additional changes or comments.

Cindy – Elisha, did you say there was a deadline to use those funds?

Elisha – Yes.

Cindy - Is that going to be reasonable using COT?

Elisha – Yes, they have assured us they can meet that deadline. As Ben stated, we were hoping to have a demo prior to this meeting. So, I'm guessing they have already started on the project. I'm confident they can meet that deadline.

Cindy – Are you or someone going to meet with them along the way to ensure we are receiving a completed usable system?

Elisha – Absolutely, and our epidemiologist on contract will be brought in for evaluation as well.

Cindy – Perfect. Thank you.

Chair Harrison – Do you think they will offer some training on how the new system operates if there are major differences?

Elisha – I'm sure they will if there's a major difference in how it operates. I will say, when I met with them a few months ago I did a PowerPoint with a side-by-side comparison of how it currently operates and the changes we want incorporated. With that, there should not be any major changes to the operations but if there is, we will do a training. I can ask them to incorporate that into the cost as well.

Chair Harrison – Thank you. Lastly on the agenda is the 2023 Recommendation Responses. Elisha is going to compile a PowerPoint and send to everyone. We are still gathering those, and I've talked to some people about getting those responses. So, we don't have them all in yet but I'm hopeful it will be soon. Anything else to add?

Elisha – I do have a PowerPoint prepared but I agree we should wait until we've received all responses. A few of the responses have requested additional information from the panel. So, I think it would be a good idea for us to dedicate some time to talk about how we want to respond.

Chair Harrison – I agree, I think the Cabinet's responses are very important and we can reevaluate when we get those. If no one has anything else, we will move onto the case reviews.

After Conclusion of Case Reviews:

Chair Harrison – With no changes or questions to the triage 3 cases, those will stand as submitted. Before we adjourn, we have one item of business left and that's the appointment of a new co-chair. I've asked Olivia McCollum to be the new co-chair. Olivia has been on the panel for a little while and is the Assistant Boone County Attorney. Heather McCarty made a motion to appoint Olivia as the new co-chair, which was seconded by Steve Shannon. With no objects, Olivia McCollum is the panel's co-chair. Congratulations, Olivia. Does anyone else have any comments? If not, thank you everyone for joining us. A special thanks to Joel and Cindy for their case reports. Jan Bright made a motion to adjourn which was seconded by Steve Shannon.

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**
2	F-061-23-PH	Joel Griffith
1	F-003-23-C	Joel Griffith
3	F-017-23-NC	Joel Griffith
4	F-025-23-C	Joel Griffith
2	NF-089-23-C	Cindy Curtsinger

2	NF-093-23-C	Cindy Curtsinger
3	NF-007-23-C	Cindy Curtsinger
4	NF-030-23-C	Joel Griffith
1	NF-064-23-C	Joel Griffith
3	NF-153-23-C	Joel Griffith
3	NF-154-23-C	Joel Griffith
1	NF-104-23-C	Joel Griffith
4	NF-068-23-NC	Joel Griffith
2	NF-051-23-NC	Joel Griffith

Additional Discussion:

Suicide Response – Beck Whipple

I attend all of the local child fatality reviews in which a suicide occurred and we recognized pretty early on the linkage of the suicides that were occurring in this county. As a result, we started some community level prevention efforts, including a QPR (Question Persuade Refer) with the health department. They were also focused on the *Just Say Yes* program and Parent Café. So, getting them thinking about how they get this information out to parents. We also did a significant amount of what we call suicide postvention work, so the care or work that's done after a suicide or suicides in this case. We did a pretty significant training with the health department and the child fatality review team. We also discussed the continuation of survivorship and how each of those folks in that sphere need to be supported in a different way. For instance, what Dr. Cerel's research calls either long-term or short-term bereaved, what does that look like for getting care or being referred to care. Also, a part of all of these meetings at the health department was almost all of the school nurses because I believe the health department provides the schools with nurses through a contract. We met with the new DPP and also started a relationship with the school counselors and social workers in that county. I provided a training with all of those individuals and conducted a debriefing because at that point there had been a good number of their young people who had died. Then we moved into the importance of post-vention and then thinking through what do we need to do for prevention. One of the best practices is we don't do prevention in a community 6-8 months prior or after a suicide. We want to be focusing on providing debrief support, connections to a trusted adult, warning signs for parents (when does grief reach that threshold of maybe needing to see a provider -for adults and youth) and then building those relationships. As things rolled out, we begin to partner with that school district on our current Garrett Lee Smith grant. They are now a partner in what's remaining in our three-year contract where they have agreed to providing Charles Lewis as the district's suicide prevention point of contact. The goal of the work is to increase that macro-organization work plan for addressing suicides in a comprehensive way. So, what are we doing for prevention and what are we doing to connect those folks that we recognize are at risk to a provider or support and care and also, what are we doing in this district to preplan if a death occurs of a student or staff. They have been working with us nonstop to create a workplan and they're also getting a lot of training and technical assistance on how to move the district forward to prevent future suicides. With that being said, we are focusing a lot of our work in the district but specifically in the academy. So, we will assess how many folks within that particular school are receiving a referral and best practices for screening. We did a training with them on the Columbia Suicide Screening, and they agreed to implement that screening process. Due to the number of deaths in that particular setting, DPP is working on changing that environment as well. That's a bit of what we're doing within the school districts and

then other community work programs are *Just Say Yes* and *Yes Arts* in this particular county. I have been working with *Yes Arts* on doing some of those community awareness and reducing the drivers of suicide within that community. In the *Just Say Yes* program they are doing the Icelandic model of prevention and they have their own survey where they are inquiring about the wellness of their young people. They've done a lot of prevention efforts based upon the information they've learned from that survey. We've definitely been very involved in this community to do what we can to prevention future deaths. Are there any questions or comments?

Joel – Heather sent a chat and asked if the Family Resource Centers in that district were involved in that training?
Beck – Not to my knowledge. I believe they were a part of the suicide screening training but not involved in the training I did with the school counselors and social workers. I do know they will be asked to be part of the comprehensive approach to addressing suicide work plan that the county is finalizing. Should be by September 1st of this year.

Janna – Thank you, Beck for all that work you talked about and all you do! When you talked about drivers specifically, I know we're looking at all the family characteristics, which in and of themselves can be drivers, but thinking about these cases and your statewide lenses too are there any of those drivers you'd like to point out to all of us moving forward in our work?

Beck - Yea, great question. We are looking at a lot of what you are doing in the sense of trying to do trauma prevention. We know that folks who have an ACE score of four or more are six times more likely to die by suicide. One of things we've been really trying to drive home is this community wellness and individual introspection for community wellness. That everyone deserves a life worth living and really the ultimate goal is to create with one another a world that's easier to live in, especially for our youth. We do a lot of talking and training about what are the messages that kids gets, especially that exclude them or include them - that could be race, gender identity, sexual identity, social economic status, usage of parents and justice involved – how we talk about these experiences. Just think through, whatever your identities are be mindful of that position to start with but also be mindful about what others might be a part of that could potentially be increasing those drivers. I always say I can't control another person's experiences, but I can control the way that I choose my words and behaviors in a way that reduces shame and stigma. Again, a lot of what you're doing and making the world an easier place for youth to live in by doing our own individual introspection. You know, 78% of the young people that died in 2022 in Kentucky were all males. Thinking about gender, what are those gender stereotypes that are increasing the risk of these young boys to take their life. Another thing is not thinking about suicide as a single factor cause – that particular case had multiple potential causes for the action. It's the whole picture and being really intentional about how we talk about that to reduce stigma and shame.

Dr. Salt – I just have a couple of thoughts in regard to this discussion. I worked with Dr. Cerel on a training for school nurses in Jefferson County and what struck me, as a nurse, was the lack of school nurse consistency across districts. The data on the effectiveness of suicide prevention programs in school are typically system wide approaches. So, everyone in the school is trained, not just professionals. There's a lot of evidence to support the efficacy to support that type of approach. Just from observing these cases, a lot of times truancy is a consistent factor. Which makes me concerned with a school based approached. If they're not in school, it's going to be fairly difficult for that approach to be effective. Similarly, I can think of at least two cases where homeschooling was a significant issue.

These children had known mental health issues and placed in a home school environment where their mental health issues were not able to be addressed. I think that's an important thing for the panel to consider regarding our recommendations and wondered if you might comment on that.

Beck - Yes…all of that! We have been very intentional about including school nurses from the get-go. They are definitely on our forefront, along with the FRYSC. For me, just like there's not a single cause for suicide, there's not a single sector that can do this work. One of things they're doing with the Garrett Lee Smith grant is including parents. The state mandate says the adults in the school have to be trained but we're working with them on Code Red. It's universal safety planning, not screening, because we're all going to have a bad day. We all need to do have a plan to address a bad day. To the point Dr. Salt was making, Code Red has to be universal. The parents, caregivers, community, anyone orbiting around young people we all need to have it. We've done those Code Red trainings with a lot of different workforces. It's really about planning and preparing for our worse days.

Joel – First, Beck thank you so much! Another thing we need to consider is this new virtual program that is now offered by the schools. Which allows the child to be isolated in the home environment. This seems to be a post-COVID development.

Elisha – Beck, do you all track that type of data?

Beck - I'm going to ask Jan, Catherine, or Dr. Howard. We don't track that type of data in our program but that's a great question.

Catherine - We do not track truancy or anything with the school.

Beck – I do know one thing we are seeing as a trend this year is young people dying in the morning from suicide before they go to school. Especially if there's some type of disciplinary action.

Dr. Howard- A lot of it is anecdotally from the CFR meetings. We had a time there where it was out of school suspensions. We saw that was the case in several counties. I think that's where we need that push for the psychological autopsy to have those resources to really look into the situations and circumstances surrounding the death.

Next meeting Tuesday, June 18, 2024.

Meeting adjourned.