

# Child Fatality and Near Fatality External Review Panel

## Virtual Meeting

Tuesday, November 18, 2025

### MINUTES

**Members Present:** Hon. Benjamin Harrison, Chair; Commissioner Lesa Dennis, Department for Community Based Services; Senator Danny Carroll, State Senate; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Dr. Danielle Anderson, UK MAT Provider; Dr. Lyndsey Neese, Department for Public Health; Victoria Benge, Executive Director, CASA; Heather McCarty, Regional Program Manager, Family Resource and Youth Service Center; Nicole Smith Abbott, LCSW; Steve Shannon, Executive Director, KARP, Inc.; Lt. Jonathan Murphy, Kentucky State Police, Post 9; Nakela Cleveland, ZeroV; Dr. William Ralston, Office of the State Medical Examiner; Brittany Nichos, State Child Fatality Review Team; and Olivia McCollum, Boone County Assistant Attorney

#### Welcome and Introductions

*Hon. Benjamin Harrison, Chair*

Chair Harrison welcomed everyone to the November meeting. First item of business is the approval of the Minutes and case reviews from the October meeting. Steve Shannon made a motion to approve the Minutes and Case Review Summaries, which was seconded by Dr. Anderson. With no objections, the October Minutes and case review summaries stand as approved. I'll now turn it over to Casey Reed for the 2025 Annual Report and Recommendations Data presentation.

#### 2025 Annual Report and Recommendations Data Presentation

*Casey Reed, Epidemiologist*

Casey greeted the members and informed them that this presentation is the year-to-date data. The first slide shows the total External Panel cases from SFY18 to current with the current year having the highest number of cases at 248. Next slide shows the top categorizations by SFY with the leading categorization being neglect, followed by overdose/ingestion, physical abuse, and abusive head trauma. In SFY24 there has been an increase in all categories except for abusive head trauma which has slightly decreased but overall remained stable. Notably, overdose/ingestions had its highest volume of cases in SFY24 than in any of the last 5 years. The next slide's table represents the frequencies of the top ten family characteristics. In SFY24, there is a higher prevalence of substance abuse (in home) than overall panel cases. This next slide shows the characteristics that greatly impact medically fragile children, diving deeper into these characteristics to look at potential panel recommendations. While total cases of medically fragile children fluctuate from SFY20 through SFY24, the most prevalent characteristic found in each year is DCBS issues. While the DCBS issues characteristic remains fairly consistent, it is now affecting a larger portion of the medically fragile population which is about 98% in SFY24. Medical neglect is seen as the second most common co-occurring characteristic; however, it did fall in SFY24. While both metrics of medical neglect as a family characteristic and medical neglect as a determination has increased throughout the years, the characteristic is being identified slightly more than the determination. DCBS issues have affected over half of all panel cases and 61% of cases having at least one DCBS issue identified. The number of overdose and ingestion cases have increased, reaching an all-

time high of 86 cases in SFY24. Most cases were identified in the KIPDA and Bluegrass Region with fentanyl and cannabinoid cases have been increasing over the years. Children ages 1-4 years old are at a higher risk of overdose/ingestion compared to other age groups making up at least half of the cases each year. We have also seen an increase in overdose/ingestion in under 1 year old going from 18% to 29% in SFY24. Fentanyl and cannabinoids are the two most prevalent substances ingested with methamphetamine being identified in quite a few cases as well. In SFY23, over half of the overdose/ingestion cases identified fentanyl although this has decreased in SFY24. We are seeing an increase of families who have not been referred to HANDS, although they meet the criteria to participate. This probably due to better reporting practicing that strengthen the data versus a true increase in lack of referrals. The total number of physical abuse cases have continued to increase over the last 5 years almost doubling from SFY20 to SFY24. In SFY21 and SFY24 the highest family characteristic for physical abuse cases was current substance abuse by caregiver. Besides SFY20, physical abuse cases have been more prevalent in cases versus the abusive head trauma cases. The category of firearm cases by intention continue to fluctuate with gunshot (accidental) being the largest most consistent issue. Suicide cases have generally been the same throughout the years by panel cases, however it has drastically decreased from SFY23 to SFY24. There is a substantial difference in the number of suicide cases reviewed by the State CFR team and the External Panel. In the final slide neglect (general) has been the highest panel determination with the largest increase being supervisory neglect from SFY23 to SFY24. This PowerPoint presentation will be uploaded to SharePoint for members to review on their own time.

Elisha: With physical abuse cases being at the highest percentage we have seen at the panel, there have been no previous recommendations regarding physical abuse. This is an area to look at when determining potential recommendations this year. When analyzing that cohort, there is a higher percentage of substance abuse by caregiver as a characteristic. My question to the panel, is anger management or domestic violence education included in MAT treatment or recovery programs, or could that be a potential recommendation?

Dr. Anderson: That could definitely be a potential recommendation. Some facilities do a better job than others. We facilitate that when it's indicated by DCBS and part of a case plan, but I think it's a resource that should be readily available.

Chair Harrison: A reminder that the December 16<sup>th</sup> meeting will begin at 11am.

#### **Pending Cases:**

**NF-29-24-C** – With regards to the law enforcement records, the agency stated there were no records available regarding this case. The recommendation is that the missed opportunities stay as failure to investigate, lack of coordination with DCBS, and failure to pursue criminal action.

**F-39-24-C** – Law enforcement records were received, which confirmed the agency was aware of the positive postmortem drug screen. Recommend adding law enforcement issues for failure to drug screen and failure to pursue criminal charges.

**NF-55-24-C** – The recommendation is to add law enforcement issues for failure to investigate after no records were available from the law enforcement agency.

**NF-165-24-NC** – Law enforcement records were received and confirmed testing of the evidence. However, after further discussion the panel decided to keep the law enforcement issue for violating the chain of evidence.

**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	NF-129-24-C	Jennifer Burke
2	F-004-24-C	Jennifer Burke
1	NF-125-24-C	Jennifer Burke
4	NF-168-24-C	Jennifer Burke
2	NF-141-24-C	Cynthia Hildebrandt
1	NF-112-24-C	Cynthia Hildebrandt
3	NF-170-24-NC	Cynthia Hildebrandt
4	F-048-24-C	Cynthia Hildebrandt
2	NF-113-24-C	Cindy Curtsinger
3	F-023-24-C	Jennifer Burke
4	NF-148-24-NC	Jennifer Burke
1	NF-171-24-C	Jennifer Burke
2	NF-183-24-C	Jennifer Burke
3	NF-007-24-C	Jennifer Burke
4	NF-158-24-NC	Cynthia Hildebrandt
1	NF-169-24-C	Cynthia Hildebrandt
2	NF-173-24-C	Cynthia Hildebrandt
1	NF-181-24-C	Cynthia Hildebrandt
3	NF-150-24-C	Jennifer Burke
4	F-015-24-C	Jennifer Burke

**Additional Discussion:**

Sen. Carroll discussed potential policy change that would allow the panel to have in-person meetings with those involved in some of these more complex cases to discuss the decisions that were made and why. Commissioner Dennis stated that DCBS does have internal reviews for these cases and does speak to the workers, but it may be difficult for them at times. Sen. Carroll asked if DCBS has some mechanism that identifies multi-year cases that have distinct patterns so that more attention can be brought to these issues. DCBS has been working on strengthening policy and training around substance exposed infants and other identified repeated concerns.

Sen. Carroll discussed concerns regarding THC gummy ingestions becoming more of an issue. Gummies being colorful and the taste are appealing to children, which is troublesome. It could be a policy issue or something that the panel can look at further. Dr. Anderson stated that gummies are

marketed for children looking similar to Nerd Clusters or gummy worms. This is going to continue to be an issue with the acceptance of medical marijuana since it is becoming legal. There is possible legislation or a public campaign looking at restricting how gummies are marketed similar to vapes or alcohol.

**Motion to adjourn made by Steve Shannon and seconded by Dr. Howard. With no objections meeting adjourned.**

DRAFT