Child Fatality and Near Fatality External Review Panel

Virtual Meeting

Tuesday, July 15, 2025

MINUTES

Members Present: Hon. Benjamin Harrison, Chair; Commissioner Lesa Dennis, Department for Community Based Services; Senator Danny Carroll, State Senate; Rep. Samara Heavrin, House of Representatives; Dr Jaime Pittenger Kirtley, Prevent Child Abuse Kentucky; Matt Belcher, State Child Fatality Review Team; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Dr. Henrietta Bada, Department for Public Health; Victoria Benge, Executive Director, CASA; Heather McCarty, Regional Program Manager, Family Resource and Youth Service Center; Dr. Danielle Anderson, MAT Provider, Nicole Smith Abbott, LCSW; Dr. William Ralston, Chief Medical Examiner; Steve Shannon, Executive Director, KARP, Inc.; Geoff Wilson, LCSW, Practicing Addiction Counselor; and Olivia McCollum, Boone County Assistant Attorney

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

Chair Harrison welcomed everyone to the July meeting. He gave a special thanks to Steve Shannon for testifying at the recent legislative committee meetings. Steve does a great job of educating the legislators on the work the panel does. First item of business is the approval of the Minutes and case reviews from the June meeting. Steve Shannon made a motion to approve the Minutes and Case Review Summaries, which was seconded by Nikki Abbott. With no objections, the June Minutes and case review summaries stand as approved.

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-017-24-C	Jennifer Burke
3	NF-031-24-C	Jennifer Burke
2	NF-085-24-C	Jennifer Burke
4	F-051-24-C	Jennifer Burke
4	NF-082-24-C	Cynthia Hildebrandt
3	F-032-24-C	Cynthia Hildebrandt
2	NF-044-24-C	Cynthia Hildebrandt
1	NF-023-24-C	Cynthia Hildebrandt
1	F-036-24-C	Jennifer Burke
2	NF-152-24-C	Jennifer Burke
3	NF-180-24-NC	Jennifer Burke
4	NF-053-24-NC	Jennifer Burke

1	F-059-24-PH	Jennifer Burke
2	NF-056-24-C	Cynthia Hildebrandt
3	NF-032-24-C	Cynthia Hildebrandt
4	F-045-24-C	Cynthia Hildebrandt
1	NF-081-24-C	Cynthia Hildebrandt
2	F-057-24-PH	Jennifer Burke
3	NF-107-24-C	Jennifer Burke
4	NF-120-24-C	Jennifer Burke
1	NF-130-24-C	Jennifer Burke
2	NF-132-24-C	Jennifer Burke

Additional Discussion:

Medically fragile child: The DCBS worker stated in their review they did not have the expertise regarding medically complex children to adequately address the issues. Possible recommendation to add training and/or certification to DCBS staff to handle food and medical neglect investigations regarding medically complex children.

Dr. Howard: I agree with that assessment. Dr. Currie has been working on that quite a bit, as far as doing trainings on medically fragile children. She probably already has a lot developed for that.

Melanie Taylor: I would just add on the DCBS side, we do have a Medical Indicators training but a lot of that is focused around injuries. However, it does cover some medical conditions. We did develop a training a few years ago with Dr. Currie around medical neglect but that was probably around five years ago. Each region does have access to a nurse consultant, but we do often hear workers are not comfortable making decisions on those types of cases. We are going to work on trying to revise some trainings and updating with staff.

***Overdose/ingestion*:** Discussion around potential policy proposal to ensure law enforcement agencies are properly investigating pediatric overdose/ingestion cases.

Steve Shannon: I don't know if I have a recommendation, but I think we need to address it somehow. With the expansion of medical marijuana, we will probably see more of these cases. In this case, it wasn't legal at the time, there's no prescription, and someone brought marijuana into the home and left it laying around. So, I don't know what the recommendation is, but we have to come up with some sort of plan moving forward around these cases. There has to be someway to at least make people understand that if you're going to do this, you still have accountability for your actions.

Sen. Carroll: I guess what's really terrifying with all this is we already have this many cases, I hate to see the numbers when marijuana is legal in the Commonwealth.

Dr. Howard: We did look at this in the past and thought it might be beneficial to have a policy regarding ingestions. What we were told at the time is there's hardly any other problem with investigating these types of cases in any other part of the state. The majority of these cases are all in one particular county and unfortunately, it's in a county where it happens frequently. It was felt it was more an education issue and not so much a policy issue. However, not much has changed and I'm all for implementing a policy where these get investigated. Elisha you were in that meeting with the Attorney General's Office, right?

Elisha: I've attended several meetings on this issue, and I agree the majority of the time it happens in one particular county. However, I think we have the data to show it does happen in other counties as well. Both for failing to investigate and failing to prosecute these types of cases.

Sen. Carroll: We did try to schedule a meeting with the mayor's office and the Chief of Police in that county and were unable to get that scheduled. In my list of priorities for next session, that is on there and I'd really like to move forward on that. Whatever research we can pull together and explore other states to build a piece of legislation will be beneficial as well.

Elisha: I just sent Ben some research on Indiana's law yesterday. It might be beneficial for us to setup a separate meeting to discuss the potential policy changes. I would encourage Dr. Currie and Dr. Howard to participate and our law enforcement representative.

Dr. Howard: I'd like to know why they're not currently investigating these cases. It's not that they're not getting prosecuted, they're not even investigating these types of cases.

Elisha: Dr. Currie could speak better on this topic, but my understanding is they have a timeframe in which these cases have to be reported to their agency. I believe it's within 24 hours of the incident and even when they've been reported within that timeframe, there are times they're still not investigating the case.

Dr. Howard: Which a lot of testing takes more than 24 hours to confirm. That's just an unrealistic expectation.

Chair Harrison: Is the issue in this county specific to THC or does it include other substances?

Elisha: It includes all illicit substances.

Cynthia: I will say in my experience in the rural counties, officers are less likely to investigate THC ingestions because it's less likely to be prosecuted.

Dr. Howard: Which doesn't make sense to me because if it was alcohol they would. So why is THC treated differently than alcohol?

Geoff: Speaking from those of us in the addiction field, this is something that keeps us up at night. With what's happening with marijuana and where it's going, there's a false sense of "it's just marijuana". The marijuana that's out there now, is not really marijuana, it's 60-70% THC. It's just a matter of time before we see more and more of these cases and eventually more fatalities if something is not done to get the public's attention and that comes back to law enforcement. I definitely want to be a part of the future discussion.

Chair Harrison: Can we go ahead and get some data together and to Sen. Carroll on these issues?

Elisha: Absolutely, the majority of that data is already compiled which includes county information and the law enforcement issues. I think we need to continue to research best practice in other states and get everyone together to discuss the possible solutions.

Sen. Carroll: I don't want to create any issues for law enforcement, but I don't feel like this is going to get any better and we need to try and do something to address it. If it saves one kid, then it's worth it.

Cynthia H: Heather just made a comment in the chat about FRYSC educating families with pamphlets about the dangers of pediatric ingestions. I think often families think it's ok, if you can buy it at the store, you can leave it laying around.

Dr. Howard: Hospitals need to be collecting urine samples prior to using fentanyl to intubate because a lot of our test do not discriminate against what's on the streets and what's used in the hospital. Early UDS in these kids, especially given the high rates that we're seeing of ingestions, is important.

Sen. Carroll: How do you make that a standard protocol without having a statute dictate how to practice medicine?

Dr. Howard: I agree about statutes as far as what physicians should order but I do think there needs to be a lot of opportunity for education. I suspect it could along with safe medication storage as well because that's been a big push with some of our education on ingestions. I think pushing for those early UDS in our trainings is important. Whether that is at the trauma symposium, I think could be a good opportunity for that because we get a lot of outside ER physicians attending. I think that needs to be considered. We made a huge impact in regard to what we're seeing in abusive head trauma since we implemented required abusive head trauma training. I don't know if anyone has really looked at those numbers, but this has now surpassed abusive head trauma. I think we did make a pretty big difference with that training, and I don't want it to go away, but I wonder if there needs to be some additions to the required trainings in pediatrics.

Cindy C.: Those trainings were across the board; nursing, physicians, social workers. That training became a requirement in a lot of different disciplines.

***HANDS/First Steps**:* When a baby is discharged from the neonatal unit for being premature, are those referrals for those services usually set in place?

Cindy C: Yes, they should be.

Dr. Howard: I think some hospitals do a really good job at partnering with HANDS and HANDS will go to the hospital and meet with every newborn parent that is in the nursery. However, that's not across the state and I don't know why because I think that's a great idea. HANDS is one of the evidenced-based programs that shows a decrease in child maltreatment. So, I don't know why we're not getting it into almost every single home.

Dr. Bada: Yes, because it's a voluntary program, the social worker or nurses will refer the mother to HANDS but the mother's have to agree for the home visit. We're trying to make people understand that all they have to do is call the local health department, give the mother's name and the child's birth date or date of delivery and a phone number and they'll take it from there. Unfortunately, when mothers hear a "home visit", they think its DCBS trying to get in touch them. That's really a barrier and we need to figure out a better way of talking to these moms.

Dr. Howard: I'd be interested to know if in the counties where the HANDS worker talks with the mom at the hospital if they have better engagement rates than the locations where HANDS just calls the mother. I think a lot of families are not even getting that referral over to HANDS.

Dr. Bada: I think the main thing is really to reach the birthing hospitals and encourage them to do this. A lot of these hospitals limit the visitors into the neonatal intensive care units. So, that may be a part of their regulations. Maybe we recommend, all birth hospitals should have an extensive effort to refer all pregnant women, mothers, or those who have delivered to the home visiting program, HANDS.

Elisha: Does HANDS keep any data on the actual number of referrals versus engagement?

Dr. Bada: Yes, they do, and we can share the data with you.

Casey: I work with the HANDS team as well and can help with that data. I will say the referral rate may not be the most accurate because some sites only log the referral if they enter the program, but I can definitely get the engagement numbers.

Elisha: Reminder to all members, we are expecting a presentation from the Kentucky Department of Education at next month's meeting.

Sen. Carroll: I notice there are a lot of notification issues with the coroners' office. Has there been any communication with the coroner's association related to training to emphasis that area in their regular and follow up training?

Elisha: Yes, and that was part of the reasoning behind the SB97 update to have a coroner on the panel so they can have a better understanding and educate the other coroners about the issues discussed here. I have reached out to the Kentucky Coroner's Association regarding who will be their representative, but I have not heard back. In regard to training of the coroner's, Dr. Ralston might have more up to date information on the training, but I was under the impression DOCJT was developing a new curriculum for coroner's training.

Dr. Ralston: I'll reach out to the new president of the Coroner's Association and follow up. DOCJT is the agency charged with the training of the coroners, but I don't know if they're implementing new trainings or not.

Matt Belcher: At DPH, we work extensively with the coroners and the association. We just finished a training video with them, and I'd be happy to follow up on that and make those connections with our coroners.

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

Next meeting Tuesday, August 19, 2025.