

Child Fatality and Near Fatality External Review Panel Virtual Meeting

Tuesday, April 21, 2026

MINUTES

Members Present: Judge, Lauren Adams Ogden, Chair; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Dr Jaime Pittenger Kirtley, Prevent Child Abuse Kentucky; Dr. Elizabeth Salt, Citizen Foster Care Review Board; Dr Lyndsey Neese, Department for Public Health; Hon. Olivia McCollum, Practicing Local Prosecutor; Dr. Danielle Anderson, Practicing Medication-Assisted Treatment; Dr. Melissa Currie, Child Abuse Pediatrician, Norton Children's Pediatric Protection Specialist; Victoria Bengel, Executive Director, CASA; Nicole Smith Abbott, LCSW; Lt. Jonathan Murphy, Kentucky State Police, Post 9; Catherine Frye, (proxy) State Child Fatality Review Team; Dr. William Ralson, Chief Medical Examiner, OME; Judge Libby Messer, Fayette Family Court; Geoff Wilson, Association of Addiction Professionals and Cliff Bryant, Assistant Director, proxy for DCBS Commissioner.

Welcome

Judge Lauren Adams Ogden, Chair

Chair Ogden welcomed everyone to the April meeting. First item of business on the agenda is the approval of the Minutes and Case Review Summaries of the March meeting. Victoria Bengel made a motion to approve, which was seconded by Dr. Elizabeth Salt. With no objections, the March Minutes and Case Review Summaries stand as approved.

Reminder, our next meeting, May 19th will be held in-person at ZeroV, 111 Darby Shire Road in Frankfort. Lunch will be provided for you, be sure to let Elisha know if you will not be in attendance. If you cannot attend in-person, we hope to see you online via zoom.

Next, we have House Bill 778 that has been signed into law by Governor Beshear and will come into effect in 90 days. That will give us some time to talk during our meeting next month to discuss the impact and how to implement those changes. Be sure to review that language before we return to our next meeting in May.

2026 Data Presentation

Casey Reed, MPH, Epidemiologist

Casey provided panel members an update on the SFY25 data. The first slide illustrates the number of cases reviewed by the panel per year from SFY20 to SFY25. As shown here, the total number of cases has steadily increased per year. To date, the panel has received 153 cases for review, 60 cases have been completely reviewed, and it is estimated the panel will review a total of 250 cases for SFY25. As you can tell on this slide, while each year mildly fluctuates, children four years or younger are reviewed at higher rates by the panel. The next slide displays the top five categorizations per year, with neglect consistently being the top category identified. While overdose/ingestion cases continually increase from SFY20 to SFY25. This slide displays the top family characteristics for panel cases. SFY25 reflects the

60 cases completed by the panel thus far, not the total 153 cases the panel has received. Financial issues continue to be the number one identified family characteristic. The final slide illustrates the top five panel determinations for the last five years. General neglect continues to be the most common panel determination. For SFY25, the findings have slightly increased and decreased in several categories but again, those only account for the 60 cases reviewed. This is subject to change upon completion of more case reviews. Casey advised the panel she will keep updating these slides as more cases are reviewed and update the panel on any trends. If anyone has any questions, please let me know and this will be posted on the SharePoint site.

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>
2	F-014-25-C	Jennifer Burke
1	NF-007-25-NC	Jennifer Burke
3	NF-104-25-NC	Jennifer Burke
4	NF-159-25-NC	Jennifer Burke
1	F-008-25-C	Cynthia Hildebrandt
3	NF-049-25-C	Cynthia Hildebrandt
2	NF-070-25-C	Cynthia Hildebrandt
4	NF-143-25-C	Cynthia Hildebrandt
1	F-032-25-C	Jennifer Burke
2	F-015-25-C	Emily Neal
4	NF-004-25-NC	Jennifer Burke
3	NF-029-25-NC	Jennifer Burke
2	NF-060-25-NC	Jennifer Burke
4	NF-135-25-NC	Jennifer Burke
1	NF-032-25-NC	Cynthia Hildebrandt
4	NF-120-25-C	Cynthia Hildebrandt
3	NF-137-25-C	Cynthia Hildebrandt
3	NF-022-25-C	Cynthia Hildebrandt
2	NF-123-25-NC	Jennifer Burke

Additional Discussion:

Members expressed concern that despite the child testing positive for fentanyl at the time of the death, the cause and manner was listed as undetermined. Dr. Currie reenforced there isn't any amount of fentanyl that should be in an eight-month old's system. Toxicology reaches a peak and then it gets metabolized. So, the amount in the child's body at the time of autopsy may not have been the amount that was in the body as the child was progressing toward death. I was not aware there was an amount of fentanyl necessary to say death was because of this but I'll defer to Dr. Ralston for clarification. Dr. Ralston stated that there are therapeutic levels, toxic levels, and lethal levels. So, when you find incidental (as we refer to it) fentanyl, it's obviously a concern but that doesn't necessarily mean it killed

the child. Fentanyl is used as a clinical medicine, so it has to reach a certain level for us to feel comfortable to say it was the cause of death. Now obviously it's mere presence when it's not supposed to be is concerning for other issues but in terms of causing the death, it has to reach a threshold. Additional concerns were noted by members that the 17-year-old foster child placed in that home tested positive for fentanyl in a prior placement and that information was not shared with the foster family.

Motion to adjourn made by Dr. Jaime Kirtley and seconded by Lt. Murphy. With no other business, the meeting is adjourned.

DRAFT