Child Fatality and Near Fatality External Review Panel

Virtual Meeting

Tuesday, June 27, 2023

MINUTES

Members Present: Lori Aldridge, Co-Chair, Tri County CASA; Lesa Dennis, Commissioner, Department for Community Based Services; Janice Bright, RN, State Child Fatality Review Team; Dr. Elizabeth Salt, Citizens Foster Care Review Board; Steve Shannon, Executive Director, KARP, Inc.; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Dr. Henrietta Bada, Department for Public Health; Dr. Melissa Currie, Norton Children's Pediatric Protection Specialist, University of Louisville; and Mark Hammond, Kentucky Coroner's Association

Welcome and Introductions ***Lori Aldridge, Co-Chair***

Lori Aldridge welcomed everyone to the June meeting of the Child Fatality and Near Fatality External Review Panel. Everyone should have the Minutes and Case Review Summaries from the May meeting. If everyone has had an opportunity to review those, we will entertain a motion. Steve Shannon made a motion to adopt the minutes and case review summaries which was seconded by Dr. Christina Howard, with no objections, the May Minutes and Case Review Summaries stand as submitted.

We would like to introduce a new member from the Department of Public Health, Katie Hamm. Katie is a Social Services Specialist with the Maternal and Child Health Department. Everyone please make Katie feel welcomed.

Prevent Child Abuse Kentucky Presentation **Jill Seyfred, Executive Director**

Thank you for this opportunity. In case you don't know, Prevent Child Abuse Kentucky, we are the state's premier child abuse prevention organization. We have programs and services in each of Kentucky's 120 counties. I know many of you, some of you I don't, but it's good to see all of you and thank you for your work. We are here specifically to give a shout out to Elisha for all her tremendous work. Each year Prevent Child Abuse Kentucky recognizes folks in the community, whether it's in state government or outside of state government, for their work in public policy. This year we are given recognition to Elisha for her work on this panel and in so doing, helping to advance not only the mission of prevention but also the work of the panel. We have worked with Elisha for a long time and before that we worked with Joel. Like I said, we've worked with many of you, but we really feel like Elisha is like the glue that holds everything together. If we need to communicate with you all, if we need to get information to or from you, we always contact Elisha. We know that in her heart, prevention is what guides her and it's her passion. We can't think of anyone better, not only to serve the panel, but to serve our broader mission of prevention. In case some of you are not aware, one of things we worked with Elisha on is the first responders guide. Has everyone seen that? We use that as an example as something we thought would be relatively simple but ended up having a lot more steps than we expected. Elisha guided that whole process, and it was born out of one of your recommendations. We thought that was a

great example of the work you all do and Elisha taking an opportunity to work with a valued community partner to produce something that not only can we check off and say this recommendation was addressed but we hope that the first responders guide is something that will prevent deaths and help move prevention forward. So, on behalf of the Board of Directors of Prevent Child Abuse Kentucky, we are pleased to present this to Elisha and thank her for all her work.

Lori Aldridge - Congratulations, Elisha! Well deserved. Next, we have a financial and staffing update from Elisha.

Elisha – First and foremost, thank you again Jill. You all are too kind. For everyone present, you should have the year-to-date budget in your packet. Also here today is Rebecca Norton, the Executive Director of Finance for the Justice Cabinet. Rebecca is going to discuss the panel's budget submission process.

Rebecca – For those of you that may not know, I'm not sure how much you discuss this with the panel, but we send a monthly report to Elisha with expenditures that are applicable to this budget specifically for this group. There was $420,000 allocated for the year for the panel. Really the majority of the expenses are for the salary of the two full-time staff. Elisha of course has been working for over a year now trying to obtain a contract epidemiologist to assist you all. That has proven to be a lot harder than I think any of us anticipated. There's just not a lot of people to do that work. But I believe we have that contract finalized.

Elisha – Yes, we do have the epidemiologist contract finalized with the Department for Public Health. I have a meeting with the epi team this week on how to move forward with that work.

Rebecca – As you see, we still have those funds since we had not been able to finalize that before the end of the fiscal year. In a couple of days, you all will have a fresh sheet with a new budget. Elisha has also been working to bring on someone to assist with the administrative work in a part-time capacity. So that will be an additional partial staff member in those first lines. As you can see this year there will be some funds remaining or at least that is what we are projecting. Next year, those funds remaining will be consumed by the epidemiologist contract and part-time administrative staff. We are projecting after that point, that would be the maximum we can do with your allocated budget. We are also factoring in some possible additional cost to update your SharePoint site. It's a very old version of SharePoint, so it will have to be updated and be sure it has the appropriate backup on the servers and proper functionality moving forward. I think we're getting to the point there will not be tech support for the version you're currently utilizing. At least that's what COT has been relaying to us.

Elisha – We are going to discuss data collection and the SharePoint updates here in a minute.

Rebecca – So, those are the baseline expenses to think of for the next year. As part of the budget submission process, we have biennium budget process which will be submitted by October 1st. The Cabinet will submit a budget request for the entire Cabinet including this panel. Two years ago, I was not here but there was a budget submitted specifically for the panel. That request included an additional Social Services Clinician and an epidemiologist. We certainly don't have to do the same submission again. We can do something different if you all feel there's something else you want to focus on or just focus on one job title. Whatever it may be but that's something to think about and let Elisha know if you have additional needs. We can develop a draft of that, and you all can review that at a future panel

meeting and ensure your happy with what's being submitted, and we'll insert that into the budget request. That of course is reviewed by the Governor's Office as well as the legislators and goes through the legislative process to approve that final budget. Does anyone have any questions? Elisha, do you know what you all would like to submit as a budget request?

Elisha – I don't think we'll have to include the full-time epi position considering we have that contract finalized but I think we could use another full-time case analyst. Anyone disagree?

Rebecca – So I'll do the numbers piece of the budget and send that to you along with the narrative. You all can revise that as to the justification.

Elisha – I just want to let them know a little more about the SharePoint system. The panel's SharePoint site was built on the 2013 on-prem version and as you can imagine it's no longer supported. COT is currently updating our system to the 2016 version and then if their staff has the bandwidth, they will continue to update to the 2019 version. There is no mechanism to move from the 2013 version straight to the 2019 version. Their long-term solution is for us to merge to the SharePoint online version. In order to move our system to the online version, they will have to completely rewrite our forms. They are estimating this will take them approximately 2,000 hours to convert to the newer version. As you can imagine, that's going to be quite costly. They did let us know there are some legacy funds available that we could apply for that would help cover that cost. Their goal is to begin the process next year if that's the way we want to go. We can also discuss purchasing software of the shelf that could be customized for our needs. We can look at Master Agreements the state currently has and maybe build our own system. If the panel is ok with it, this is something I'd like to discuss with the epi's next week and see if they have any recommendations that would make their job easier. How does everyone want to move forward?

Dr. Currie – I think looking at our options first makes sense given how pricey that will be at 2,000 hours. I think we may be able to find something just as functional if not better for significantly less than that. It's at least worth looking.

Dr. Howard – So it's 2,000 hours to move us to another outdated system?

Elisha – No, the 2,000 hours is to rewrite our current system into the SharePoint online. Microsoft will no longer support SharePoint 2016 or 2019 after July 2026. However, they will continue to support the SharePoint online version. From my understanding, our forms were written in InfoPath and that is no longer supported. So, they will have to rewrite all our forms into PowerApps and that will be the time-consuming process. We are also at the mercy of COT staff and how quickly they can rewrite the forms and functionality.

Lori – I agree, we should definitely explore.

Elisha – Rebecca, I will get with your staff and see what companies are immediately available on Master Agreement. Ideally, it would be nice to have some demos for everyone to view. Real quick on the new administrative position, we are hopeful to have someone hired by July 16th. Rebecca, do you have anything else?

Rebecca – Just to keep in mind, SharePoint upgrade or replacement should be something we include in the request for additional funds. If we need to do a request for outside vendors, keep in mind how you would describe your current system and if there's anything you want it to do that it currently can't.

Dr. Howard – Do we know what other states use?

Elisha – No, but we can look into that. I will just add that as of right now, they are not able to make any modification to our data tool. I had shared the REDCap survey with COT and asked if they could mirror those data points but they're not sure they will be able to make those changes at this time.

Lori – Ok, we're going to move on to the recommendation responses to the annual report. I believe Elisha is going to share her screen and we'll work through that. For the members present, you have this document in your packets.

Elisha – As you all know, with the changes implemented by SB 97 all recommendations must be responded to within 90 days. Here is a compiled list of each recommendation and their responses. I don't want to sit here and read each of these to you unless you want me too. Lesa, do you want to talk about any of the DCBS recommendations?

Lesa – Sure, we can talk about those. Currently our review of referrals and our acceptance criteria takes into consideration prior reports, that is part of our current Standards of Practice and part of the SDMR. Kentucky is one of the states, not all states are required to consider past history, but Kentucky has to consider all reports regardless of the reporting source. Are there any other comments or thoughts on that?

Dr. Howard – Regarding the second finding, the supervisory review, does that happen the next morning?

Melanie – A supervisor reviews all referrals. We get about 120,000 reports a year and a supervisor reviews all of them, whether they are approved, or resource linkage, or did not meet. Now there's an actual approval in the system for supervisors.

Lesa – We monitor the timeframes and they're typically between two and fours hours.

Dr. Howard – When we see that in the hospital, the kid is usually discharged by the time the supervisor has reviewed it. It's typically the following morning.

Lesa – If it's after hours that may be a little bit different because centralized intake structure. So, it could be the next morning and sometimes we're waiting on additional information. It happens often and we'll go back and screen it in. If the referral meets acceptance criteria, we want it assigned to front-line worker so they can begin working with that family as quickly as possible. We set some expectations around that, but you won't find it in our policy, it's practice expectations.

Dr. Howard – Do you guys track the data on how often you do end up accepting one that's been screened out by centralized intake?

Melanie – We are working on it with the new system that should be able to connect the referral to a specific family.

Dr. Howard – I think that would be able to provide some feedback to centralized intake to be able to improve their screening processes. Do we need to make a recommendation about support staff or is there something you need in order to get that?

Melanie – No, we actually submitted to our TWIST system a couple of years ago to get that changed. We did a threshold analysis for exactly what you're describing, with Center for States, and recognized that was a barrier. It is something our old TWIST system was able to do but for whatever reason the ITWIST program lost the ability to do that. We actually have a meeting setup here in a couple of weeks to talk to our TWIST people to see if that is something they can build in.

Dr. Howard – Maybe that's something to add in our response that DCBS has taken the initiative to do that.

Joel – In terms of the supervisory review, I think what we were referring to in the report, is there a mechanism for the caller to seek supervisor review if it's been screened out. Recommendation number 4, targeting professionals and that they should be given more weight.

Lesa – If we have the reporting sources information, we should be providing basic information as to why the referral was screened out.

Melanie – If it is a web-based report, it will automatically generate a notification. I don't think that right now they're providing an explanation. If it's a phone call, just due to the sheer volume of calls, it's very difficult to make that follow-up. However, if the reporter requests a follow-up, I think they will make an attempt to do that.

Elisha – Dr. Howard, do you think it would help to train providers to specifically request a follow-up?

Dr. Howard – We typically train providers to ask for that call back but that might be. Typically, with hospitals, the social workers are the ones calling them in and they might not be working during the call back and it has to be the person who called in the referral. I tell our social workers if you think this should have been accepted, call back and ask why.

Lesa – Yes, they can always call back. We might be able to add a check box in the system that says if feedback is requested check here.

Joel – One more question, I know the response says it allows for the consideration of the history but if I remember the SDM tool correctly that's not specifically stated there. I think one of the factors is the age of the child is there but is there prior substantial history. Is there a way to make it more forward facing to help the worker critically think through the screening process?

Melanie – I think we're thinking about two different things, does the call actually meet acceptance criteria? There is always subjectivity when making those decisions. The workers are trained to look at

all that history and it's taken into consideration. Just because they have history, doesn't mean it would automatically meet that threshold.

Lesa – The tool is just that, a tool, it does not replace the social worker's critical thinking or critical skills.

Lori – So there's no concern about a worker overlooking prior history?

Joel – I guess what we're asking is to make it explicit.

Lesa – I think we're comfortable with how it is addressed throughout the tool, and we are training the workers as well. We also have centralized intake reviews once a month and make sure they're catching those.

Joel – Don't get me wrong, we're just now starting to see the result of the SDM tool, but I do think it's effective. It's doing what its intended to do, we were just looking at ways to strengthen it.

Lesa – We are currently working and doing some updates to the SDM intake manual. So, there may be some opportunities to make that more clearly stated in there.

Elisha – Moving on, we did not receive a response from the General Assembly, AOC, Public Health, DBHDID on the POSC. On a sidenote, the subcommittee regarding the POSC has been mission impossible to schedule. Hopefully, by late August, early September everyone will be done with vacations, and we can find an agreeable date. Members on that committee be on the lookout for an upcoming invite. We did receive a response from the Kentucky Board of Pharmacy, and they stated requiring face-to-face messaging would require a statutory change. Is this something the panel would like to explore?

Dr. Currie – I vote yes, we explore a statutory change. We see so many ingestions from medication assisted therapy, I think a face-to-face is a worthwhile thing to explore.

Elisha – Regarding the medication lockboxes and the request to launch a safe storage campaign, we did not receive a response to that either.

Lesa – We have not applied for a grant that I'm aware of, but we do have funds available to purchase lockboxes. We probably need to work on a campaign around those pieces with Public Health. We have shared with service administrators the access to funds and having those discussions with families.

Dr. Howard – Our office in conjunction with the AG's office did a media campaign on safe storage and medication lockboxes.

Elisha – Regarding the recommendation to the KY Chapter of the American Academy of Pediatrics, they have implemented this recommendation by having the information on their website. We did not receive any response on the psychological autopsy recommendation. The Kentucky Department of Professional Licensing should ensure all mental health counselors are providing consistent messaging on safe storage of medication and firearms to the caregivers of child in their practice. DPL presented the

annual report to its mental health counseling boards to seek input and agreed to update their regulations to ensure providers are trained on providing education to the caregivers of children in their practice.

Steve – Item #5 states KY Applied Behavior Analysis Licensing Board will confer with the Kentucky Association of Behavioral Analysis to share information with its constituents and the public on the topic at its annual conference and newsletters. My question is, how do we know each behavioral analyst is a part of the association? If they're not a member, they'll never get that information. Are we still waiting on like psychologist?

Elisha – Just for the record in the chat, DPH is going to follow up on their responses. Regarding the KSP, DOCJT, and Coroner's training these will be implemented in Sept. 2024 training.

Steve – Was there a timeline for responses?

Elisha – Yes, 90 days.

Lori – Any additional questions? OK, Cindy you can get started.

Case Updates:

Cindy Curtsinger – F-042-22-C – Dr. Currie reviewed this case and does not think there is sufficient evidence to determine torture. I do think this could certainly be criminal abuse and charged criminally based on how poorly she was cared for and the caregiver's behavior, but I don't think we should call it torture.

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	NF-070-22-C	Joel Griffith
2	F-005-22-NC	Joel Griffith
3	NF-026-22-C	Joel Griffith
4	F-006-22-NC	Joel Griffith
4	F-031-22-C	Joel Griffith
3	F-040-22-C	Joel Griffith
2	NF-091-22-C	Cindy Curtsinger
1	NF-109-22-C	Cindy Curtsinger
1	NF-143-22-C	Cindy Curtsinger
2	NF-111-22-C	Cindy Curtsinger
3	F-041-22-C	Joel Griffith
4	F-047-22-C	Joel Griffith
4	NF-052-22-C	Joel Griffith
3	NF-062-22-C	Joel Griffith

2	NF-060-22-NC	Joel Griffith
1	NF-080-22-C	Joel Griffith
1	NF-090-22-C	Joel Griffith
2	NF-105-22-C	Joel Griffith
3	NF-092-22-C	Joel Griffith
4	F-043-22-NC	Joel Griffith
4	NF-005-22-NC	Joel Griffith
3	NF-121-22-C	Joel Griffith
2	NF-137-22-C	Joel Griffith
1	NF-096-22-C	Cindy Curtsinger
1	NF-083-22-C	Cindy Curtsinger

Additional Discussion:

Meeting adjourned.