CHILD FATALITY AND NEAR FATALITY EXTERNAL REVIEW PANEL

PANEL MEMBERS

- Panel Chairperson – Hon. Melissa Moore Murphy, Judge Fayette District Court
- Chairperson of the House Health and Welfare Committee – Rep. Kimberly Moser
- Chairperson of the Senate Health and Welfare Committee – Sen. Ralph Alvarado
- Commissioner, DCBS – Marta Miranda-Straub
- Commissioner, DPH – Dr. Henrietta Bada
- Family Court Judge – Hon. Libby Messer
- UK School of Medicine – Dr. Christina Howard
- UofL School of Medicine – Dr. Melissa Currie
- State Medical Examiner – Dr. William Ralston
- Court Appointed Special Advocates – Lori Aldridge
- Kentucky State Police – Det. Jason Merlo

PANEL MEMBERS

- Prevent Child Abuse Kentucky – Dr. Jaime Pittenger
- Practicing Local Prosecutor – Hon. Dawn Blair
- KY Coalition Against Domestic Violence – Angela Yannelli
- State Child Fatality Review Team – Janice Bright, RN
- Family Resource and Youth Services Center – Betty Pennington
- Association of KY MHMR Centers – Steve Shannon
- Citizen Foster Care Review Board – Linnea Caldon
- Board of Social Work – vacant
- Association of Addiction Professionals – vacant

PANEL PROCESS

- Cases referred from DCBS and DPH
- SharePoint - Data Collection
- Analyst Summary
- Comprehensive in-depth discussion
- Category
- Family Characteristics
- Panel Determination

CASE REVIEW PHILOSOPHY

- Examine cases from a multidisciplinary lens.
- Apply a non-blaming approach.
- Annual Report
- Building Partnerships to enhance prevention strategies

CASE EXAMPLE

Three year old index child ingested the step-father's Suboxone and was admitted to the local children's hospital after two doses of Narcan

- Mother and step-father minimized the seriousness of the incident. At a post-incident visit, the SW observed medication easily accessible
- Family presents with a multi-generational hx of substance abuse
- Multiple referrals to CPS (including an open case at the time of the incident)
- Parents received MAT treatment through a local provider
- Father and Step-father both have extensive criminal hx
- Children were placed with father by prevention plan despite his extensive hx of substance abuse, violence, criminal behavior, and previous substantiated CPS reports
- Family received several services including SNAP, Medicaid, WIC

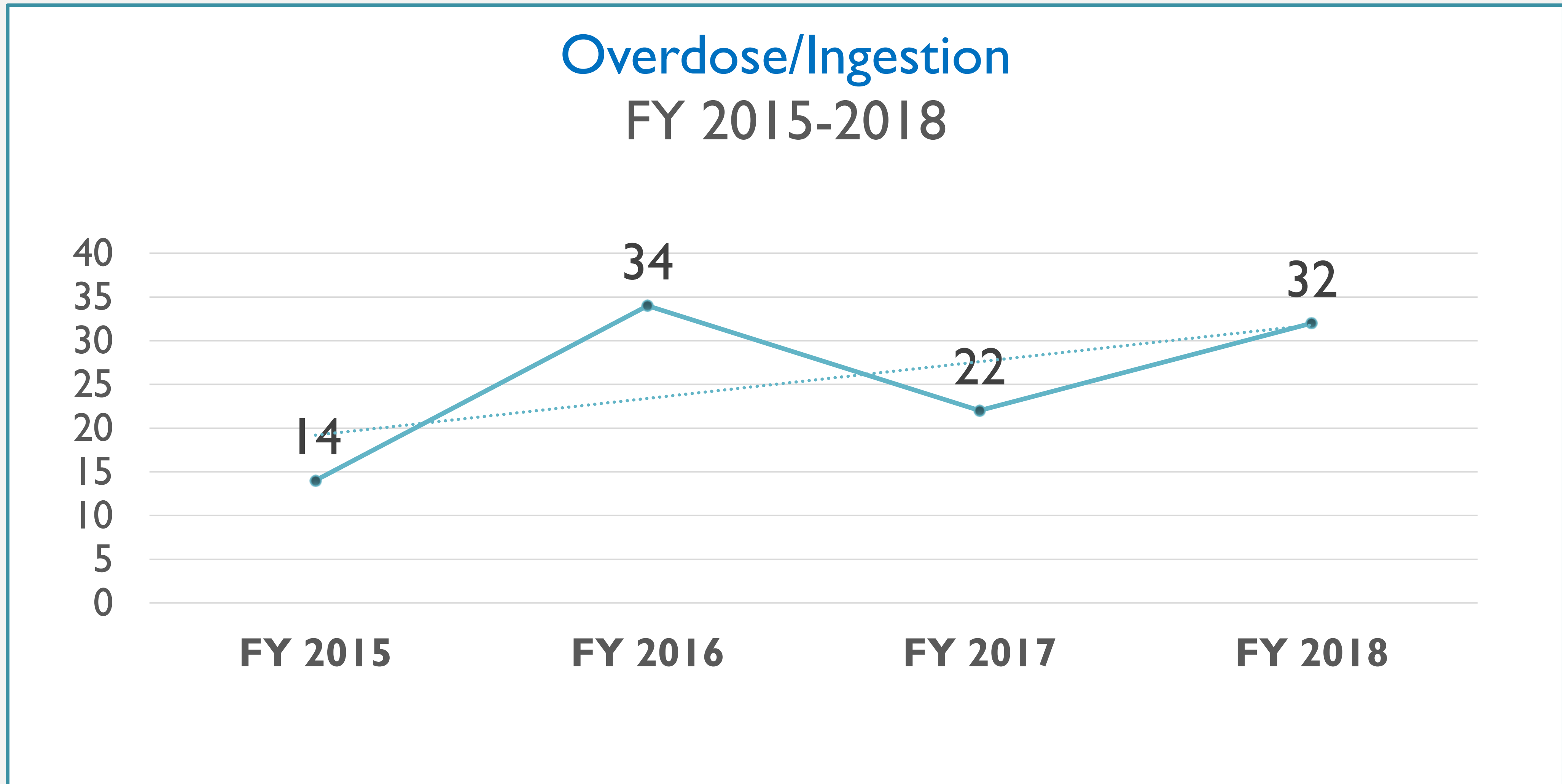
PANEL REVIEW

- OVERDOSE - INGESTION
- Criminal history (caregiver and in home)
- DCBS History and Issues
- Family Violence
- Housing Instability
- MAT Involvement
- Mental Health issues (caregiver)
- Substance abuse (in home and by current caregiver)
- Supervisional neglect
- Unsafe access to deadly means

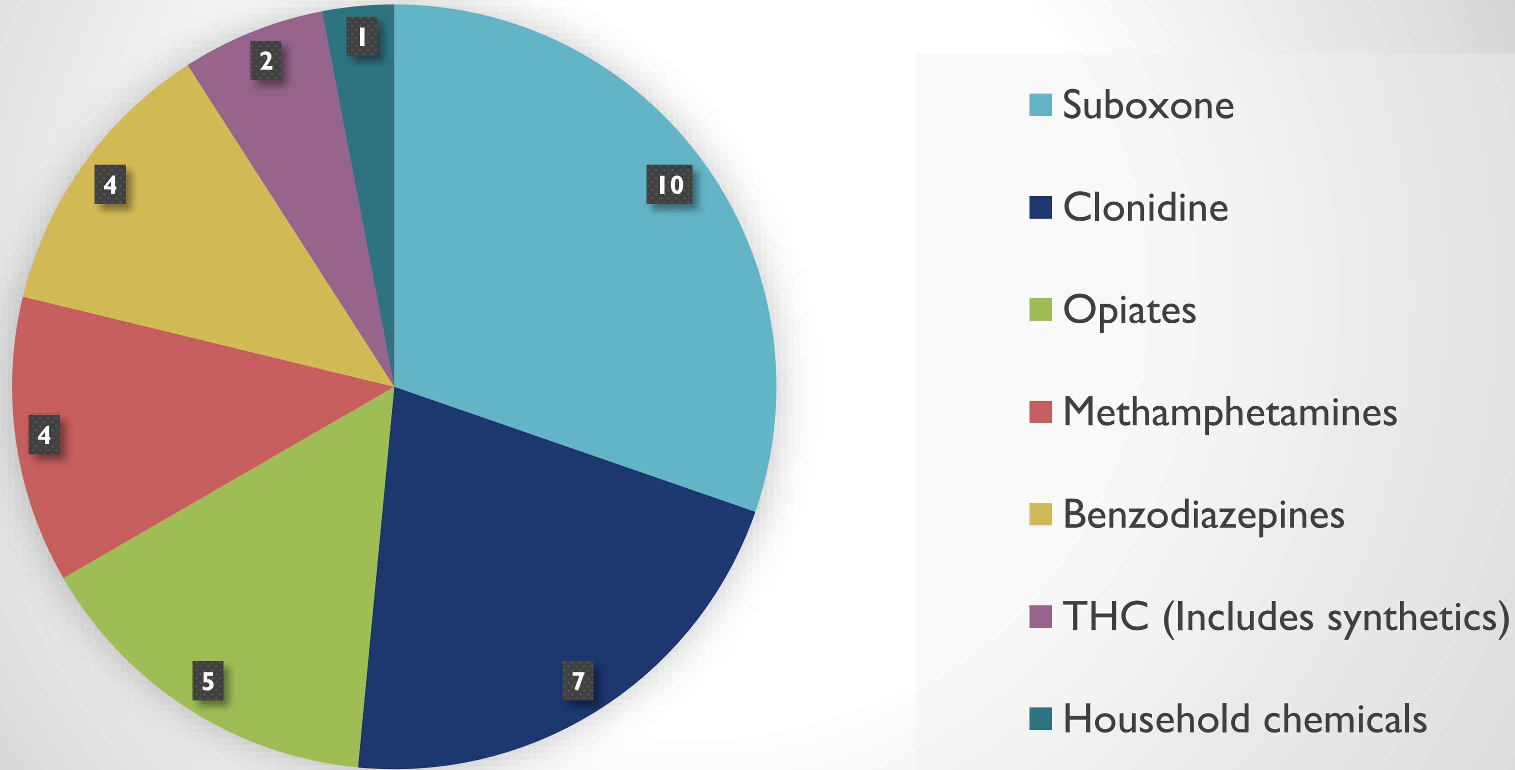
- Qualifiers – Potentially preventable – apparently accidental

- Panel Determination
  - Neglect due to unsafe access
  - Supervisory neglect

OVERDOSE/INGESTION CASES

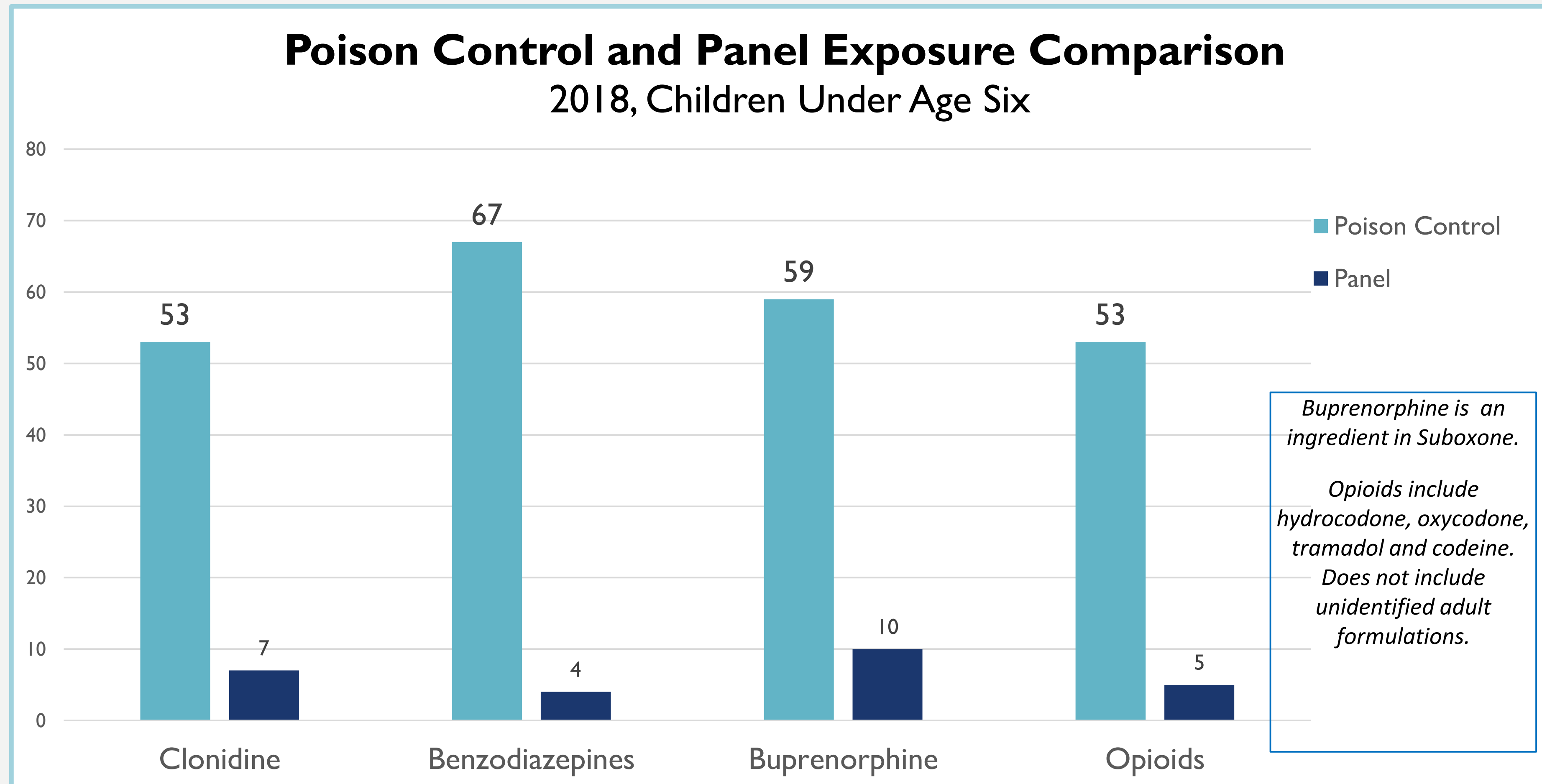


SUBSTANCES INGESTED



Data Source: Child Fatality and Near Fatality External Review Panel

INGESTIONS - A SUBSET OF A LARGER ISSUE?



PANEL RECOMMENDATIONS

- Develop/Distribute evidence informed messaging regarding the safe storage of medications via pharmacies, MAT providers, family practices and pediatrician offices.
- Expand data collection opportunities to better inform prevention efforts.
- Convene collaborative forums with DPH, KSPAN, KIPRC, Poison Control Center, The Kentucky Board of Pharmacy, and other partners to identify opportunities for prevention.
- Develop recommendations for enhanced safety packaging (e.g. blister packs) for prescription drugs most commonly ingested.

POTENTIAL FOCUS AREAS OF PREVENTION

- Sleep Related Deaths
  - Modelling Safe Sleep Practices - Alone (A) Back (B) Crib (C) Danger (D) - Informing caregivers of the dangers of bed sharing, particularly when under the influence.
- Plan of Safe Care at birth – " Warm" hand off to Pediatricians and HANDS for high-risk families.
- Drug testing caregivers at the time of an unexpected death.
- Additional law enforcement training regarding child death scenes.

POTENTIAL FOCUS AREAS OF PREVENTION

- Coroners education and standardization of reporting child deaths to the appropriate authorities.
- Pediatric Abusive Head Trauma – bruising in babies IS NOT NORMAL
- Encourage reporting by family members, neighbors and professionals

Thank You

Questions?