

State Child Fatality Review Team Quarterly Meeting Minutes

June 16, 2015

Members Present:

LaToya Bates, Mary Gentile, Judith Kandel, Wendy Lane, Roger Lerner, Richard Lichenstein, Vernice McKee, Laurel Moody, Lynne Muller, John Rusinko, Hal Sommers, Christle Sheppard Southall, Anntinette Williams, Caroline Jones for Al Zachik

Members Absent: Ling Li, Jenny Maehr, Ilise Marrazzo, Deenae' Johnson, Ernest Reitz, Martha Tuthill

DHMH Advisors and Staff Present:

Joan Patterson – DHMH, Staff to SCFRT

Lee Woods – DHMH, Director, Office of Surveillance and Quality Initiatives

Guests: Deborah Badawi, MD, DHMH

Greetings and Introductions: The meeting was called to order by Dr. Lichenstein.

New Members: The Team welcomed new member Christle Sheppard-Southall, Designee for the Attorney General

1. Approval of Minutes

The minutes from the SCFRT meeting of March 17, 2015 were reviewed and approved.

2. Business

SCFRT Recommendations for the Governor for the 2015 Annual Report

The vote of members taken by e-mail was reviewed. Teen Crashes and Safe Sleep recommendations receiving top votes. The full list of recommendations was handed out with a determination to focus on the top two or three in terms of who will be responsible and who will champion.

Teen Crashes

Although teen deaths and deaths from MVAs have decreased in Maryland, MVAs continue to be a cause of child deaths, even with implementation of the graduated licensing system for new drivers. New Jersey implemented a graduated driver's license decal provision in 2010. This additional initiative resulted in a sustained decline in MVA rates among drivers under age 21 during the first two years of the

program.¹ The State CFR Team recommends implementing a similar provision that would require all drivers holding a provisional license to display a reflective decal on both front and back license plates of the vehicle they are operating to decrease teen motor vehicle accidents. The American Academy of Pediatrics Maryland Chapter will lead this effort.

Safe Sleep

The State CFR Team also recommends strengthening and expanding efforts to teach new parents and all caregivers about safe infant sleep practices. Specifically, the Center for Infant and Child Loss proposes working with birthing hospitals, DHMH, and other expert groups to develop model policies and best practices to teach new parents about safe sleep; providing all birthing hospitals with teaching resources; and seeking their commitment to provide comprehensive teaching for all new parents on safe sleep. CICL proposed a quality improvement initiative to improve hospital safe sleep evaluation. CICL will follow-up with DHMH.

In addition, DHMH is directing all local CFR teams to send a letter to the hospital of birth whenever an infant sleep-related death is reviewed. This letter to hospital leadership will reinforce the need to educate new parents on safe sleep practices.

The other recommendations submitted by members were reviewed briefly:

- It was decided to table **Overdose Prevention** until it is determined the Governor's plans on this subject.
- **Vaccine Preventable Illnesses** was determined to be a duty of DHMH.
- **Injury Prevention (including Drowning Prevention) are general topics already covered by CFR and other departments of DHMH, but the SCFRT can support.**
- **Mental Health Training for Foster Parents** was deemed a project that Title 4 is working on, so SCFRT need not take the lead, although again, the Team can be supportive.
- Develop an **MOU with the District of Columbia**: Local CFR Teams are required only to review cases from the OCME, which must take priority. Member Hal Sommers will obtain data on the number of out of state deaths of Maryland residents.
- For the recommendation on **Anti-bullying**, it was determined that the efforts already begun will be continued by the Team, led especially by Roger Lerner, Rich Lichenstein, and Lynne Muller. (Dr. Muller suggested starting by looking at middle school research as that is where much of the

¹ Allison Curry et al., "Long-term changes in crash rates after introduction of a graduated driver licensing decal provision," Am J Prev Med, 48 (2015):121.

data collection is taking place). These members will follow-up with Catherine Bradshaw, Deputy Director, Johns Hopkins Center for the Prevention of Youth Violence, and Co-Director, Johns Hopkins Center for Prevention and Early Intervention, regarding funding, e.g., the Brady Campaign. Two important areas should probably be the focus: Resolution of conflict, and establishing a culture of civility perhaps with one initial target population of either young children (even kindergarten) or teachers.

Adding a Fourth SCFRT Meeting to the Schedule

Discussion was held about adding another State CFR meeting to the schedule. Team members agreed to add a meeting at the end of the day of the annual conference, since holding a meeting during the lunchtime would interfere with the beneficial networking that often takes place.

Role Expectation of SCFRT Liaisons to the LCFRT's

Dr. Lichenstein will draft a list of duties and expectations for SCFRT liaisons to local teams. This will include things such as whether contact should be electronic or in person, frequency of contact, and LCFRT meeting attendance.

Response to LCFRT Recommendations to the SCFRT

The LCFRT's write recommendations to the SCFRT each year in their annual report. They will receive a written response to their recommendations.

2015 SCFRT Annual Meeting Planning

Possible topics for the SCFRT Annual Meeting were discussed. Among those gaining most interest were fire prevention, training on data entry/benefits from the National Center for the Prevention, and program presentations by LCFRT team leaders. It was determined to again feature LCFRT leaders speaking on their team's successes and challenges. Another suggestion was to have a previous speaker from Johns Hopkins who spoke on gun policy.

Another topic recommended was determining methods to find hidden depression. Some suggest there is a need for screening of all children and not just adolescents presenting with mental health problems. Apparently the Substance Abuse and Mental Health Administration (SAMSHA) has given a grant (Project Aware) to three counties to train parents and teachers on both early symptoms of mental health problems and referral, so children get needed help.

Yet another suggestion was to help the LCFRT's learn about best practices. (Dr. Lane and Dr. Muller will submit links for health based and education based best practices).

LCFRT Funding

It was suggested the State Team look at other funding streams for the LCFRT's. Roger Lerner volunteered to look into this. Possibilities include Rotary clubs, BG &E Education Fund, BX/BS or the Women's Health Foundation.

Automatic Data Entry by the OCME

The Team was encouraged to continue to pursue the possibility of having OCME data automatically entered into the CFR database as it would save a great deal of effort for the local CFR leaders. While this has been discussed with the OCME and is a goal, the OCME is not able to do this at this time.

Respectfully submitted,

A handwritten signature in blue ink that reads "Joan Patterson". The signature is written in a cursive, flowing style.

Joan Patterson, LCSW-C