Louisiana State Child Death Review Panel

Agenda | March 28, 2017 | 1:00-3:00 pm

Louisiana Department of Health, Bienville Bldg 628 N. 4th Street, Baton Rouge, LA Room 173

Attendees: Please see the attached sign in sheet Notes:

- Welcome and introductions /General announcements: Jane Herwehe kicked off the meeting. Members
 introduced themselves, welcomed new members, reviewed purpose, ground rules, and paperwork and
 turned the meeting over to Dr. Parham Jaberi, Chair of the State CDR.
- Discussion on new structure of meetings Dr. Jaberi explained the new structure of the meeting. More
 meeting time will be focused on planning actions associated with recommendations of the State CDR
 panel around the leading causes of fatality which the panel prioritizes. Less meeting time will be spent
 on case review, rather on discussion action that each partner can take in particular interventions.
- Priority Discussion Lydia Plante, Mortality Epidemiologist presented 3 years of data (2013-2015) on the leading causes of unexpected child fatalities across the state and by region as basis for the discussion. The leading causes overall are Motor vehicle crashes, assaults and drowning. SUID is still a contributor to infant mortality. Dr. Jaberi facilitated discussion on where the group felt they should prioritize efforts and a ranking exercise. In the discussion, the group was encouraged to look for the biggest opportunities for preventability and what resources are already in place to address the issue. Dr. Jaberi used the 2x2 matrix to compare level of ease and expected impact. There was also discussion about the role of the State CDR, is it strictly education, or more promotion of evidence-based intervention and leveraging information and influence of the panel to affect policy level changes.

Votes fell out as highest ranking priorities: motor vehicle crash and SUID prevention for Year 1 and firearm safety as it relates to assault and suicide for Year 2. What about drowning? SUID? Will we continue with some of these efforts? The BFH will work with Dr. Jaberi to catalog what is happening in these areas and help the group decide.

Comments from the group:

RE: MVC, what about older and young drivers and distracted driving? The role of impairment not only in MVC, but also assault and drowning and SUID. Can we propose MVC legislation? From an insurance perspective: MVC prevention is the most targetable. How does LA compare to other states in terms of protective legislation for prevention of MVC? What are other more influential and better funded partners already doing?

RE: Assault, do we have data on the role of impaired parenting and assault, exploring the role of bullying in suicide, new suicide definitions and are they being used by the coroners; timing of suicides – large # within 24 hours of a crisis, unsafe firearm storage

RE: Drowning: revisiting municipal codes and regulations around barriers, limited role that insurance companies can play due to relatively few events

General: supporting DCFS in efforts to reduce assault and sleep-related deaths.

Next meeting will continue discussion and delve more deeply into priority area.

Problem Solving – Mandated Reporting Process –Leslie Lyons and Walter Fahr from DCFS came to present on the DCFS Centralized Intake line that is used to report CAN. Leslie gave details on how the line works and what users could expect in terms of time, especially in light of some of the staffing challenges facing the Centralized Intake process. Also many of the calls tying up the hotline are for resources and referrals. Priority is given to Law Enforcement and those who are considered Mandated Reporters. All others get a number in line to hold. Even the priority LE and MR have to wait long times. It is important for the caller to have all of the facts they may know ready on the case. DCFS only will accept a case if the report is about a parent or caregiver, the child is < 18 years old, the violation is in line with the definition of CAN in the Children's Code. Timeframe of acceptance of the report varies by type of abuse. However, when in doubt if a report will be accepted given the timeline, the reporter should call the line anyway and report. Central intake will determine acceptance of the report. DCFS is looking into online reporting, but there is value in having the staff talk to the reporter.

- Next steps BFH CDR Staff and Dr. Jaberi will process the recommendations on priorities and report back to the group
- Announcements
 - a. the drowning letter from last year is being updated by Dr. Jaberi and will be circulated;
 - the death investigation recommendations are being prepared for circulation and there is a
 presentation scheduled at the September meeting of the LHIA (Homicide Investigators Association),
 - c. the Process Improvement project with Vital Records on classification of SUID has resulted in amendments to some Death Certificates.
 - d. Next 2 meetings will be in Bienville Bldg, still need a volunteer for the December 2017 meeting.
- Adjourn

Next Meeting: June 27, 2017

Chair: Dr. Parham Jaberi, Assistant State Health Officer

Organizing Entity:

Office of Public Health, Bureau of Family Health

Louisiana Department of Health

Facilitator(s): Jane Herwehe, 504-568-3532 or jane.herwehe@la.gov

Robin Gruenfeld, State MCH Coordinator 504-568-2642 or robin.gruenfeld@la.gov

Rebekah E. Gee MD, MPH SECRETARY



State of Louisiana

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Child Death Review Confidentiality Agreement and Sign-in Sheet March 28, 2017

1:00 PM - 3:00 PM

will not allow any identifying information to enter the discussion. I agree not to release any information obtained by the Child agree not to remove case summary reports from this room or to discuss aspects the cases after the conclusion of this meeting. All case reviews are to be anonymous with no identifying information presented or discussed. If I think I recognize the case, I Death Review Panel to anyone, including but not limited to, the family or representative of the family of any child whose All information and case summaries discussed as part of the State CDR Panel are to be held in the strictest confidence. I death was the subject of review, governmental authorities, the courts, and law enforcement.

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