

MINUTES  
Administrative Team to Review the Death of Children Meeting  
Held on  
Monday, August 29, 2005  
at  
Division of Child and Family Services (DCFS)  
Sand Springs Conference Room  
711 E. Fifth St.  
Carson City, NV 89701

**I. Call to order and Roll call**

Jone Bosworth, Chair of the Administrative Team to Review the Death of Children called this meeting to order and took roll call.

Members Present:

Jone Bosworth, Administrator, DCFS  
Susan Klein-Rothschild, CCDFS  
Ray Kendall, Director of Rural Clinics, MHDS  
Emil DeJan, Chief, NVHD  
Judith Wright, Chief, Bureau of Family Health  
Karen Dickerson, Deputy, AG  
Michael Capello, Director, WCDSS

Staff and Guest:

Dr. Neha Mehta, Sunrise Hosp.  
Barbara Legier, CPP, DCFS  
Nora Hunt, Fallon Shoshone Tribe  
Caroline Thomas, SSPS, DCFS  
Marji Walker, SSPS, DCFS  
Cyndi Sauchak, LV Police Dept  
Ann Rubin, CCDFS

Not Present:

George Togliatti, Director, DPS

**II. Review the meeting minutes from July 25, 2005**

Ms. Bosworth asked if anyone had corrections or additions. Ms. Bosworth requested that on page one of future meeting minutes that all absent members be listed as well as members present. Ms. Bosworth noted corrections to the minutes correcting the title of “MHDS, the Mental Health and Developmental Services” agency. She also noted that the two positions that were obtained through the last legislative session: the statewide suicide prevention coordinator and the training officer are located with the Directors Office of the Department of Health and Human Services, not with the MHDS agency.

Mr. DeJan motioned for approval of the meeting minutes, as amended, and Ms. Wright seconded. The minutes were approved as amended.

### **III. Review the MDT recommendations presented during the July 25, 2005 Administrative Team Meeting-Clark County Multidisciplinary Team Co-Chairpersons**

Cyndi Sauchak and Dr. Neha Mehta, the Clark County Co-Chairs participated by phone and reviewed the Clark County Recommendations with the Administrative Team.

Ms. Sauchak recommended that education activities should contain information about appropriate bedding as well as co sleeping. The MDT believes this to be a statewide dynamic. The primary identified factors are poor judgment, poor bedding decisions, and co-sleeping between infants and other small children-toddler age.

Ms. Sauchak discussed a second item of public education needed, which is to teach parents and caregivers about the necessity to respond to children who are found unresponsive and provided situational examples related to children involved with the juvenile justice system. Ms. Sauchak suggested working with Juvenile Probation to develop an educational tool for parents.

Ms. Sauchak discussed the metabolic studies that are routinely requested by the medical examiner. Dr. Mehta, co chair, explained the need for additional metabolic tests in some cases reviewed by the MDT, but they are not ordered because they are cost prohibitive. However, the information could have been of benefit to the family if genetically relevant or of benefit in considering cause and manor during investigations. Further discussion occurred and Ms. Wright volunteered to provide a list of the screening provided during the next Administrative Team meeting.

Ms. Sauchak discussed the recommendation to provide training for staff at juvenile detention centers on suicide/suicide risk factors. She stated that the MDT has noticed that a great number of children who commit suicide have been subject to detention services. She stated that the MDT receives samplings of their journals and the children have clearly documented suicidal thoughts while housed in detention.

Ms Klein-Rothschild stated that all of the detention staff is involved in training and they are looking at external training providers to take detention staff to the next level.

Ms. Bosworth added that DJJS is looking at physical plant issues as well as adding five mental health staff to their team. DJJS is working on the staff training component and implementing a substance abuse and mental health-screening instrument for use in the detention facility. As noted in the MDT reports, there is a number of youth that go back to the community on probation and added that probation officers would benefit from additional training as well.

Ms. Sauchak discussed coroner's office procedures and reported that they internally review the details of a death and then determine whether or not the death meets criteria for a coroners case. There is no appeal process. Dr. Mehta and Ms. Sauchak, through their responsibilities as co chairs, requested that the Administrative Team propose legislation that would require the coroner's office to accept and investigate all unexplained deaths of a child 18 and under. Additional discussion occurred.

Ms. Sauchak explained that the coroner issued a memorandum of understanding to all the emergency departments, which indicates that if they deem a case a non-coroner case, then the physician needs to sign it out as cardiopulmonary arrest, etiology unknown. Mr. DeJan questioned the legality of this practice.

Dr. Mehta stated that she understands that everybody is busy and has to draw a line somewhere, but there is something that has been articulated to physicians in the course of their jobs and the rural fatality review that if hospitals have their own pathologists on staff then it should become the hospital's responsibility to perform the autopsy. Dr. Mehta reports that there is a strong belief on the part of the local coroner's office that if the hospital is concerned, then the hospital should perform the autopsy.

Dr. Mehta stated that because the hospital pathologist has no coroner investigator or any ability to do any type of background research, they just literally have an autopsy they can perform. Dr. Mehta also recognizes that Clark County has a very busy coroner's office and that if such a recommendation were made that there would probably need to be additional resources provided to the coroner's office to be able to accommodate that. She stated that she does not believe it is a large number of cases that we would be talking about, but it comes up every few meetings or so that they feel that it would be something of benefit to children in this community.

Mr. DeJan suggested that the Attorney General's research this issue. He stated that he believes there is something in the NRS and NAC that points to which cases would be coroner cases. He stated that it seems like this agreement puts the certified physician into a no-win situation.

Ms. Bosworth asked Ms. Legier, Mr. Kendall and Mr. Capello if there is a similar situation in the rural region or in Washoe County.

Ms. Legier stated that she did not know.

Mr. Capello reported that none has been brought to his attention, but he will do some checking with his team to see what kinds of cases our coroner is not taking on.

Mr. Kendall stated that he is not aware of any issues but reported that several years ago a few counties would not perform an autopsy due to fiscal concerns. He suggested seeking a legal opinion.

Ms. Bosworth asked to table any recommendations for action that the group wants to take a vote on until the Administrative Team has gone through everything including asking the Attorney General's Office to render an opinion.

Ms. Sauchak discussed the recommendation for a request of records from any out of state agency upon referral. Mr. Capello explained it is standard practice to request this information from other state agencies on cases that meet the criteria for an investigation. He explained that there are alerts and general referrals that don't get investigated based on the presenting complaint and don't meet the criteria to be screened in. He stated that this would be something that Washoe

County could change in practice, but certainly with regard to cases that are referred by other states that are open for investigation, it has been the standard of practice to make that request. Realistically there are some states that are timely and good about it, other states that are not.

Ms. Bosworth asked what the rural region does with those alerts and cases that are referred and at this point aren't being assigned as an investigation.

Ms. Thomas stated that DCFS rural practices are similar to Washoe County. Information is requested from another state if a report meets the level of an investigation. If the report does not rise to the level of an investigation, the agency would probably not research it further.

Ms. Sauchak reported that there are currently no requirements for a license, registration, or insurance for operators of moped and gopeds. She reports that the local MDT propose legislation to address the issue of owning and operating these machines, and legislation that would allow traffic police to pursue charges of child endangerment for parents who allow children to take these types of vehicles onto public streets.

Ms. Sauchak also reports that the MDT suggested that marketing be launched to educate the public about the risk of mopeds and gopeds and the dealerships that sell them should be required to educate the public about the risk and safety of these machines.

Ms. Sauchak reported that the MDT recommended that a public health campaign be initiated to target medical health care providers and pregnant women who have gone off their psychotic medication during pregnancy and want to remain off these medications so that they can breast-feed. The campaign should stress the importance of making pharmaceutical decisions in conjunction with a therapist after delivery to ensure the mother stays safe and frequent monitoring during and after pregnancy for women on medication. Additional discussion occurred.

Ms. Wright stated that her agency has an OBGYN and will ask about the effects of psychotropic medication on newborn children.

Ms. Bosworth asked about the activities of the Executive Committee and the public health campaign on co sleeping, requesting clarification on whether or not co sleeping between adults and infants and co sleeping between older children and infants is included in the campaign. Ms. Legier stated that the script has not been finalized, but will take a look to see that it addresses not just adults sleeping in the same bed with infants, but toddlers as well.

Ms. Bosworth asked if there is some support or further action being requested of the Administrative Team, since this particular recommendation is already being addressed at the Executive Committee level.

Dr. Mehta responded stating that in addition to a public health campaign, anything else that can be done from the public health department in terms of brochures or counseling that's given to families that come in for health care or immunizations would be helpful.

Ms. Sauchak stated that she is concerned that a pathologist has not attended the MDT meetings. The lack of a pathologist in the meetings limits the abilities of the team to understand the cause and manner of death and without good information, reviews of a child fatality cannot be done adequately and prevention suffers.

Ms. Klein-Rothschild stated that she understands that a pathologist has been assigned and has begun to regularly attend in Clark County.

Ms. Sauchak stated that a pathologist attended the last hour of the last meeting, but until staffing increases at the medical examiner's office, they will not commit to a future schedule.

Ms. Bosworth asked if this is an issue at the other local MDT's and if we aware if the statutorily required people are attending the MDT's.

Ms. Legier stated that this is also a need in the rural area.

Ms. Bosworth stated that this is a bigger issue than just the pathologist and it is necessary to see if statutory members are regularly attending. If not, it is necessary to assess why.

Mr. Capello stated that the Washoe County MDT has reasonable attendance from the pathologist. The coroner is always there. He stated that he would have to get an attendance report on the other statutorial-mandated folks.

Ms. Sauchak stated that the MDT recommends that a specific checklist be created for the police to use in cases of teen suicide. There are no current investigation staff designated for teen suicide cases and there are no specifically trained police to look into such cases. This is something locally that Clark County is trying to design.

Dr. Mehta stated that she has been speaking with the Nevada Institute of Children and they have come up with a set of questions and have an agreement with Las Vegas Metro to have police officers ask those questions when they come onto the scene to help gather information.

Additional discussion occurred on school district mandated attendance at the local MDT's and what information they can share. The school district personnel in attendance indicate they confidentiality regulations do not permit sharing of information to the MDT.

Ms. Bosworth asked if any other MDT's struggle with this issue.

Mr. Capello stated that this has not been an issue in Washoe County and there has been good attendance from the school district with no barriers that he is aware of. He stated that there might be some limitations around special education records. He will find out if the school district has participated regularly and if information forthcoming is hard to obtain.

The team recommends that children with chronic health needs be provided with a health care plan and that the health needs and services have a follow up by both hospitals and the agency

providing child welfare services. The team recommends that a child welfare caseworker attend to the physical needs of children by requesting regular health records and monitoring these plans.

Susan Klein-Rothschild stated that Clark County DFS is currently making progress in this area, and perform EPSTD screens on all the children that come into care, have a mobile medical clinic to go to each neighborhood site on a weekly basis, and are able to setup medical appointments to NV health centers in order to meet the child's medical needs and not forget to follow up.

Ms. Sauchak requested that agencies providing child welfare and protective services formally advocate for a national database which would include national information on substantiated cases of child abuse and neglect, as well as unsubstantiated cases. Clark County experiences a considerable amount of out-of-state residents with substantial reports of child maltreatment from other states.

Ms. Bosworth stated that the issue of a national database was raised in a meeting in Washington D.C. and there are many concerns as each state has its own criteria for substantiation.

Mr. Capello agreed that there is certainly recognition that having access to this kind of information across the country or child welfare agencies would be helpful; however, there seems to be a lot of controversy about the standards. Receiving unsubstantiated case information would be helpful but there are civil right issues.

Ms. Sauchak also noted that the MDT is having a difficult time with appropriate NHP traffic representation at team meetings to provide information.

At the conclusion of these discussions, review of the Clark County MDT recommendations were completed.

Ms. Bosworth suggested that the Administrative Team respond to those items that could be generated immediately and meet again to go through the MDT recommendations requiring additional discussion to develop responses.

In response, Ms. Legier explained that the co-sleeping marketing campaign was developed last year and is due to kick off within the next few months to address teen suicide, co-sleeping and two other areas.

Ms. Legier asked if the group would like to make a request to the Executive Committee to expand their public education campaign on co-sleeping to include toddlers.

Ms. Wright made a motion to request that the Executive Team add toddlers to the co-sleeping campaign. Mr. Kendall seconded the motion. None opposed. Motioned carried by Ms. Bosworth.

Ms. Bosworth suggested that the Administrative Team write a letter to the chair of the Juvenile Justice Commission to: a) request that the issue of parental action to unresponsive teens be added to their agenda, and offer assistance via the DCFS Administrator, a member of the

Juvenile Justice Commission, to speak to the issue; b) request that an educational pamphlet be created internally or via another association, to target this population.

Ms. Wright made a motion, Mr. Kendall seconded the motion. None opposed. Motion carried by Ms. Bosworth.

Ms. Bosworth stated that the Administrative Team will write a letter to the chair of the Juvenile Justice Commission, and she will carry it to them.

Ms. Bosworth moved to item four and suggested that the Administrative Team ask for an Attorney General's Office opinion with respect to the coroner's office doing their own internal reviews and there not being an appeal process as this relates to current state statute.

Mr. DeJan made a motion to carry this item. Ms. Wright seconded the motion. None opposed. Motion carried by Ms. Bosworth.

Ms. Bosworth stated that she is concerned about several issues raised about the attendance of the local regional multi-disciplinary team meetings and questioned whether or not the Administrative Team have any recourse if the attendance is not in accordance with statute. Ms. Bosworth suggested that the Executive Committee provide the Administrative Team with the attendance list in order to identify specific disciplines that are not regularly attending the meeting. Ms. Bosworth suggested the Administrative Team contact the MDT members that are not attending to determine the reason for non-attendance before taking any further action.

Ms. Bosworth made a motion that the Executive Committee be required to gather, review and assess the attendance of all the disciplines required under statute and that this information be submitted back to the Administrative Team to take further action.

Mr. DeJan seconded the motion. None opposed. Motion carried by Ms. Bosworth.

Ms. Bosworth suggested that the issue of child welfare agencies obtaining out-of-state agency child abuse and neglect records be referred to the child welfare agency's Decision-Making Group; and for that group to devise a policy team to look at policies, protocols, forms and practiced that could be implemented with respect to the out-of-state agency and records issue.

Ms. Bosworth suggested linking the above issue with the child welfare agency's requirement to appropriately address the physical health needs of children. She suggested requesting the Decision-Making to review both of these items for action and reports.

Ms. Wright made a motion, Mr. Kendall seconded the motion. None opposed. Motion carried by Ms. Bosworth.

Ms. Bosworth stated that with respect to the issue of mopeds, gopeds and other motorized toys that children are riding, she suggested having research conducted by the Attorney General's Office on statutes from other states to provide the Administrative Team with a clearer sense of action taken in order to move forward on particular issue.

Ms. Klein-Rothschild moved that a request be submitted to the Attorney General's Office asking them to do research on it in our state as well as others.

Mr. Kendall seconded the motion. None opposed. Motion carried by Ms. Bosworth.

Ms. Wright volunteered to research if mopeds and mopos are included on the Health Division website.

Ms. Bosworth reminded the group that the administrative team must respond to the MDT's within 90 days of receiving recommendations, thus it is necessary to schedule another meeting to address the rest of the recommendations. Ms. Bosworth thanked the Clark County chairs for presenting the recommendations to the Administrative Team and stated that they have done a fantastic job presenting the recommendations. She stated that another Administrative Team meeting will be scheduled to meet the requirement of the 90-day period.

The meeting was adjourned.