

**National MCH Center for Child Death Review Meeting  
Coordination of Effective Review Meetings**

Sunday, September 7, 2003

**Discussion Leaders:**

Gus Kolilis, Missouri CDR and Heidi Hilliard, Michigan CDR

**Moderator:**

Shkeda Johnson, HRSA, MCHB

Key Points

*Session One*

- One participant indicated that the local teams often find it difficult to move their reviews into action. Several of the recommendations from local teams are for changes to statute. It is important to remember that action does not have to be grandiose. Even seemingly small changes can have a big impact.
- A suggestion was made that the National MCH Center for Child Death Review include prevention initiatives that were developed by local teams on their website and include them in a newsletter. Teams definitely need a method for sharing materials and ideas.
- One state coordinator meets with a liaison from social services every month to discuss recommendations, share findings and make changes to policy.
- In Utah, the state team meets every two weeks for reviews. A quarterly meeting is held that focuses on policy. There is also a subcommittee with the charge of taking action on the findings. Key players are invited to this meeting who can make change. This is especially important because partnerships are the answer for resources.
- In California, there are 58 counties with 56 local teams. Leadership changes make it difficult to reach people. The State Council in California has a prevention committee. The three areas of focus for prevention are shaken baby syndrome, safe sleep and child passenger safety for ages 13-17.
- The draft protocol manual which was developed by a workgroup of representatives from several states contains materials on how to have effective CDR meetings. The ability to share information is a key factor in having an effective meeting.
- In Missouri, the most effective teams are those that a prosecutor or law enforcement officer coordinates. In Michigan, the problem with participation is often with the medical examiner or prosecutor. Continual support and buy in from the medical examiners is important.
- In order to create more effective teams and encourage participation, Missouri holds regional meetings every year with about 800 of their 1,500 members attending. Currently, Missouri is meeting with all of their panels to go over the purpose and roles of CDR and offer assistance. Training is helpful for participation. Michigan holds an annual training for CDR team members which is always well-attended. Michigan CDR program also holds annual coordinator meetings. These meetings give the Michigan CDR staff an opportunity to share information with the coordinators. Coordinators also share their problems, issues and prevention initiatives at the meetings.

- In Florida, the State team only conducts limited reviews. The legislature hasn't supported the expansion of CDR.
- In Colorado, CDR has no legislative authority. It was established by a task force. There is no authority to get information or participate, which is an issue.

### *Session Two*

- One state coordinator shared that her members complain about having to meet. They feel that the reviews could be completed via email. A suggestion was made that this state works to get a stronger legislative package. This can help the process to expand. A sense of ownership needs to be felt by all that are involved in the process. When this occurs, members will be more committed to the process. Some states such as Missouri and Florida have an integrated system that provides many services in addition to CDR, such as investigation.
- One coordinator is having trouble making the meeting time effective. One suggestion is to review cases shortly after they occur. This creates a sense of urgency and helps members feel that they are contributing. They need something that has meaning in the beginning. This type of process assists with case management. However, conducting retrospective reviews is also valuable since there might be a possibility of charging a perpetrator.
- The draft program manual contains information on how to have effective CDR meetings. It is important to educate on the CDR process and causes of death. Training for members helps them to realize the value of the process.
- Turning reviews into action is often a difficult process. One state shared that their recommendations have been the same for the last four years. Their Department of Health has a conservative attitude towards lobbying. One suggestion was to work with the State and Territorial Injury Prevention Director's Association (STIPDA). They are resources and can serve as avenues for change.
- Injury prevention brings the notion that CDR isn't just about child abuse and domestic violence. Must broaden horizon. There sometimes is an uphill battle in public health and related disciplines that these deaths are simply accidents.
- New states find it difficult to put CDR in action. Could a facilitator's guide be developed? The program manual could help.
- Best practices need to be developed regarding how to obtain new team members, how to ask them for their resignations if needed and how to get new strong leaders to keep the meeting in check, flowing and under control.
- One state coordinator asked if other CDR programs review deaths due to prematurity. Some of the larger local teams have a physician member who pre review these types of cases.
- In Montana, there is a state and local teams but the chairs only serve one year by statute.
- In Nevada, chairs can serve as long as they wish.
- Alabama state law sets term limits. Chairs can serve three years but no more than two consecutive.
- In Georgia, the district attorney is the mandated chairperson but can designate an alternate. Subpoena power is given to every chief superior court judge for CDR.

- People at the local level must see CDR as relative and significant. Teams need someone to take their recommendations to the right people.