

Illinois Department on Aging
Fatality Review Team Advisory Council Meeting
2 p.m. May 23, 2017

Members Present:

Co-Chair Teva Shirley (Area 08), Amy Brown (Area 05), Diane Slezak (Area 13), Linda Voirin (Area 2), Nancy Hinton (Area 09), Holly Kozinski (Area 4), Donna Schnell (Area 10), Nancy Thorsen (Area 07), Diane Drew (Area 05), Scott Kinley (Area 11), Yvonne Anderson (Area 01), Scott Kinley (Area 11)

Members Absent:

Brenda Fleming (Area 06); Loren Carrera (Area 02), Diane Michalak (Area 02); Clarissa Palermo (Area 12); Mark Thomas (Area 03)

IDoA:

Lois Moorman, Alice Hayes, Maureen Squires, Jaime Spears, Jody Kershaw, Steve Milburn

Guests:

John Schweitzer, Manager, Child Death Review Teams, DCFS and Maryann Mason, Ph.D.

The meeting called to order at 2:00 p.m.

Minutes from February 21 were approved.

Systems-wide issues/Strategies

The Council has been contemplating how to address system-wide issues that have been identified as a result of local FRT team meetings, particularly since one of the Council's responsibilities is to "Ensure that the data, results, findings and recommendations of the FRTs are adequately used in a timely manner to make

any necessary changes to the policies, procedures, and State statutes in order to protect at-risk adults.”

One identifiable issue, for example, is the lack of training and consistency with regard to when and how to properly take photographs at hospitals when investigating ANE. Maureen reported that she has reached out to a contact at the Illinois Hospital Association for some fact-gathering prior to further examination of this issue by the Council. Information received will be shared at the next Council meeting.

Relatedly, John Schweitzer, who manages the Child Death Review Teams for DCFS, shared information with the Council including: Annual Report, By-laws, Best Practice Document and Statute.

Mr. Schweitzer, who is a 27-year DCFS employee and previous member of a Child Death Review Team, was able to travel from his DCFS base of Glen Ellyn to attend the FRT Council Meeting and shed light on several important distinctions between FRTs and Child Death Review Teams.

Notably, Child Death Review Teams meet every month and are attended by Mr. Schweitzer. Prior to each meeting, a dedicated site is prepared containing relevant information to the meeting i.e. medical records, DCFS reports etc. Each team member is expected to read the information and be familiar with the case prior to the meeting. The Teams are recipients of both a budget and administration support. Mr. Schweitzer said the Executive Council overseeing the Teams (similar to FRT Council) is comprised of very strong advocates. Likewise, the purpose of the Teams, which can be up to 25 members and review several cases each month, is to improve practice.

Specifically, Mr. Schweitzer was asked to explain the guidelines followed by that body on how to formulate recommendations. Recommendations permitted are:

Case specific – These recommendations focus solely on the specific case that has been reviewed, e.g. re-review of case file for a particular purpose, initiation of or an increase in services to the family, assurance that surviving siblings receive proper and necessary services, etc.

Primary prevention activities – These recommendations focus on public awareness and public education issues, e.g. paramour project, drowning prevention.

DCFS system – These recommendations focus on the Department’s approach to abuse and neglect investigations, family case management, foster parent networks, and any program, policy, or procedure developed and adhered to by the Department (e.g. establishment of protocol for cases involving paramours, foster parent licensing revisions, review and revisions to investigative procedures, etc.).

Other systems – These recommendations focus on agencies or services outside the parameter of DCFS (e.g. revision of public health policy, establishment of procedure for Purchase of Service (POS) agencies, etc.).

Recommendations have 90 days to be responded to by DCFS.

Mr. Schweitzer entertained questions and said he is more than willing to share knowledge and information with IDoA and the FRT Advisory Council as they move forward to address systems-wide issues identified by teams.

Diane Slezak has already begun categorizing issues to date.

Illinois Violent Death Reporting System

Next order of business was a presentation by Maryann Mason, Ph.D., Assistant Research Professor at Northwestern University’s Feinberg School of Medicine, Department of Pediatrics. Dr. Mason also serves as Research Director for the Injury Prevention Research Center at the Ann and Robert H. Lurie Children’s Hospital and Chicago and serves as Principal Investigator for the Illinois Violent Death Reporting System.

Dr. Mason supplied a Power Point to the Council explaining the role of the system and walked members through information, including the leading causes of death in our state. Charts break down the deaths by age group and type of violence i.e. homicide, suicide, unintentional injury et. The project tracks all ages and all forms

of violence. About 82 percent of all violent deaths in Illinois are captured in the system. Most counties participate but a few do not participate in reporting statistics.

Dr. Mason's project is a "shadow system" funded by the Centers for Disease Control and Prevention (CDC), using CDC software and following CDC protocols and is housed at the Lurie Children's Hospital in Chicago, acting as a bona fide agent of the Illinois Department of Public Health. 42 states are participating in the reporting system, the main purpose of which is to link data between law enforcement, coroners and medical examiners and crime laboratories.

Dr. Mason emphasized that the information is public and that the IVDRS is able to respond to requests for aggregate data, analysis, reports etc.

She also said she would send a report titled Safe States Alliance that could illuminate how some states are utilizing the information.

Maureen thanked Dr. Mason for the information and said that FRTs in our state should be made aware of this information if they are already not aware. It will also serve as a good resource for the Council, Department etc.

Members were advised to contact Dr. Mason directly for any requests. Her email address is mmason@luriechildrens.org

Adjournment

Meeting adjourned at 3 p.m. The next Advisory Council meeting is August 22.