

THE COST OF ADDICTION

Infant’s death is one statistic in statewide epidemic

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whole story of Dakota’s short life.

While in the hospital after his birth, Dakota’s urine and umbilical cord tested positive for amphetamine and methamphetamine, according to the medical examiner’s report. Upon his death, once again his urine tested positive for meth.

‘If I hadn’t gotten high maybe he would still be here.’

Russell, his mother, also tested positive for methamphetamine at the hospital after Dakota was born. Upon the infant’s death, a law enforcement investigation revealed that Russell had come off of a two-day drug binge and then crashed for 12 hours. When she awoke, she found her son dead.

During questioning following Dakota’s death, Russell told law enforcement, “If I hadn’t gotten high maybe he would still be here.” While Russell will now serve a prison sentence for her role in her son’s death, it appears that sending a child and mother home from the hospital after testing positive for drug use is just a price being paid for today’s drug epidemic.

A FAILED EFFORT TO PROTECT NEWBORN

Lake Cumberland Hospital in Somerset contacted the Department of Community Based Services when they discovered that Russell and her newborn tested positive for methamphetamine. A social worker visited the hospital two days after his birth, according to DCBS documents obtained by the Community Voice through an open records request.

The social worker questioned Russell and a nurse in the nursery. The following day, a prevention plan was put into place that would allow Russell to take her child home.

Derrick Neathery, who Russell said was Dakota’s father in some interviews and said he wasn’t in others, signed the prevention plan saying he would supervise all contact between Russell and the baby.

Neathery had a history of his own. He was charged in September 2015 for manufacturing meth in Russell County. He completed drug court in March 2017 – just six months before Dakota was born – and was on unsupervised probation at the time of the infant’s death. Neathery is currently also charged with manslaughter in Dakota’s death. He is scheduled for a hearing on Aug. 27.

Russell and Neathery both agreed to take drug tests if requested by DCBS. Russell agreed to take a drug screen on Sept. 22, 2017, the day Dakota was released from the hospital. Instead, she called the social worker on the case and said her car broke down. According to DCBS documents, she was advised that she would need to complete a random drug screen in the future upon request.

Five days later Russell told the social worker that Neathery had to go to Louisville for a couple of days for work and asked if she could go with him. At that time, Russell was told to take a drug screen. She did, and it was negative for all substances.

Russell was told she could go to Louisville. The requirement for direct supervision by Neathery was lifted.

On Oct. 3, 2017, a home visit was made to Russell’s home by the social worker, who reported that there were no concerns noted during the visit. The following day, she received a call from Lake Cumberland Hospital reporting that further tests results confirmed that Dakota tested positive for amphetamines and methamphetamines while in the hospital.

The DCBS report shows no more activity in the case until they received a report that Dakota had died.

CABINET OFFICIALS RESPOND

The Community Voice contacted the Cabinet for Health and Family Services, which oversees DCBS. Christina Dettman, executive director of public affairs, asked that a list of questions be sent and someone would respond. She also said that it is not unusual for a child to remain with its mother after a positive drug test.

Instead of answering a series of questions, however, she replied with an email noting that this is what CHFS would

be releasing:

“The Department for Community Based Services (DCBS) within the Cabinet for Health and Family Services (CHFS) deeply sympathizes with the family of Dakota Demott. His death was tragic, and the circumstances surrounding it were heartbreaking. Along with Dakota’s loved ones, the social workers connected to this case are still grieving and continue to feel the heavy impact of the loss. Within our child welfare system, our workers are faced with unbearably difficult decisions in real time based upon case specific circumstances, and this was not the outcome anyone wanted or expected.

“DCBS remains committed to evolving our practice and learning from each case, including this one. We support our workforce as we grieve and mourn this tragedy with the family and community.”

INFANT’S DEATH REFLECTS STATEWIDE STATISTICS

Sadly, the death of Dakota DeMott represents a growing statistic in Kentucky. In 2012 the legislature established the Child Fatality and Near Fatality External Review Panel. The 20-member panel of professionals reviews child fatalities and near fatalities and makes recommendations to DCBS and others in an effort to prevent future deaths or injuries.

The percentage of cases involving a substance abuse caregiver has grown every year since the panel began reviewing cases.

In 2014, the panel reviewed 116 cases, 43 fatalities and 73 near fatalities. Substance abuse by a caregiver was found in 13 percent of the cases reviewed.

By 2018, the number of cases reviewed by the panel grew to 134, with 52 fatalities and 83 near fatalities. Substance abuse by a caregiver was found in 46 percent of the reviewed cases.

Retired Circuit Court Judge Roger Crittenden serves as chair of the panel. Crittenden said during a telephone interview that the panel has reviewed 674 cases since its inception.

“The presence of drugs has increased, particularly in child asphyxia cases, that we call unsafe sleeping,” he said.

‘DCBS remains committed to evolving our practice and learning from each case, including this one.’

Just like in the death of Dakota DeMott, Crittenden said that drugs are not necessarily the cause of death in the cases, but the child dies or is harmed while in the care of someone who is using drugs.

“It is either the mother or caretaker... grandmother, babysitter, aunt or some boyfriend they left the child with who is passed out drunk or passed out on pills and then the child either dies from unsafe sleep or gets into a pill bottle or gets a gun down that’s loaded and shoots himself or somebody else,” he said.

Crittenden said when a child is born and drugs are present in the mother or child, or both, the panel has recommended that the child not leave the hospital until there is a case plan at DCBS.

“Whether that does any good or not, I don’t know, but it has to be better than doing nothing,” he said. “One of the problems is that DCBS doesn’t have the staff to run out there as soon as the mother is released and check the home and see how the baby is going to be cared for.”

Crittenden said he would agree that “most of us think the standard ought to be a lot higher than it is.”

“That is what you would think would be the ideal situation, that if either the mother or child tested positive – and generally if one tests positive the other does – then they would not go home together,” he said.

When given the scenario of the case involving Russell – a social worker visit to the hospital, one drug test and one home visit – Crittenden said that sounded like a normal response from DCBS.

“It’s a matter of just time and an ability to do things. I don’t think that’s particularly unusual in the case,” he said.

A missed drug test should put the case “on the top of the heap,” he noted, but it is also

not unusual for people the Cabinet deals with to have transportation issues.

When asked if he thought DCBS is doing a good job, Crittenden responded, “I guess we are doing what I would say is probably an average job with the resources that we have, that the agencies have to work with. And the fact of matter is, is there’s just not enough money to provide the type of oversight that the agency should be providing, that DCBS or the social worker should be providing.”

As the drug epidemic continues to impact the coffers of state government, sadly the chance looms that there will be more deaths and near deaths where drugs have played a role.

“To look at the opioid, and what it has done, in terms of what is done to the rates of children placed in foster care, they’ve got probably 9-or-10,000 kids, or almost that many in foster care right now, and they probably ought to have another 5-or-6,000. They just don’t have a place for them,” Crittenden said.

By Sharon Burton  
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