
KENTUCKY MULTIDISCIPLINARY
COMMISSION ON CHILD SEXUAL
ABUSE

ANNUAL REPORT
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Reflecting on the MDT Model Protocol

The joint investigation has long been recognized as a best practice approach to investigating child abuse cases as it contemplates a unique factor inherent to these cases: the involvement of a civil (Kentucky's Department of Community Based Services (DCBS)) investigation as well as a criminal (law enforcement) investigation. These parallel systems are activated in cases involving children as the community holds an interest in both public safety and child safety. If these systems are not working together, children are often re-traumatized by a duplicative process, and the benefits of information sharing and collaboration are unrealized.

Kentucky began emphasizing the importance of the multidisciplinary team (MDT) model in the early 1990s in response to a growing number of child sexual abuse cases and a few high profile cases that highlighted the need for coordination among the professionals investigating cases of child abuse. This concept was codified into statute (KRS 431:600) in 1994 and required each team in Kentucky to develop a local protocol that shall be submitted to the Multidisciplinary Commission on Child Sexual Abuse for approval. In order to support teams as they work to meet this requirement, the Commission develops a statewide model protocol for teams. We are pleased this year to release the most updated version of the model protocol adopted by the Commission in November 2021.

As we look back on previous iterations of the model protocol, the Commission has observed that many local teams are simply submitting the model protocol to the Commission for approval as their own local protocol. While the model includes statutes and best practices that should be implemented on the local level, the process of analyzing issues

unique to a community; discussing new systems for addressing those issues; and documenting unique community policies and procedures does not seem to be taking place beyond a few outliers.

Given the fact that communities vary from county to county in Kentucky - MDTs must also differ in meaningful ways to reflect the communities that they serve. MDTs must therefore continuously strike a balance between adherence to state and national standards and creating customized local procedures to meet the unique needs of their local communities.

For this reason, the new statewide protocol provides more prompts and "fields" for local teams to consider their own unique structure. We would like to challenge Kentucky's team members to come to the table to discuss their local protocols with the goal of developing local procedures that both adhere to the standards placed upon them and also reflect their local community.

Recommendations for Kentucky's MDTs

- 1.) Utilize the new model protocol as a basis for discussion of and re-commitment to the community's response to child abuse.
- 2.) Customize the model protocol to reflect the local community needs and resources.
- 3.) Plan to collect, maintain, and submit annual data to the KMCCSA as described in the protocol.

Introducing the New Model Protocol

The Development of the New Model:

The work of the KMCCSA includes preparing and issuing a model protocol for local multidisciplinary teams regarding investigation and prosecution of child sexual abuse and the role of children's advocacy centers on MDTs. The KMCCSA had previously completed a major revision to the protocol in July 2015 with additional updates in 2018.

The KMCCSA agreed to focus its work on completing a full revision of the protocol in calendar year 2021. To complete the revision, the Commission members considered new or revised statutes and regulations, updated national standards for children's advocacy centers, and feedback from MDT members.

Commission members organized into cross-discipline sub-committees to review sections of the protocol. Commission members also reviewed the revised draft as a whole and obtained input from a variety of additional professionals with relevant expertise.

The culmination of this work is the revised model protocol.

Key Updates:

Key updates include specific spaces in the document that prompt teams to discuss and document local decisions, particularly around case acceptance criteria. MDTs cannot measure fidelity to the model without clear agreement on who they are working to serve through which specific services. For example, teams are prompted to discuss the circumstances under which medical care will be provided and what qualified provider(s) will provide this care. Defining criteria in advance ensures a more consistent systems approach to all victims.

The protocol also emphasizes joint investigation of child sexual abuse cases as defined in statutes. Previously, there was not a section specifically highlighting joint investigation duties of law enforcement and the Department for Community Based Services. Clear communication among team members is critical.

Previously, teams were able to petition to KMCCSA to meet less frequently than monthly. The KMCCSA determined that because of improved access to technology and the serious nature of the work of local MDTs, local teams must meet at least monthly. If there are no new cases, teams may continue to work on systems issues and/or community awareness to ensure abused children are being identified and accessing the necessary response, given the statistics on the incidence of child sexual abuse.

As in the past, teams may add to the protocol. However, language in the model protocol must remain.

Kentucky's local MDTs on child sexual abuse have continued working together to serve abused children despite an ongoing pandemic and additional challenges, and it is the hope of the Commission that this revised protocol will assist teams as they engage in this critical work.



DATA COLLECTION

The Commission collects data on the operation of local MDTs. The statistics included below are from the July 2020 - June 2021 reports to the Cabinet for Health and Family Services completed by Kentucky's 15 regional Children's Advocacy Centers, which serve all of Kentucky's 120 counties. The following statistics highlight the percentage increase between July 2020 - June 2021 as compared to July 2019 - June 2020.

1,126

TOTAL MDT CASE REVIEW MEETINGS

Members of MDTs collaborate throughout the course of a child abuse case, holding case review meetings and consulting among the partnering agencies to share information and effectively coordinate services. The total number of MDT case review meetings increased by 4.4%.

26,705

TOTAL CASES REVIEWED BY MDT

During MDT case review meetings, children's cases are reviewed from the initial investigation, through the family court process, criminal court process, as well as through any ongoing mental health service provision. There was a 21.3% increase in total cases reviewed.

5,978

NEW CASES REVIEWED BY MDT

There was a 30% increase in new cases reviewed by MDT. A case is determined new when it is placed on the case review list and reviewed for the first time by MDT members during a Multidisciplinary Team meeting.

KMCCSA MEMBERSHIP

Chelsea Harrod

Department for Community Based Services
Designee

Christie Penn

Designee for the Department for Behavioral
Health, Developmental and Intellectual
Disabilities, Division of Behavioral Health

Major Matt Johnson

Designee for the Department of Kentucky State
Police

Rewa Zakharia

Assistant Attorney General

Heather Wagers

Executive Director, Office of the Attorney General
Office of Trafficking and Abuse Prevention and
Prosecution

Angela Morris

Administrative Office of the Courts

Susan Heffner Rhema,
PhD, LCSW

Therapist

Carrie Ovey-Wiggins

Commonwealth Attorney for the 56th Judicial
Circuit

Shericka D. Smith, MSSW,
CSW

Project AWARE Grant Manager
Crisis Team Coordinator
Fayette County Public Schools Department of
Student Support Services

Jacqueline
Sugarman, MD,
FAAP

Physician
Associate Professor of Pediatrics, University of Kentucky
Medical Director, Children's Advocacy Center of the
Bluegrass
Medical Director, Children's Advocacy Centers of
Kentucky

Simone Hirsekorn

Appointee representing survivors

Detective Dilyana
Pursley

Lexington Police Department

Caroline Ruschell

Executive Director, Children's Advocacy Centers of
Kentucky