



Kentucky Office of the Attorney General
General Meeting-Virtual
March 9, 2021, 10:00 a.m. EST
Minutes

- I. Call to order.
- II. Member Roll call and introductions: Laura Kretzer, Caroline Ruschell, Jackie Sugarman, Rewa Zakharia, Carrie Ovey-Wiggins, Christie Penn, Susan Rhema, Damien Sweeney, Chelsea Harrod, Angela Morris, Sherika Smith, Alicia Miller, Heather Wagers, and Dily Pursley.
Guests: Cathy York and Theresa Gargan.
- III. Review of minutes from January 21, 2021 meeting: Motion to approve the minutes, with an amendment to add Angela Morris, made by Christie Penn. Motion to approve the minutes with the amendment was seconded by Rewa Zakharia. Motion to approve minutes with amendment passed unanimously.
- IV. Updating the Model Protocol: Caroline Ruschell stated that all the groups, but one has met, and that group will meet next week. There is a model protocol that the Commission is charged with developing, which is the baseline requirement for all MDTs in Kentucky. Teams take that protocol and can add to it, but cannot take anything away from it. It has been 3 years since the protocol has been updated. This is the first stage of review and will take several months to complete.
 - Rewa Zakharia stated that her group met and is now reaching out to some victims' advocates for additional information.
 - Chelsea Harrod stated she has been meeting with her co-workers to look at their statutes and regulations to be sure all of those are up to date and that there are no major changes that need to be added to the protocol. Dr. Sugarman stated that the medical portion of the MDT is finished, and she welcomed all members to review it and provide suggestions.
 - Caroline Ruschell discussed a common challenge with MDTs. With the MDT comes a sense of teams not considering it as their own. Are there certain

sections of the protocol where we provide more room for a team to figure out what they are doing? This would require them to think through more about what services their community offers, and which agency has the role to play. Victim advocacy and mental health services are a good example of this since these services differ from each team. Christie Penn stated that only a few teams have personalized the protocol. She discussed the process of tracking all the protocols and suggested having a contract requirement that teams have a protocol and make it available for review for monitoring. Caroline Ruschell stated she would investigate this based on statutory requirements. Cathy York stated that individual selection is flexible. The easiest way to have the protocols available is to have them sent to us. Caroline Ruschell requested those completed from the committee be sent to the entire group for review at the next meeting.

- V. The Role of Behavioral Health Professionals and MDTs: Christie Penn discussed the past role of behavioral health professionals and MDTs. There were funds at the community mental health center (CHMH) for a sexual abuse treatment coordinator to specialize in the treatment of children who had been sexually abused. Part of the requirements was to attend MDT meetings. Those funds have since gone away but they still had a person who specialized and attended MDTs. Currently, the provider network is open. She asked the group what it looks like now at the local MDTs as far as the role of the behavioral health specialist. Do they provide the services to the children or are they serving as more of a consultative role? Dr. Sugarman stated that in Fayette county, the therapist is at the CAC and often attends the MDT meetings. Sherika Smith stated that the schools have at least one therapist that works at the CAC and attends the MDT meetings. She serves as the liaison between the team and the school to get services started. Alicia Miller stated that some of the rural counties only have one mental health agency. Those individuals are invited to the MDT meetings. There are sometimes waiting lists for those services. Dr. Sugarman added that AMPERSAND and Rape Crisis Services see some of the teens and attend some of the MDT meetings. Christie Penn suggested some flexibility or designing the language to allow regional differences. There is a confidentiality aspect when it comes to mental health providers. Dr. Sugarman suggested addressing the confidentiality aspect-who can consult and what the scope of the consultation within the MDT should be. Alicia Miller discussed her past experiences with confidentiality concerns during MDT meetings. Caroline Ruschell suggested some prosecutor input on this subject.

VI. Partner Updates and Announcements:

- The System of Care Academy will be held virtually June 8-10, 2021.
- The Kentucky School of Alcohol and Other Drug Studies will be held virtually July 20-21, 2021.
- Supporting the Wellbeing of LGBTQ Children, Adolescents, and Young Adults will be held virtually on May 7, 2021.
- Justice for All Panel will be held virtually, and Angela Morris will share the link to register.

- Chelsea Harrod stated they are working on policy changes, training new staff, upcoming regulation changes, and technology. From February 2020 through January 2021 they had 43,400 reports that met the criteria. Of those reports that met the criteria, 23,000 were either substantiated reports or services needed. Anytime an investigation comes in and the finding is made for services needed, that means that it did not rise to the level of substantiated neglect or abuse. She discussed the annual report for fatalities and stated that some of the numbers in that report talk about cases that are called families in need of services. The Cabinet no longer has a track for families in need of services. In the report, they are talking about when an investigation is closed as services are needed. Chelsea Harrod will send out the intake sheet to all board members, which breaks down the reports from intake and breaks in down by risk factors. They track three different risk factors in their investigations: family violence, substance abuse, and mental health. The worker selects whether that was directly contributed to the abuse or neglect, if it was a risk factor, or indirectly contributed.

VII. Adjourn: Motion to adjourn made by Heather Wagers. Audio was inaudible to determine the person who made the second motion to adjourn. However, the motion and seconded was passed unanimously.

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