



Kentucky Multidisciplinary
Commission on
Child Sexual Abuse

Annual Report SFY 2025

The Kentucky Multidisciplinary Commission on Child Sexual Abuse (Commission) is pleased to release this report on its work and the work of local multidisciplinary teams (MDTs) on child sexual abuse during State Fiscal Year 2025 (July 2024 - June 2025).

About the KMCCSA

The Kentucky Multidisciplinary Commission on Child Sexual Abuse (KMCCSA/Commission) works to ensure that every instance of child sexual abuse in the Commonwealth is investigated using a multidisciplinary approach. The Commission serves as statewide support to local multidisciplinary teams (MDTs). Per KRS 431.600(1), "Each investigation of reported or suspected sexual abuse of a child shall be conducted by a specialized multidisciplinary team. . ." Local MDTs are groups of local professionals who work together in a coordinated and collaborative manner to ensure an effective response to child sexual abuse.

KRS 431.650 describes the membership of the KMCCSA. The Commission elects a chairperson annually from its membership. The membership list of the KMCCSA is provided at the conclusion of this report.

For administrative purposes, the KMCCSA is attached to the Office of the Attorney General per KRS 431.670. The duties and powers of the KMCCSA are described in KRS 431.660 as follows:

- Prepare and issue a model protocol for local multidisciplinary teams regarding the investigation and prosecution of child sexual abuse and the role of children's advocacy centers on multidisciplinary teams.
- Review and approve protocols prepared by local multidisciplinary teams.
- Advise local multidisciplinary teams on the investigation and prosecution of child sexual abuse.
- Receive data on child sexual abuse cases collected by the Prosecutors Advisory Council and issue annual reports.
- Collect data on the operation of local multidisciplinary teams.
- Seek funding to support special projects relating to the operation of local multidisciplinary teams.
- Receive and review complaints regarding local multidisciplinary teams, and make appropriate recommendations.
- Recommend to the Governor, Legislative Research Commission, and Supreme Court changes in state programs, legislation, administrative regulations, policies, budgets, and treatment and service standards which may facilitate effective intervention of child sexual abuse cases and the investigation and prosecution of perpetrators of child sexual abuse, and which may improve the opportunity for victims of child sexual abuse to receive treatment.

Work of the KMCCSA

Throughout Fiscal Year 2025, the Kentucky Multidisciplinary Commission on Child Sexual Abuse (KMCCSA/Commission) continued its work to strengthen Kentucky's response to child sexual abuse through collaboration and best practices. The Commission focused on improving multidisciplinary team (MDT) protocols, updating the statewide data collection tool, supporting training initiatives, and addressing recommendations from external review panels. Members began planning updates to the MDT Model Protocol to enhance clarity, usability, and alignment with current standards, forming working groups to lead this effort.

The Commission also engaged in important discussions regarding child fatality and near-fatality case reviews, evaluating feasibility and considering whether updates to the MDT protocol could address recommendations without statutory changes. Additionally, KMCCSA reviewed and aligned its annual reporting cycle with other agencies, ensuring consistency and transparency.

Partner Highlights

Several partners advanced initiatives to support child safety and well-being. Fayette County Public Schools introduced student training on suicide prevention, harassment, and bullying. Children's Advocacy Centers of Kentucky secured access to new training modules for MDT members. The Department of Behavioral Health, Developmental and Intellectual Disabilities offered a free Trauma-Informed Care Train-the-Trainer program. The Administrative Office of the Courts hosted a virtual town hall for the Citizen Foster Care Review Board and an in-person training for court-appointed counsel that included trauma-focused content and lived-experience panels.



Agree the children's advocacy center model fosters collaboration on the multidisciplinary team



Believe the clients served through the children's advocacy centers benefit from the collaborative approach of the multidisciplinary team

Statistics based on community partner responses to Outcome Measurement System (OMS) survey

"Each agency benefits from the **knowledge and expertise** of MDT colleagues, thorough and shared information, and improved and timely gathering of evidence that guide individual and collective interventions and **help ensure the most efficacious outcomes for the clients** and all of the MDT partners."

-National Standards of Accreditation for Children's Advocacy Centers

Local Protocol Review and Approval

Local MDTs serve a county or a group of contiguous counties. Each local MDT develops a local protocol consistent with the model protocol issued by the KMCCSA. The model protocol template provides multiple opportunities for teams to review statutory requirements as well as define local practice to best utilize the resources in each community, recognizing that use of the MDT model is trauma informed and beneficial to child victims beyond the original scope of sexual abuse allegations. As a best practice, local multidisciplinary teams should review their protocol annually. This review may be held in conjunction with team training or cross training and a discussion of the function of the team, including accomplishments and areas for improvement. Local protocols shall be submitted to the KMCCSA for review and approval (KRS 620.040(8)(a)).

To follow accreditation standards of the National Children’s Alliance, the protocol should be signed at least every three years or whenever there is a significant change for any of the partner agencies, such as a change in leadership or service capacity. A new signature may be obtained from a new leader of one of the partner agencies without obtaining new signatures from all parties if there are no content changes.

To be approved by the Commission, protocols must

- have signatures from leadership of all required partner agencies;
- not remove any language from the model protocol; and
- clearly identify local practices and any other language added by local teams.

The chair of the team or designee should submit new or revised protocols to KMCCSA@ky.gov for consideration. Meetings of the KMCCSA are open to the public, and members of local MDTs are encouraged to attend.

29

**TOTAL LOCAL MDT PROTOCOLS
APPROVED BY THE KMCCSA IN FY25**

71

**TOTAL LOCAL MDT PROTOCOLS
APPROVED BY THE KMCCSA SINCE 2021**

76

**TOTAL COUNTIES WITH LOCAL MDT PROTOCOLS
APPROVED BY THE KMCCSA SINCE 2021**

Case Review

The statistics included below are from the July 2024 - June 2025 reports to the Cabinet for Health and Family Services completed by Kentucky's 15 regional Children's Advocacy Centers (CACs), which serve all of Kentucky's 120 counties. Comparative data examines data from SFY 2024 and SFY 2025.

1,423

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. There was a 11% increase in the number of case review meetings.

7,764

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. There was a 29% increase in the number of new cases reviewed.

44,078

TOTAL CASES REVIEWED BY MDT

During MDT case review meetings, children's cases are reviewed from the initial investigation, through the family court process, and criminal court process, as well as through any ongoing mental health service provision. This number represents each time a case is reviewed. There was a 12% increase in the total cases reviewed.

Local teams submitted data regarding the number and types of cases reviewed in **calendar year 2024**, which is presented in the following table. A case may be reported in more than one case type.

The Commission would like to recognize and celebrate the counties that have submitted local protocols: counties with protocols submitted appear in bold, approved protocols are denoted with a * in the chart below.

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|--|------------------|--------------|-----------------------|----------------|-------|
| Adair* | 4,042 | 40 | 4 | 17 | 10 |
| Allen* | 4,947 | 46 | 2 | 5 | 14 |
| Anderson* | 5,584 | 31 | 0 | 1 | 11 |
| Ballard* | 1,611 | 30 | 0 | 6 | 7 |
| Barren* | 10,683 | 77 | 1 | 11 | 27 |
| Bath | 3,247 | 29 | 1 | 7 | 7 |
| Bell* | 5,102 | 0 | 0 | 0 | 0 |
| Boone | 35,831 | 199 | 17 | 94 | 141 |
| Bourbon* | 4,752 | 22 | 3 | 1 | 15 |
| Boyd* | 10,278 | 93 | 10 | 48 | 81 |
| Boyle* | 6,288 | 35 | 0 | 2 | 8 |
| Bracken, Fleming, Mason* | 9,528 | 78 | 4 | 52 | 47 |
| Breathitt, Wolfe* | 4,581 | 51 | 4 | 15 | 6 |
| Breckinridge & Meade* | 12,379 | 52 | 4 | 7 | 23 |
| Bullitt | 19,209 | 93 | 8 | 24 | 66 |
| Butler* | 2,994 | 22 | 4 | 8 | 14 |
| Caldwell, Livingston, Lyon, Trigg | 8,754 | 60 | 3 | 2 | 7 |
| Calloway* | 6,806 | 96 | 2 | 16 | 30 |
| Campbell | 19,538 | 95 | 6 | 29 | 76 |
| Carlisle* | 1,106 | 26 | 0 | 1 | 3 |
| Carroll | 2,706 | 48 | 2 | 7 | 9 |
| Carter | 5,853 | 48 | 1 | 33 | 39 |
| Casey* | 3,877 | 27 | 5 | 5 | 39 |
| Christian* | 19,070 | 147 | 2 | 12 | 3 |
| Clark* | 8,278 | 41 | 1 | 6 | 7 |
| Clay* | 4,362 | 34 | 0 | 8 | 1 |
| Clinton | 2,155 | 19 | 0 | 1 | 2 |
| Crittenden* | 2,032 | 23 | 0 | 0 | 1 |
| Cumberland | 1,239 | 9 | 0 | 2 | 1 |
| Daviess | 24,810 | 146 | 4 | 56 | 15 |

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|------------------------|------------------|--------------|-----------------------|----------------|-------|
| Edmonson* | 2,623 | 21 | 0 | 0 | 5 |
| Elliott | 1,451 | 12 | 0 | 3 | 3 |
| Estill* | 3,079 | 16 | 0 | 2 | 0 |
| Fayette* | 68,074 | 144 | 8 | 0 | 28 |
| Floyd | 7,903 | 46 | 5 | 28 | 40 |
| Franklin* | 10,884 | 83 | 2 | 16 | 21 |
| Fulton* | 1,326 | 22 | 0 | 1 | 2 |
| Gallatin | 2,193 | 39 | 1 | 13 | 15 |
| Garrard* | 3,932 | 28 | 2 | 3 | 12 |
| Grant | 6,544 | 88 | 3 | 23 | 20 |
| Graves* | 8,881 | 254 | 17 | 32 | 110 |
| Grayson* | 6,030 | 36 | 1 | 1 | 8 |
| Green* | 2,463 | 18 | 0 | 3 | 2 |
| Greenup | 7,969 | 65 | 3 | 22 | 65 |
| Hancock | 2,163 | 5 | 0 | 4 | 4 |
| Hardin | 26,607 | 219 | 8 | 353 | 48 |
| Harlan* | 5,943 | 54 | 0 | 4 | 0 |
| Harrison* | 4,215 | 19 | 0 | 6 | 16 |
| Hart* | 4,912 | 39 | 0 | 3 | 10 |
| Henderson | 10,293 | 74 | 1 | 9 | 3 |
| Henry | 3,576 | 20 | 1 | 83 | 107 |
| Hickman* | 991 | 19 | 0 | 1 | 6 |
| Hopkins* | 10,237 | 77 | 0 | 4 | 5 |
| Jackson* | 2,961 | 22 | 0 | 7 | 2 |
| Jefferson | 168,593 | 325 | 65 | 2 | 69 |
| Jessamine* | 13,287 | 52 | 1 | 8 | 11 |
| Johnson, Martin | 7,153 | 51 | 10 | 10 | 50 |
| Kenton | 40,121 | 229 | 14 | 76 | 168 |
| Knott* | 3,023 | 27 | 5 | 11 | 6 |
| Knox* | 7,010 | 25 | 4 | 13 | 2 |
| Larue* | 3,529 | 22 | 0 | 2 | 11 |
| Laurel* | 14,631 | 61 | 6 | 24 | 2 |
| Lawrence | 3,766 | 49 | 1 | 12 | 20 |
| Lee, Owsley* | 2,247 | 37 | 0 | 27 | 10 |
| Leslie* | 2,270 | 10 | 0 | 9 | 8 |

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|---------------------------------|------------------|--------------|-----------------------|----------------|-------|
| Letcher* | 4,596 | 29 | 1 | 23 | 12 |
| Lewis* | 3,132 | 23 | 0 | 1 | 5 |
| Lincoln | 5,699 | 38 | 0 | 6 | 11 |
| Logan* | 6,454 | 52 | 2 | 8 | 10 |
| Madison* | 19,356 | 79 | 0 | 16 | 26 |
| Magoffin | 2,482 | 26 | 0 | 9 | 12 |
| Marion & Washington* | 7,443 | 70 | 0 | 61 | 35 |
| Marshall* | 6,534 | 92 | 3 | 43 | 55 |
| McCracken* | 14,817 | 218 | 6 | 57 | 62 |
| McCreary* | 3,860 | 24 | 0 | 3 | 8 |
| McClellan | 2,061 | 16 | 0 | 1 | 0 |
| Menifee | 1,394 | 11 | 1 | 3 | 5 |
| Mercer* | 5,007 | 25 | 0 | 1 | 18 |
| Metcalfe* | 2,419 | 27 | 1 | 0 | 7 |
| Monroe* | 2,668 | 15 | 0 | 3 | 4 |
| Montgomery | 6,603 | 50 | 4 | 13 | 22 |
| Morgan | 2,833 | 37 | 1 | 13 | 27 |
| Muhlenberg* | 6,668 | 46 | 0 | 2 | 4 |
| Nelson* | 10,989 | 33 | 1 | 8 | 13 |
| Nicholas* | 1,851 | 9 | 0 | 1 | 0 |
| Ohio | 5,821 | 42 | 1 | 10 | 12 |
| Oldham | 18,077 | 31 | 2 | 103 | 28 |
| Owen | 2,745 | 23 | 5 | 4 | 19 |
| Pendleton | 3,450 | 47 | 1 | 21 | 32 |
| Perry* | 6,221 | 71 | 2 | 63 | 35 |
| Pike | 12,076 | 71 | 2 | 40 | 88 |
| Powell* | 3,082 | 12 | 0 | 0 | 2 |
| Pulaski* | 14,399 | 81 | 6 | 7 | 11 |
| Robertson* | 466 | 2 | 0 | 3 | 12 |
| Rockcastle* | 3,485 | 24 | 3 | 18 | 0 |
| Rowan | 4,847 | 52 | 3 | 12 | 16 |
| Russell* | 4,114 | 38 | 1 | 12 | 13 |
| Scott* | 14,539 | 58 | 1 | 5 | 19 |
| Shelby | 11,704 | 39 | 5 | 58 | 52 |

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|--------------------|------------------|--------------|-----------------------|----------------|-------|
| Simpson* | 4,584 | 46 | 1 | 10 | 3 |
| Spencer | 4,692 | 12 | 1 | 62 | 17 |
| Taylor* | 5,808 | 33 | 0 | 5 | 5 |
| Todd* | 3,332 | 13 | 0 | 0 | 0 |
| Trimble | 1,843 | 14 | 0 | 44 | 68 |
| Union | 3,207 | 36 | 1 | 5 | 2 |
| Warren* | 31,657 | 260 | 9 | 42 | 112 |
| Wayne* | 4,439 | 37 | 2 | 5 | 2 |
| Webster | 3,061 | 23 | 0 | 3 | 2 |
| Whitley* | 8,925 | 68 | 4 | 21 | 8 |
| Woodford* | 5,974 | 11 | 4 | 5 | 1 |

Child population by county: 2020 population estimates retrieved from KidsCount Data Center.

Notes on statistics:

1. Cases may be included in more than one category.
2. Cases are reported if they are reviewed during the reporting period, even if the case had been initiated in a prior reporting period.
3. Some teams may track "risk of harm - sexual abuse" in the "other" category.

Local teams submitted data regarding the number and types of cases reviewed during **January-June 2025**, which is presented in the following table. A case may be reported in more than one case type. This six-month report is provided as a transition to future data reports which will be presented by fiscal year (July-June).

The Commission would like to recognize and celebrate the counties that have submitted and approved local protocols: denoted with a * in the chart below.

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|--|------------------|--------------|-----------------------|----------------|-------|
| Adair* | 4,042 | 19 | 2 | 15 | 16 |
| Allen* | 4,947 | 47 | 3 | 4 | 7 |
| Anderson* | 5,584 | 31 | 0 | 3 | 4 |
| Ballard* | 1,611 | 17 | 0 | 2 | 17 |
| Barren* | 10,683 | 77 | 0 | 11 | 10 |
| Bath, Menifee, Montgomery, Rowan | 16,091 | 128 | 9 | 62 | 69 |
| Bell* | 5,102 | 39 | 3 | 10 | 8 |
| Boone* | 35,831 | 81 | 6 | 38 | 96 |
| Bourbon* | 4,752 | 31 | 0 | 4 | 13 |
| Boyd* | 10,278 | 70 | 15 | 55 | 91 |
| Boyle* | 6,288 | 35 | 1 | 1 | 12 |
| Bracken, Fleming, Mason* | 9,528 | 64 | 4 | 36 | 53 |
| Breathitt, Wolfe* | 4,581 | 38 | 1 | 9 | 32 |
| Breckinridge & Meade* | 12,379 | 33 | 5 | 4 | 19 |
| Bullitt | 19,209 | 29 | 10 | 1 | 44 |
| Butler* | 2,994 | 18 | 0 | 2 | 2 |
| Caldwell, Livingston, Lyon, Trigg | 8,754 | 29 | 0 | 0 | 0 |
| Calloway* | 6,806 | 56 | 4 | 8 | 30 |
| Campbell | 19,538 | 73 | 9 | 22 | 72 |
| Carlisle* | 1,106 | 14 | 0 | 2 | 10 |
| Carroll | 2,706 | 34 | 2 | 16 | 53 |
| Carter | 5,853 | 30 | 1 | 39 | 25 |
| Casey* | 3,877 | 13 | 3 | 3 | 9 |
| Christian* | 19,070 | 74 | 1 | 4 | 10 |
| Clark* | 8,278 | 72 | 2 | 20 | 21 |
| Clay* | 4,362 | 20 | 1 | 5 | 8 |
| Clinton | 2,155 | 16 | 0 | 0 | 1 |
| Crittenden* | 2,032 | 14 | 0 | 0 | 0 |
| Cumberland | 1,239 | 8 | 0 | 0 | 0 |

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|------------------------|------------------|--------------|-----------------------|----------------|-------|
| Daviess | 24,810 | 142 | 6 | 42 | 87 |
| Edmonson* | 2,623 | 18 | 0 | 2 | 4 |
| Elliott | 1,451 | 17 | 2 | 3 | 9 |
| Estill* | 3,079 | 16 | 1 | 2 | 1 |
| Fayette* | 68,074 | 198 | 15 | 0 | 45 |
| Floyd | 7,903 | 7 | 6 | 18 | 16 |
| Franklin* | 10,884 | 78 | 5 | 11 | 17 |
| Fulton* | 1,326 | 11 | 0 | 2 | 9 |
| Gallatin | 2,193 | 21 | 2 | 6 | 17 |
| Garrard* | 3,932 | 21 | 2 | 1 | 7 |
| Grant | 6,544 | 64 | 1 | 25 | 75 |
| Graves* | 8,881 | 132 | 12 | 23 | 94 |
| Grayson* | 6,030 | 21 | 3 | 5 | 10 |
| Green* | 2,463 | 19 | 1 | 6 | 3 |
| Greenup* | 7,969 | 53 | 3 | 24 | 60 |
| Hancock | 2,163 | 14 | 0 | 5 | 13 |
| Hardin | 26,607 | 10 | 0 | 3 | 6 |
| Harlan* | 5,943 | 30 | 0 | 0 | 9 |
| Harrison* | 4,215 | 22 | 0 | 10 | 7 |
| Hart* | 4,912 | 31 | 0 | 2 | 11 |
| Henderson | 10,293 | 67 | 1 | 8 | 24 |
| Henry | 3,576 | 13 | 4 | 6 | 106 |
| Hickman* | 991 | 9 | 0 | 1 | 5 |
| Hopkins* | 10,237 | 44 | 1 | 6 | 5 |
| Jackson* | 2,961 | 14 | 0 | 2 | 5 |
| Jefferson | 168,593 | 261 | 46 | 126 | 548 |
| Jessamine* | 13,287 | 40 | 0 | 10 | 8 |
| Johnson, Martin | 7,153 | 59 | 12 | 17 | 45 |
| Kenton | 40,121 | 129 | 25 | 50 | 159 |
| Knott* | 3,023 | 24 | 5 | 3 | 13 |
| Knox* | 7,010 | 11 | 8 | 4 | 11 |
| Larue* | 3,529 | 10 | 0 | 3 | 6 |
| Laurel* | 14,631 | 43 | 0 | 14 | 11 |
| Lawrence | 3,766 | 30 | 1 | 17 | 20 |
| Lee, Owsley* | 2,247 | 29 | 4 | 14 | 27 |
| Leslie* | 2,270 | 3 | 0 | 5 | 18 |

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|----------------------|------------------|--------------|-----------------------|----------------|-------|
| Letcher* | 4,596 | 22 | 1 | 7 | 30 |
| Lewis* | 3,132 | 25 | 0 | 4 | 11 |
| Lincoln* | 5,699 | 32 | 1 | 2 | 13 |
| Logan* | 6,454 | 26 | 1 | 5 | 7 |
| Madison* | 19,356 | 84 | 0 | 34 | 40 |
| Magoffin | 2,482 | 22 | 0 | 9 | 15 |
| Marion & Washington* | 7,443 | 56 | 2 | 32 | 18 |
| Marshall* | 6,534 | 37 | 0 | 23 | 71 |
| McCracken* | 14,817 | 133 | 5 | 57 | 100 |
| McCreary* | 3,860 | 10 | 0 | 3 | 0 |
| McClellan | 2,061 | 9 | 0 | 0 | 7 |
| Mercer* | 5,007 | 24 | 0 | 2 | 14 |
| Metcalfe* | 2,419 | 14 | 1 | 1 | 3 |
| Monroe* | 2,668 | 8 | 0 | 0 | 3 |
| Morgan | 2,833 | 39 | 5 | 10 | 26 |
| Muhlenberg* | 6,668 | 32 | 0 | 2 | 1 |
| Nelson* | 10,989 | 26 | 3 | 3 | 9 |
| Nicholas* | 1,851 | 9 | 0 | 0 | 0 |
| Ohio | 5,821 | 39 | 1 | 8 | 41 |
| Oldham | 18,077 | 26 | 2 | 47 | 75 |
| Owen | 2,745 | 22 | 6 | 3 | 13 |
| Pendleton | 3,450 | 31 | 2 | 15 | 40 |
| Perry* | 6,221 | 55 | 10 | 26 | 65 |
| Pike | 12,076 | 43 | 2 | 32 | 29 |
| Powell* | 3,082 | 9 | 0 | 0 | 1 |
| Pulaski* | 14,399 | 41 | 1 | 9 | 17 |
| Robertson* | 466 | 6 | 0 | 0 | 16 |
| Rockcastle* | 3,485 | 9 | 3 | 3 | 6 |
| Russell* | 4,114 | 21 | 2 | 9 | 7 |
| Scott* | 14,539 | 72 | 3 | 12 | 21 |
| Shelby | 11,704 | 31 | 2 | 31 | 56 |
| Simpson* | 4,584 | 31 | 1 | 3 | 3 |
| Spencer | 4,692 | 11 | 1 | 18 | 51 |
| Taylor* | 5,808 | 30 | 0 | 0 | 6 |

| County or Counties | Child Population | Sexual Abuse | Child Sex Trafficking | Physical Abuse | Other |
|--------------------|------------------|--------------|-----------------------|----------------|-------|
| Todd* | 3,332 | 19 | 0 | 1 | 0 |
| Trimble | 1,843 | 5 | 3 | 19 | 42 |
| Union | 3,207 | 11 | 0 | 1 | 8 |
| Warren* | 31,657 | 192 | 14 | 33 | 73 |
| Wayne* | 4,439 | 25 | 2 | 0 | 2 |
| Webster | 3,061 | 17 | 0 | 0 | 17 |
| Whitley* | 8,925 | 45 | 1 | 6 | 20 |
| Woodford* | 5,974 | 10 | 0 | 5 | 1 |

Child population by county: 2020 population estimates retrieved from KidsCount Data Center.

Notes on statistics:

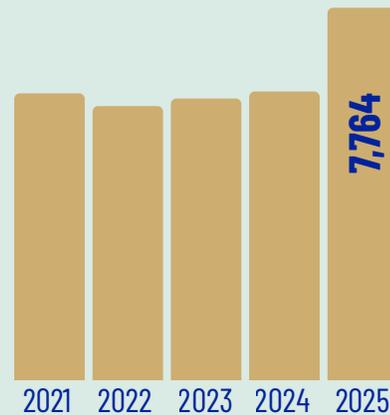
1. *Cases may be included in more than one category.*
2. *Cases are reported if they are reviewed during the reporting period, even if the case had been initiated in a prior reporting period.*
3. *Some teams may track "risk of harm - sexual abuse" in the "other" category.*

Significant Developments for Multidisciplinary Team Coordination

The Multidisciplinary Enhancement Program (MEP) supports the mission of CACs to provide coordinated response to child abuse within a multidisciplinary framework. This effort emphasizes the statutory requirements for joint investigation.

One aspect of MEP involves enhancing communication systems amongst team members for the purpose of improving the team's response to each report of child abuse, specifically by routing intake reports of child abuse from the Cabinet for Health and Family Services (CHFS) to the CAC serving the location where the abuse is being investigated. When MEP was initiated as a pilot program in three counties in Kentucky, and the intake reports were shared with the CACs serving these counties, the percent of children receiving a multidisciplinary response increased. Successful statewide implementation of the MEP was subsequently made possible when CAC Kentucky and CHFS collaborated to create a technology solution that automated the secure and efficient routing of reports.

Reviewing cases as a team is an important part of the multidisciplinary response to child abuse. The number of children whose cases receive a multidisciplinary response has increased by 30% since 2021. More children are benefitting from this coordination.



Children who received an MDT response

By the end of SFY 2025, 118 counties successfully enrolled in this automated routing system with the support of their local community partner agencies. Because counties completed successful enrollment throughout the year, CAC staff provided expert review of 95% (57,966) of 60,889 routed investigations to determine eligibility for CAC services and an MDT response. Analysis of the reports reviewed indicates that 11.5% of reports included at least one victim meeting criteria for CAC/MDT response, which varies depending on each local team's acceptance criteria. Additionally, CACs reviewed reports involving allegations of abuse by non-caretakers in which DCBS does not open an investigation. Of note, for these non-CHFS cases, CAC staff identified at least one victim meeting criteria for CAC/MDT response in 37.5% of the reports.

Now, reported child abuse cases are identified early by CACs and this early identification results in enhanced communication among team members and more timely initiation of a multidisciplinary response if the case meets clearly defined case criteria.

The function of MEP is more than just receiving intake reports, including defining clear case criteria and establishing communication plans with MDTs. The Multidisciplinary Enhancement Program provides ongoing opportunities for each local MDT to analyze data and use the information to guide and strengthen their local practices. Through MEP, teams are able to:

- Assess current levels of referrals to the multidisciplinary team for case review and for other services as appropriate;
- Improve consistency of referral of and response to appropriate cases;
- Improve coordination of investigative activities between law enforcement and DCBS; and
- Minimize law enforcement and DCBS administrative responsibilities related to coordination of investigations and scheduling of forensic interviews at the local CAC.

Finally, with MEP, more victims of child abuse in the Commonwealth will receive a multidisciplinary response that will enable child victims of abuse to receive all the services they are entitled - those provided by CACs either on site or through linkage agreements outlined by the KMCCSA protocol - including medical, mental health, and advocacy services, in addition to investigative and judicial responses.

Looking Ahead

The KMCCSA has been actively working to update the current statewide model protocol through dedicated work groups during FY2025. These collaborative efforts have focused on refining best practices and ensuring alignment with emerging standards. The updated statewide model protocol is anticipated to be finalized and available in FY2026.

Local teams are encouraged to connect with their local Children's Advocacy Center for detailed information about the statewide protocol, as well as additional resources and guidance to strengthen multidisciplinary team operations.

"I am very proud to be a part of this MDT. During my time on the team, I have personally been a part of and observed excellent team work that made the case stronger. Without this team approach, our investigations, and most importantly, the outcome of the cases would not be nearly as successful."

-CAC Community Partner Survey Response

Additional information on the MEP can be found in the FAQ sheet (attached) and the [Readiness Guide for State Chapters](https://srcac.org/wp-content/uploads/2024/10/SRCAC_ReadinessGuides_MDTEnhancement_Final_Fillable-4.pdf) at [SRCAC.org/wp-content/uploads/2024/10/SRCAC_ReadinessGuides_MDTEnhancement_Final_Fillable-4.pdf](https://srcac.org/wp-content/uploads/2024/10/SRCAC_ReadinessGuides_MDTEnhancement_Final_Fillable-4.pdf)

KMCCSA Membership 2025

Melanie Taylor - Designee for the Department for Community Based Services

Brittany Barber - Designee for the Department of Behavioral Health, Developmental and Intellectual Disabilities

Jessica Jones - Social Worker employed by the Department for Community Based Services, appointed by the secretary of the Cabinet for Health and Family Services

Susan Heffner Rhema, PhD, LCSW - Therapist appointed by the secretary of the Cabinet for Health and Family Services

Capt. Jeremy Smith - Designee for the Department of the Kentucky State Police

Sgt. Elizabeth Brushway - Law Enforcement Officer appointed by secretary of the Justice and Public Safety Cabinet

Dolores Smith - Employee of the Administrative Office of the Courts appointed by the Chief Justice of the Supreme Court of Kentucky

R. Ramsey Dallam - Employee of the Office of the Attorney General appointed by the Attorney General

Erica Paske - Employee of the Office of the Attorney General appointed by the Attorney General

Rob Sanders - Commonwealth Attorney appointed by the Attorney General

Christina Weeter, MSW, Med - Designee for the Department of Education

Shericka D. Smith, MSSW, CSW - School counselor representative appointed by the commissioner of the Department of Education

Caroline Ruschell - Representative of a Children's Advocacy Center appointed by the Governor

Jacqueline Sugarman, MD, FAAP - Physician appointed by the Governor

Trena Floyd - Appointee representing survivors appointed by the Attorney General