

**GUIDE TO  
KENTUCKY'S MULTIDISCIPLINARY TEAMS  
ON CHILD SEXUAL ABUSE  
AND  
THE KENTUCKY MULTIDISCIPLINARY  
COMMISSION ON CHILD SEXUAL ABUSE**

Adopted April 26, 2022

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## ROLE, DUTIES, AND MEMBERSHIP OF THE KENTUCKY MULTIDISCIPLINARY COMMISSION ON CHILD SEXUAL ABUSE

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.

- Commissioner of the Department for Community Based Services or a designee;
- Commissioner of the Department for Behavioral Health, Developmental and Intellectual Disabilities or designee;
- One social services worker who is employed by DCBS to provide child protective services, who shall be appointed by the secretary of the Cabinet for Health and Family Services;
- One therapist who provides services to sexually abused children, who shall be appointed by the secretary of the Cabinet for Health and Family Services;
- The commissioner of the Department of Kentucky State Police or a designee;
- One (1) law enforcement officer who is a detective with specialized training in conducting child sexual abuse investigations, who shall be appointed by the secretary of the Justice and Public Safety Cabinet
- One (1) employee of the Administrative Office of the Courts appointed by the Chief Justice of the Supreme Court of Kentucky;
- Two (2) employees of the Attorney General's Office who shall be appointed by the Attorney General;
- One (1) Commonwealth's attorney who shall be appointed by the Attorney General;
- The commissioner of the Department of Education or a designee; One (1) school counselor, school psychologist, or school social worker who shall be appointed by the commissioner of the Department of Education;

- One (1) representative of a children's advocacy center who shall be appointed by the Governor;
- One (1) physician appointed by the Governor; and
- One (1) former victim of a sexual offense or one (1) parent of a child sexual abuse victim who shall be appointed by the Attorney General

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 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.

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## ANNUAL REPORT

The KMCCSA discharges its duties to make recommendations regarding systems improvements through the development of an annual report. This report is posted publicly on the website of the Office of the Attorney General. Members of local MDTs who have suggestions for improvements are encouraged to speak with a member of the KMCCSA and/or request to be added to a meeting agenda.

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## APPROVAL OF LOCAL PROTOCOLS

Local protocols shall be approved by the Kentucky Multidisciplinary Commission on Child Sexual Abuse ([KRS 431.600 \(2\)](#)). 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. 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.

Protocols may be approved by the KMCCSA for a maximum of six years. To be approved by the commission, protocols must

- Have signatures from all required entities;
- Not remove any language from the model protocol; and
- Clearly identify language added by local teams for review.

The model protocol template has 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. The chair of the team or designee should submit new or revised protocols to [KMCCSA@ky.gov](mailto:KMCCSA@ky.gov) for consideration. Meetings of the KMCCSA are open to the public, and members of local MDT are encouraged to attend. Meeting dates, agendas, minutes, and additional information are included on the [website for the KMCCSA](#), which is a part of the website for the Office of the Attorney General.

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## DATA COLLECTION FROM LOCAL MDTs

Teams are required to submit data to the Commission annually. Data collection is for a calendar year period and is due to be submitted by January 31 of the following year. This data is separate from the Prosecutors Advisory Council (PAC) reports that are completed by Commonwealth's and County Attorneys. Forms may be emailed to [KMCCSA@ky.gov](mailto:KMCCSA@ky.gov), or an electronic version of the form may be completed with the same information. The data collection tool is provided in Appendix D.

## IMPORTANCE OF MULTIDISCIPLINARY TEAMS

Utilizing an MDT approach to the investigation of child sexual abuse allegations has many advantages which led to its adoption in Kentucky statute. Using MDTs, local professionals can coordinate investigations to result in better outcomes in the court system. Collaboration among local MDT members provides for more immediate and long-term safety and security for the child and can reduce the trauma of multiple child interviews. Additionally, utilizing the MDT approach provides a holistic, trauma-informed support system to assist the child in the healing process. When local MDTs function as intended, regular case review meetings provide the opportunity for accountability, communication, cross-training, and system improvements.

## RESEARCH HIGHLIGHTS

Members of Kentucky's MDTs may participate in an Outcomes Measurement Survey once or twice each year. These surveys are distributed through the regional [Children's Advocacy Centers](#). In 2020, 265 surveys were completed. Here are some highlights from the survey indicating that MDTs are beneficial to clients and to the work of the team members.

- 97.8% of team members believed that clients served through the Center benefit from the collaborative approach of our multidisciplinary team.
- 96.9% agreed that members of the MDT demonstrate respect for the perspectives and informational needs of other team members.
- 94.9% agree that other team members turn to their agency for information, expertise, and direction.
- 95.5% agree they can get the information they need to fulfill their area of responsibility on cases.
- 94.7% agreed team meetings were a productive use of their time.

Recent research studies also find benefits to the MDT response to child abuse.

One study researched the impact of MDTs coordinated by CACs on prosecutorial decisions to accept or reject child sex abuse cases. In a three-year analysis of 533 cases of child sexual abuse from 2010-2013, results found positive correlation between number of participants at MDT and prosecutorial acceptance rates (30% increase). Prosecutor presence at case review increased acceptance rates by 80%. (Bracewell, T. E. (2018). Multidisciplinary

team involvement and prosecutorial decisions in child sexual abuse cases. *Child and Adolescent Social Work Journal*, 35(6), 567–576.  
<https://doi.org/10.1007/s10560-018-0557-1>)

A separate study examined the evidence supporting efficacy of MDTs, comparing MDT responses to standard agency practices. Study results pointed to reasonable evidence that MDTs do have an impact on improving criminal justice and mental health responses. (Herbert, J. L., & Bromfield, L. (2017). Better together? A review of evidence for multi-disciplinary teams responding to physical and sexual child abuse. *Trauma, Violence, & Abuse*, 20(2), 214–228.  
<https://doi.org/10.1177/1524838017697268> )

## RESOURCES FOR MULTIDISCIPLINARY TEAMS

### TRAINING RESOURCES

Collaboration/Partnering with local MDTs is at the heart of the work of children's advocacy centers (CACs). Many training resources are available to support MDTs.

- Training is available, often at no cost, through Children's Advocacy Centers of Kentucky, the state coalition of CACs.

[www.cackentucky.org](http://www.cackentucky.org)

Children's Advocacy Centers of Kentucky

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- The Regional Children's Advocacy Centers provide technical assistance and training opportunities to MDTs, including publications and webinars. New resources relevant to each discipline and to the entire team are released regularly.

[www.srcac.org](http://www.srcac.org)

Southern Regional CAC

[www.nrcac.org](http://www.nrcac.org)

Northeast Regional CAC

[www.wrcac.org](http://www.wrcac.org)

Western Regional CAC

[www.mrcac.org](http://www.mrcac.org)

Midwest Regional CAC

- National Children's Alliance publishes standards and releases training for children's advocacy centers and MDT partners.

[www.nationalchildrensalliance.org](http://www.nationalchildrensalliance.org)

National Children's Alliance

- The NCAC Virtual Training Center offers many free archived webinars.

[www.ncacvtc.org](http://www.ncacvtc.org)

National CAC Virtual Training Center

- The Child Abuse Library Online (CALiO) offers expert library services including free access to a wide variety of professional journals and bibliographies. Contact your CAC for log-in information.

[www.calio.org](http://www.calio.org)

Child Abuse Library Online (CALiO)



- The NCTSN offers publications and training related to a wide variety of childhood traumas.

[www.nctsn.org](http://www.nctsn.org)

National Child Traumatic Stress Network

- The National Criminal Justice Training Center offers many relevant training opportunities.

[www.ncjtc.org](http://www.ncjtc.org)

National Criminal Justice Training Center

## RECOMMENDED PRACTICES

### OPEN/ CLOSED MEETINGS

[KRS Chapter 61](#), Kentucky's Open Meetings Law, may apply to team meetings and compliance therewith may be necessary before the team may meet in a closed session for the purpose of case review and staffing. See the [2021 Open Records & Open Meetings Acts: A guide for the public and public agencies](#) for additional information. Typically, team meetings will consist of both public and private portions of the meeting. If the mission of the multidisciplinary team is broad, much of the meeting (or a separate meeting) will be open to the public. The agenda for the public portion of the meeting may include community education and awareness or policy recommendations for the community. Case review and staffing of cases should be conducted in the closed portion of the meeting attended by team members from agencies represented by signature on the relevant MDT protocol. These team members should determine whether additional team members and related professionals attend the entire case review or are only present for specific cases.

### TRAINING FOR MEETING FACILITATORS

Each team will need to identify an effective MDT facilitator. [Beyond the Case Review \(2021\)](#) defines an effective team facilitator:

An MDT facilitator tends to the relationships, communication and accountability of the MDT while fostering an inclusive environment to improve outcomes for children and families impacted by abuse.

Multiple free trainings are available on demand through the [Southern Regional Children's Advocacy Center](#), including a [dedicated page for MDT Resources](#).

### ROUTINE CROSS TRAINING

MDT members benefit from understanding the duties and constraints of the other disciplines on the team. One way that understanding can be achieved is through cross training. Cross training can occur as often as each meeting, with members of one discipline assigned to begin the meeting with a brief explanation of their agency's role, policies, and/or procedures. Another option would be to schedule a separate meeting focused on a review of the role of

each discipline or agency on the team. Teams should note any cross-training topics on their confidentiality sign-in sheet or through another mechanism.

Team members are also encouraged to document as a team that they are continuing education regarding child abuse, secondary trauma, and diversity, equity, and access to services. For example, team members may note any relevant conferences or training completed since the previous meeting in the meeting chat of a virtual meeting, on a form passed around a room, or through email to the meeting facilitator or designee. Sharing and documenting this information helps reinforce the importance of continuing education and assists team members in learning from each other. The National Children's Alliance standards require annual professional development for MDT members.

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### FORMAL ORIENTATION TO THE MDT

Teams are required to outline their process for orientation of new members to the MDT. Teams have developed videos, provided tours of the CAC, arranged for ride-alongs with other disciplines, provided in-person or virtual training, and have written manuals. Resources are available to assist teams in orientation, including a manual developed by the Northeast Regional Children's Advocacy Center, which can be found at [www.nrcac.org](http://www.nrcac.org).

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### ANNUAL BUSINESS MEETING

Teams are encouraged to set aside some time during a meeting or at a separately scheduled time each year to review the practices and effectiveness of the team. Suggested topics include reviewing team successes and challenges, the local protocol, results of the Outcomes Measurement Surveys (MDT, Caregivers, and youth), and plans for the upcoming year.

## APPENDICES

Model Protocol Template

Sample Confidentiality/ Sign-In Form

Sample Case Review Form

Annual Reporting Form

Informal Inquiry and Complaint Process and Review

## Name of County, Counties, or Circuit Served by Team Multidisciplinary Team Protocol

The undersigned agencies agree to the following protocol, which is supportive of a trauma informed multidisciplinary team (MDT) approach being utilized in the investigation, assessment, medical/mental health treatment, and referral for prosecution involving child victims of sexual abuse and human trafficking. It is expressly understood that each agency works within its statutes, regulations, and policies and that nothing contained herein supersedes the statutes rules, or regulations of each agency.

### PURPOSE OF THE MULTIDISCIPLINARY TEAM

The purpose of the multidisciplinary team shall be to review investigations, assess service delivery, and to facilitate efficient and appropriate disposition of cases through the criminal justice system. (KRS 620.050 (7) (C)).

The Name of County, Counties, or Circuit Served by Team Multidisciplinary Team shall review the following cases:

- Reported or suspected child sexual abuse cases (KRS 431.600)
- Child human trafficking cases involving commercial sexual activity referred by participating professionals, including those in which the alleged perpetrator does not have custodial control or supervision of the child or is not responsible for the child's welfare (KRS 620.040 (7)(C))
- Reported or suspected female genital mutilation cases (KRS 600.020 (1)(a)(10)) (KRS 508.125)
- Add any other case types here. Add whether all of those cases are reviewed or upon request of a team member, etc.

## GOALS AND OBJECTIVES OF MULTIDISCIPLINARY TEAMS

The **Name of County, Counties, or Circuit Served by Team** Multidisciplinary Team has the following goals: (1) safety and protection for child victims of sexual abuse and (2) accountability of the child sexual abuse service system.

For the purposes of this document, the term child sexual abuse also encompasses child human trafficking cases involving commercial sexual activity and cases of female genital mutilation.

The Team does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, sexual orientation, or gender identity in providing services to children and families and when working with MDT partners.

*GOAL: Safety and Protection for Child Victims of Sexual Abuse* **list any other case types or delete this box**

- To ensure the immediate safety of the child victim and to minimize further trauma or systemic revictimization;
- To protect the privacy rights of the child and the child's family (KRS Chapter 421);
- To minimize the number of victim interviews and to ensure interagency collaboration; and
- To facilitate access to medical and mental health intervention to promote successful healing.

*GOAL: Accountability of the Child Sexual Abuse* **list any other case types or delete this box** *Service System*

- To increase the quality of sexual abuse investigations, prosecution and victim services and eliminate the duplication of efforts;
- To increase successful prosecution and offender accountability through multidisciplinary collaboration;
- To ensure that each case of child sexual abuse **and any other case types or delete this box** is appropriately reviewed;
- To hold all professionals involved in child sexual abuse cases **add any other case types or delete this box** to the highest standard of professional conduct;
- To ensure best practice care guidelines are implemented throughout the system of care;
- To identify and improve system and local resource deficiencies;
- To promote child victim and family voice;
- To collect and maintain accurate information regarding the investigation and prosecution of child sexual abuse cases **add any other case types or delete this box**;
- To implement trauma informed care practices and principles; and

- To increase and maintain active participation and consistent attendance of each agency at multidisciplinary team meetings.

**ROLES AND KEY RESPONSIBILITIES OF MULTIDISCIPLINARY TEAM MEMBERS**

The **Name of County, Counties, or Circuit Served by Team** Multidisciplinary Team members are defined as:

- A professional employed by an agency that has signed the multidisciplinary team protocol in effect for the multidisciplinary team; and
- A professional who is actively involved in the child sexual abuse service **add any other case types or delete this box** system.

*Key Responsibilities Common to All Team Members*

- Operate in the best interest of the child;
- Educate team members on the role of each discipline represented;
- Attend team meetings and actively participate in the team's activities;
- Work and communicate in a cooperative manner with other members on the multidisciplinary team, while maintaining the privacy interests of the child and the confidentiality of the case review process;
- Report any significant developments in the case to appropriate agencies (law enforcement agencies, Department for Community Based Services, prosecutors) and the multidisciplinary team (KRS 620.030); and
- Ensure privacy interests of the child will be protected during the review process.

In accordance with KRS 620.040 and KRS 15.727, the **Name of County, Counties, or Circuit Served by Team** Multidisciplinary Team includes:

<u>NAME OF AGENCY</u>	<u>ROLE</u>
<b>Name of Commonwealth Attorney Office</b>	Commonwealth Attorney
<b>Name of County Attorney Office</b>	County Attorney
<b>Name of Law Enforcement Agencies</b>	Law Enforcement
<b>Name of DCBS County/ Counties</b>	Cabinet for Health and Family Services
<b>Name of CAC/CACs</b>	Children's Advocacy Center
<b>Name of MH agency/ agencies</b>	Mental Health Provider
<b>Name of Victim Advocacy Agencies</b>	Victim Advocate
<b>Name of Medical Provider Agencies</b>	Medical Provider
<b>Name of Any Additional Agency</b>	<b>Role of any additional agency</b>



Name of Any Additional Agency

Role of any additional agency

## PROSECUTING ATTORNEYS

### **Name of County or Circuit Commonwealth Attorney**

The Office of the **Name of County or Circuit Commonwealth's** attorney prosecutes all felony crimes (those offenses carrying a penalty of one year or more and misdemeanors attached to felony offenses) committed by persons eighteen years of age or older, which occur in the judicial circuit of that prosecutor. In some specific instances, the Commonwealth's attorney may also prosecute juveniles charged with felony offenses. The Commonwealth's attorney is also responsible for presenting evidence of such crimes to the grand jury (KRS 15.725(1)).

### **Name of County County Attorney**

The Office of the **Name of County County attorney** prosecutes all violations of criminal laws which occur within the county and that are within the jurisdiction of the district court including all proceedings held pursuant to petitions filed under KRS Chapter 610. These cases include felony crimes through preliminary hearing, misdemeanor crimes, crimes committed by juveniles, and dependency, neglect, and abuse cases (KRS 15.725; KRS 610).

*Specific responsibilities of the Commonwealth and County prosecuting attorneys relating to child sexual abuse cases include:*

- Commonwealth's and county attorneys shall assist any multidisciplinary team established within their judicial circuit or county. Assistance may include, but is not limited to, facilitating case review and providing information regarding evidentiary issues, trial procedure, case status and disposition (KRS 15.727).
- Commonwealth's and county attorneys shall provide any data requested by the Prosecutors Advisory Council (KRS 15.706(2)).
- Commonwealth's and county attorneys should attend the forensic interview at the children's advocacy center when possible.
- If adequate personnel are available, each Commonwealth's attorney's office and each county attorney's office shall have a child sexual abuse specialist.
- Commonwealth's attorneys and county attorneys, or their assistants, shall take an active part in interviewing and familiarizing the child alleged to have been abused, or who is testifying as a witness, with the proceedings throughout the case, beginning as early as practicable in the case.
- If adequate personnel are available, Commonwealth's attorneys and county attorneys shall provide for an arrangement which allows one (1) lead prosecutor to handle the case from inception to completion to reduce the number of persons involved with the child victim.

- Commonwealth's attorneys and county attorneys and the Cabinet for Health and Family Services and other team members shall minimize the involvement of the child in legal proceedings, avoiding appearances at preliminary hearings, grand jury hearings, and other proceedings when possible.
- Commonwealth's attorneys and county attorneys shall make appropriate referrals for counseling, private legal services, and other appropriate services to ensure the future protection of the child when a decision is made not to prosecute the case. The Commonwealth's attorney or county attorney shall explain the decision not to prosecute to the family or guardian, as appropriate, and to the child victim.
- Where a victim is under the age of sixteen (16) years old and the crime is a sexual offense included under KRS 421.510, the court, upon a motion from the prosecutor for a speedy trial shall set a hearing date within 10 days of that motion. If the court grants the motion a speedy trial shall be scheduled within ninety (90) days from the hearing date (KRS 421.510).
- Commonwealth's and county attorneys have decision-making authority regarding the disposition of criminal cases. The decision to proceed by trial or guilty plea, to amend or to dismiss charges, to make sentencing recommendations as to term of years, concurrent or consecutive sentencing, or probation, shall be made by the prosecuting attorney. While the commonwealth's and county attorneys have ultimate decision-making authority regarding the disposition of criminal cases, the victim shall be consulted by the prosecutor for the Commonwealth on the disposition of the case, including dismissal, release of the defendant pending judicial proceedings, any conditions of release, a negotiated plea, and entry into a pretrial diversion program (KRS 421.500(6)). It is recommended that the prosecutor consider input from the team in making these decisions.
- The attorney for the Commonwealth shall notify the victim that, upon conviction of the defendant, the victim has the right to submit a written victim impact statement to the probation officer responsible for preparing the presentence investigation report for inclusion in the report or to the court should such a report be waived by the defendant (KRS 421.520).
- The county attorney has a critical role in the handling of dependency, neglect and abuse cases in juvenile court which is a primary source of protection for sexually abused children (Unified Juvenile Code KRS Chapter 600 et seq.)
- County attorneys should establish procedures for the exchange of information on cases of dependency, neglect, and abuse with the Department for Community Based Services. These procedures may be adapted to the size of the county or circuit and the resulting caseload and may include: asking for written reports from the Department for Community Based Services workers and

convening meetings on a regularly scheduled basis or just prior to the hearing of a dependency case. Can also add information re: information sharing with the CAC.

## **JOINT INVESTIGATION BY THE DEPARTMENT FOR COMMUNITY BASED SERVICES AND LAW ENFORCEMENT**

DCBS and law enforcement shall participate in the joint investigation of all child sexual abuse cases in compliance with KRS 431.600 (1). The Children's Advocacy Center shall assist in the coordination of the investigation of child abuse cases KRS 620.020(4). Specific responsibilities are shared through this joint investigation process.

### ***Interviewing Victims:***

- Given that interviewing the alleged victim is a key component of an investigation of child sexual abuse, DCBS and law enforcement shall both participate in the interviewing process.
- Every effort should be made to conduct interviews at the Children's Advocacy Center in compliance with KRS 620.040(6).

### ***Interviewing Caregivers, Alleged Offenders and Witnesses:***

- In the course of the investigation, DCBS and law enforcement will conduct a joint investigation to coordinate the interviewing of parents/caregivers (non-offending), alleged offenders, and any witnesses to the offense(s).

## DEPARTMENT FOR COMMUNITY BASED SERVICES (DCBS)

The responsibilities of DCBS workers are outlined in both the KRS and the internal policies of the Cabinet for Health and Family Services (CHFS). DCBS shall participate, along with law enforcement in the joint investigation of all child sexual abuse cases (KRS 431.600).

*Specific responsibilities of **Name of County or Counties** DCBS relating to child sexual abuse cases include:*

- DCBS shall immediately investigate all reports of child abuse or neglect in which the alleged perpetrator was in a caretaking role and all reports alleging a child is a victim of human trafficking. Within 72 hours of receipt of the allegation, DCBS shall make a written report to the prosecutor and local law enforcement (KRS 620.040). DCBS shall serve as lead investigators in those cases of reported or suspected sexual abuse of a child in which a person exercising custodial control or supervision, as defined in KRS 600.020, is the alleged or suspected perpetrator of the abuse.
- DCBS shall assist law enforcement in investigations of noncustodial abuse. (KRS 620.040(3)).
- The cabinet shall participate in all investigations of reported or suspected sexual abuse or human trafficking of a child. (KRS 620.040(3)).
- DCBS shall conduct central registry checks maintained by DCBS to determine if there has been prior child protective services involvement with the family, child victim or the perpetrator.
- DCBS shall participate in all interviews in child sexual abuse investigations (KRS 431.600(1)).
- During the course of the child abuse and neglect investigation, DCBS will assess the validity of the allegations and any risk to the child. In most cases, the victim, the child's caretaker, and the alleged perpetrator will be notified of the results of the investigation.
- In cases where the child is alleged to be at risk of further dependency, neglect or abuse, protective services shall be initiated. DCBS staff provides or make referrals for the following types of services or supports: parenting classes; mental health assessment or treatment; treatment or support groups for victims, perpetrators, and non-offending parents; victim advocacy; or other services warranted by the specifics of the case.
- In cases where the child is determined to be at imminent risk of serious physical injury or sexual abuse, DCBS shall initiate a petition for emergency custody as prescribed in KRS 620.060. DCBS cannot remove a child from the home without order of the court. In addition to seeking removal of the child victim, DCBS may seek less restrictive dispositional alternatives such as court ordered treatment, removal of the perpetrator, or other alternatives.

- The Adoption and Safe Families Act requires DCBS to finalize a permanency plan for each child in out of home care. Unless there are parental circumstances which negate reasonable efforts to reunify the family (KRS 610.127), the goal will be reunification. Periodic administrative and court reviews will be conducted to determine the future status of the child (KRS 610.125(1)). After 12 months in out of home care, the court will conduct a permanency review which will address: whether the child should be returned to the parents (if parental rights have not been terminated), whether the child should be placed for adoption, whether the child should be placed with a permanent custodian, and whether the Cabinet has documented a compelling reason that it is in the best interest of the child to be placed in another planned permanent living arrangement (KRS 610.125(1)).
- The cabinet, upon request, shall receive from any other agency, institution, or facility providing services to the child or his or her family, such cooperation, assistance, and information as will enable the cabinet to fulfill its responsibilities under KRS 620.030(5), KRS 620.040, and KRS 620.050.

## LAW ENFORCEMENT OFFICERS AND KENTUCKY STATE POLICE

### Kentucky State Police Post **Post Number(s)**

The duties of the Kentucky State Police are detailed in KRS Chapter 16. Troopers and detectives investigate alleged criminal conduct committed within the Commonwealth.

### **Name of County/ Counties Sheriff Department**

The duties of the Sheriff are detailed in KRS Chapter 70. The sheriff and the sheriff's deputies investigate criminal acts and participate in courtroom processes within a county jurisdiction. Sheriffs are also involved in the service of warrants and other court orders, including emergency protective orders and domestic violence orders provided for within KRS Chapter 403 which may be filed on behalf of a child in need of protection.

### **Name of City/ Cities Police Department**

The duties of the City Police Department are detailed in KRS Chapter 95. The city police department investigates criminal acts within a municipality, while the jurisdiction of county police relates to crimes committed within the county borders.

Specific responsibilities of **List of law enforcement agencies** relating to child sexual abuse cases include:

- Conduct trauma informed investigations for criminal prosecution, including evidence gathering and criminal case presentation to prosecutors;
- In recognition that trauma and other factors impact memory and ability to recount abuse, law enforcement should strive to find as many ways as possible to corroborate the victim's statement.
- Obtain and/or serve warrants, subpoenas, and court orders (including emergency protective orders sought on behalf of a child sexual abuse victim);
- Law enforcement personnel shall ensure that victims receive information on available protective, emergency, social, and medical services upon initial contact with the victim and are given information on the following as soon as possible: (a) Availability of crime victim compensation where applicable; (b) Community-based treatment programs; (c) The criminal justice process as it involves the participation of the victim or witness; (d) The arrest of the accused; and (e) How to register to be notified when a person has been released from prison, jail, a juvenile detention facility, or a psychiatric facility (KRS 421.500(3)).
- If there exists reasonable grounds for a law enforcement officer to believe that a child is in danger of being sexually abused and the persons exercising custodial control cannot or will not protect the child, the officer may take the child into protective custody without the consent of the parent. The officer or person to



whom the officer entrusts the child shall, within twelve (12) hours of taking the child into protective custody, request the court to issue an emergency custody order (KRS 620.040(5)(c)).

## CHILDREN'S ADVOCACY CENTERS

Children's Advocacy Centers (CACs) are designed to promote the well-being of children while facilitating the most effective investigation and prosecution of child sexual abuse cases. CACs create a trauma informed and child friendly environment within which interviews, examinations, therapy, and other advocacy services can be conducted. CACs are defined in KRS 620.020. In addition to providing services in sexual abuse cases, the **Name of CAC** also provides services to **information about all types of children served by CAC and for which services.**

*Specific responsibilities of the **Name of CAC** relating to child sexual abuse cases include:*

- Provide a child focused, psychologically safe location where all services provided to children and families are trauma informed and can be offered during the investigation process;
- Provide a child focused location, including a room with recording equipment and the ability for law enforcement and DCBS staff to observe interviews with children alleged to have been sexually abused **add any other case type information here;**
- Provide forensic interview services defined as a structured conversation with a child designed to elicit accurate accounts of events.
- Assume primary responsibility for the provision of comprehensive child sexual abuse medical examinations and mental health screenings for a child to assess the child's physical well-being and to document any evidence of sexual or other abuse. Medical examinations provided by CACs are provided on-site or through formal linkage agreements and in accordance with 922 KAR 1:580 2:040;
- Provide trauma informed advocacy services to assist child victims and their non-offending caregivers which may include: accompaniment to court, case management, information and referral services;
- Provide trauma informed mental health services on-site or through formal linkage agreements with qualified providers in the community;
- Provide clinical services which may include: mental health screening, mental health evaluation, individual therapy services, family therapy, and group therapy for children and non-offending caretakers and families;
- Attend, participate and, to the extent possible, staff multidisciplinary team meetings in the counties that the regional CAC serves and has an approved protocol in place;
- Provide consultation and educational services;
- Provide technical assistance and consultation resources to criminal justice and human service professionals in the region in which the center is located;

- Partner with and provide assistance to investigating agencies to ensure all professionals who conduct forensic interviews at CACs with children on a regular basis have access to forensic interview training and regularly participate in a structured, forensic peer review program;
- Survey MDT members annually utilizing the National Children's Alliance Outcome Measurement System Team Satisfaction Survey in order to elicit team feedback. The results of that survey shall be included with the annual report submitted to the Kentucky Multidisciplinary Commission on Child Sexual Abuse;
- Facilitate completion of comprehensive assessment of the service area and share results with the MDT to better inform culturally competent services by all team members;
- Actively recruit and retain staff, volunteers, and board members that reflect community demographics to promote diversity and inclusivity; and
- Provide access to aggregate data for program evaluation and research purposes to MDT members upon request. For MDT members to gain access to the information and data, the team member or agency should contact the identify CAC staff member title/ role to request the information to be shared. Data may include number of children served, age, gender, investigation type, type of abuse, and services provided.
- Provide access to case specific information. Provide local process here. Example: MDT members' requests to review a recorded forensic interview or to access written case file may be made to the forensic interviewer or victim advocate assigned to the case.

#### *Conducting Forensic Interviews at the Name of CAC:*

To the extent practicable and when in the best interest of a child alleged to have been abused, interviews with the child shall be conducted at the Children's Advocacy Center (CAC) by the multidisciplinary team (law enforcement, Department for Community Based Services worker, Prosecutor and CAC forensic interviewer) in accordance with KRS 620.040(6).

Law enforcement and the Department for Community Based Services shall make every effort to schedule forensic interviews with alleged child victims of sexual abuse at the CAC. In some instances of imminent danger or risk of further abuse, it may be necessary for investigators to conduct interviews or minimal facts interviews with alleged child victims or request an emergent forensic interview at the CAC. [Add local language here about emergent request availability/ procedure.] In the circumstance that a forensic interview is not requested from the CAC, investigators should provide information about the investigation to the CAC for case tracking and applicability of other CAC services. Add local language here about the process for providing this

information to the CAC, including how to share the information and any agreed upon time frames.

Investigators will jointly decide who will conduct the interviews with the non-offending family members in order to determine the child's current risk of harm. Upon receiving a child sexual abuse report by Department for Community Based Services and Law Enforcement to determine if the child/children are safe, investigators will make face-to-face contact with child victims within four hours or as soon as possible depending upon the alleged perpetrators access to the child victim.

*Forensic interviews of children will also be provided regarding the following allegations Add info on local agreement, including type of abuse, age of victim, whether all victims are referred or upon request of investigator, etc.*

The forensic interview is utilized to gather and coordinate information to avoid duplication of services and to determine what the child may have experienced. The forensic interview is separate from mental health treatment which is a clinical process designed to assess and mitigate the long-term adverse impact of trauma, distress, or other diagnosable mental health conditions.

Children are interviewed regarding their alleged victimization and not regarding any possible criminal activity in which they may have engaged.

If the child is interviewed at **Name of CAC**, only one forensic interviewer shall conduct a forensic interview with a child. All forensic Interviewers who conduct interviews at a CAC, including investigators from DCBS or law enforcement must have received specialized training in conducting forensic interviews. The training must be recognized by the National Children's Alliance as an approved forensic interviewing course. All forensic interviewers must also regularly participate in a structured peer review and obtain a minimum of eight (8) hours of continuing education (CEUs) every two years. A CAC employed forensic interviewer must also meet the qualifications of KAR 922 1:580.

The forensic interviewer will be selected on a case-by-case basis. Criteria to be considered include, but are not limited to age, developmental level of the child, level of trauma, history of previous forensic interviews, conflict of interest with one or multiple parties, cultural/ linguistic considerations, and interviewer availability.

The multidisciplinary team investigating the allegations, including the CAC interviewer and the CAC victim advocate, will meet to review the reports prior to the completion of the interview and determine who will conduct the interview. Interviewing aids (Play-doh, drawing materials) may be used by the forensic interviewer as needed. The use of anatomical drawings and anatomical dolls shall be used at the discretion of the

forensic interviewer as a practice-informed technique. If there is a need to introduce evidence within the forensic interview, discussion will occur with the MDT members present for the interview on the information that will be shared and ensure that best practice will be used to introduce the evidence in a trauma-informed way. If a child requires subsequent interviews, the MDT will determine the criteria and process of when to conduct the additional interview(s). Criteria to be considered for subsequent interviews/ multi-session interviews includes the child's age and developmental level, child's expression of distress and/or trauma, child's engagement in the interview, new disclosures, child's level of disclosure, number of alleged perpetrators, multiple types of victimizations, and child's emotional readiness.

The MDT will identify and determine a plan to address any cultural or linguistic issues that may affect the forensic interview and overall delivery of services. Upon referral, the CAC will assess with investigators if the child and/or family need an interpreter or other accommodations for children who are deaf, blind/ visually impaired, or present other communications needs. If needed, the CAC will assist in the coordination and provision of professional interpretation services at no cost to the child's family. At no time will the CAC utilize children or family members to translate. Interpreters or interpreter agencies used during the completion of forensic interviews must be 1.) be appropriately credentialed, licensed, and/or educated in their field 2.) sign a confidentiality agreement or memorandum of understanding that includes confidentiality and 3.) be approved by CAC leadership.

Forensic interviews may only be observed by DCBS staff, law enforcement, prosecutors and CAC staff who are members of a multidisciplinary team and who are actively participating in the investigation of the case involving the child. Interviewers shall be advised as to who is witnessing the interview and all professionals that observed will be noted in the child's file. With the consent of the child's caregiver, learners under the direct supervision of one of the above professionals may witness a forensic interview in the presence of their supervisor. Witnessing forensic interviews shall be limited to observation from outside the room where the child is located. All professionals and learners who witness the forensic interview shall sign a confidentiality form provided by the CAC. Signed confidentiality forms shall be retained in the child's client file. Forensic interviewers may wear an ear microphone during the interview through which witnesses may communicate questions to the interviewer.

All interviews conducted at a CAC will be recorded. As per KRS 620.050(10), an interview of a child recorded at a children's advocacy center shall not be duplicated except that the Commonwealth's or county attorney prosecuting the case may:

- Make and retain one (1) copy of the interview; and

- Make one (1) copy for the defendant's counsel that the defendant's counsel shall not duplicate.

The defendant's counsel shall file the copy with the court clerk at the close of the case. Unless objected to by the victim or victims, the court, on its own motion, or on motion of the attorney for the Commonwealth shall order all recorded interviews that are introduced into evidence or are in the possession of the children's advocacy center, law enforcement, the prosecution, or the court to be sealed (KRS 620.050(10)).

Teams will outline who will maintain and track the recorded interview. With permission of the Commonwealth's and/or county attorney, the law enforcement investigator may sign out one (1) original copy of the recorded interview from the CAC and is responsible for maintaining that recorded copy of the interview until it is provided to prosecution. If the law enforcement investigator elects not to sign out the recorded interview, the CAC will maintain any original copies of the recorded interview at the Center accordingly. The CAC will complete and file the sign-out form in the client's file. The statute concerning duplication of the forensic interview applies to the prosecutor's copy of the interview signed out to a law enforcement investigator. If prosecution does not occur, law enforcement is to return the recorded interview to the CAC and not maintain the interview in the law enforcement file.

The CAC will coordinate and make available the viewing of the recorded interview at the CAC for assigned investigative team members, as needed, including DCBS staff and federal investigators and prosecutors, in a timely manner. Teams may note the process for any other access to recorded interviews here.

Optional language for CACs with remote viewing capability. The Name of CAC will maintain documentation of investigative team members who have viewed or downloaded recorded interviews remotely through secure technology. Team members will electronically sign a form to agree to comply with all statutes related to recordings of interviews at CACs, including who may view the interview and restrictions regarding duplication.

During the forensic interview process, the CAC advocate will assist in the coordination of services and provide child and family information on Crime Victim Compensation, the Crime Victim Bill of Rights and the role as well as the contact information of advocates housed within the offices of the Commonwealth's and/or county attorney.

## MEDICAL PROFESSIONALS

**Medical Examinations are provided by *Name of agency/ agencies providing medical examinations.***

Specialized child sexual abuse medical evaluation and treatment services are routinely made available for every child who has experienced sexual abuse (regardless of the ability to pay) and are coordinated by the multidisciplinary team. **If the team provides medical services to additional case types, include that information in this section.**

The purpose of a medical examination when a child reports sexual abuse extends far beyond providing an evidentiary examination for the investigation. The purpose of the medical exam is to:

- Document the medical history
- Collect forensic evidence when applicable
- Conduct a comprehensive physical exam (including an ano-genital exam)
- Ensure both the physical and emotional health, safety, and well-being of the child;
- Diagnose, document, and treat medical conditions resulting from abuse;
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions;
- Diagnose, document and treat medical conditions unrelated to abuse;
- Identify any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary; and
- Provide reassurance and education to the child and family.
- Provide written and photo documentation of the examination findings.

The CAC will assume primary responsibility for ensuring that comprehensive, child focused, developmentally appropriate, trauma informed medical exams are performed by experienced, qualified examiners at the appropriate location and time, and that exams are photo-documented to minimize unnecessary repeat examinations, obtain consultation from another expert when necessary, and allow for peer review of medical finding.

Investigators will contact the CAC first for consultation and/or to schedule a specialized medical examination. **If the team has identified another qualified provider of specialized medical examinations in the community, customize this section.** This communication is critical to avoid multiple medical examinations.

CACs will identify and utilize a source of qualified medical input to aid in the referral process and the identification of how, when, and where the exam is made available.

This communication is critical so as to provide the best quality examination as well as to avoid multiple medical examinations. Examinations can be differentiated between those needed emergently (without delay), urgently (as soon as possible with a qualified provider), or non-urgently (scheduled at the convenience of family and provider but ideally within 1-2 weeks). While avoidance of multiple exams is a goal, some patients may also benefit from or require a follow-up examination.

Team may add here a general list of children who will be referred for comprehensive child sexual abuse medical examination. Examples: all cases involving allegations of sexual penetration; all cases in which the child has genital complaints; all prepubertal children when sexual abuse is suspected; any case in which an investigator or parent requests a medical examination.

Medical professionals may include physicians licensed pursuant to KRS 311.550, nurses licensed pursuant to KRS 314.011 or other health care providers licensed within Kentucky statute.

KRS 620.040(5)(b) provides authority to physicians and hospital administrators to place a child under a 72-hour hold if necessary for protection of the child. KRS 620.050 provides immunity from criminal or civil liability for performance within the scope of duties.

CACs that cannot provide a medical examination in emergency situations will assist investigators with the coordination of an examination at the child's primary care physician's office or local emergency room.

Reasons for emergency evaluation:

- Medical intervention is needed emergently to assure the health and safety of the child;
- The nature and time frame of the reported assault would suggest that biological or trace evidence for forensic analysis could be recovered;
- The symptoms (anogenital pain, bleeding) reported by the patient suggest that an injury or infection requiring identification and treatment could be present;
- The nature and time frame of the reported assault suggests that emergency contraception should be considered and offered;
- The nature and time frame of the reported assaults suggests that the need for post-exposure prophylaxis for sexually transmitted infections including HIV be evaluated;
- The child has expressed thoughts of self-harm or harm to others and needs evaluation.



Medical examinations conducted at the CAC are thoroughly documented in medical records that are maintained at the CAC. The MDT investigators and/or forensic interviewer will provide the medical provider the history disclosed by the child to avoid having the child recount the history related to the abuse multiple times. Medical documentation includes a medical history encompassing information necessary to address the child's health care needs, as well as guide the examination and testing for infection and collection of forensic samples (when indicated). In general, this information is obtained when the medical provider speaks separately with the accompanying caregiver and the child at the time of the medical evaluation. Other sources of medical information include review of available medical records and discussion with referring medical providers.

Medical providers at CACs must have training specific for the purpose of conducting child sexual abuse exams that are trauma informed and developmentally appropriate. CAC medical providers must participate in peer review and continuing education in the field of child abuse. Since accuracy in interpretation of medical findings is vital for both the future safety of the child and the integrity of any criminal justice case, it is considered best practice that all medical findings deemed diagnostic for child sexual abuse be reviewed by an advanced medical consultant.

The CAC medical provider will communicate the documented medical findings to MDT investigators and/or prosecutor in a timely manner.

*Specific responsibilities of the **Name of CAC and/or additional agency** medical professionals relating to child sexual abuse cases include providing:*

- A specialized medical evaluation with photo documentation of findings;
- Diagnosis and treatment of child victims of sexual abuse as indicated, specifically including diagnosis and treatment of bodily injury, sexually transmitted diseases or other outcomes of the abuse;
- Assessment as to whether findings are consistent with the presentation of child sexual abuse or other forms of abuse;
- Answers to medical questions which arise during case discussions by team members including explanation and interpretation of findings in the medical report;
- Expert testimony for the court;
- Screening and referral for other medical services;
- Consultation regarding the significance of specific past medical data to the current investigation, including the interpretation of findings of previous medical examinations;

- A resource to team for up to date medical literature as well as current medical recommendations from nationally recognized medical professional organizations relating to child sexual abuse;
- Facilitation of the development of medical resources for child sexual abuse cases in the community; and
- Participation in a structured medical peer review of medical findings.

## MENTAL HEALTH PROFESSIONALS

Child victims of sexual abuse and their families are routinely connected with specialized, trauma-focused mental health services as part of the multidisciplinary team response. Licensed and certified professionals who provide assessment and treatment services to victims of child sexual abuse will receive initial and ongoing training on children, trauma, and child maltreatment.

A mental health professional is a practitioner who is licensed or certified by their respective Board in the Commonwealth of Kentucky and who is supervised by a licensed practitioner to render mental health services, as applicable. Providers who provide assessment and/or treatment to victims of child sexual abuse will receive initial and ongoing training on children, trauma, and child maltreatment.

Teams add local criteria for provision of mental health services. What screening process is implemented? Examples may include type of abuse, results of a trauma screening, etc. Teams may note if some criteria means mental health services are provided by the CAC or if there are other providers and how is it determined who is referred to which provider.

Mental health professionals serve two distinct key roles in the MDT, reflected in the responsibilities below: direct treatment provider and consultant to the team on mental health concerns in general. In roles involving direct service provision, providers must follow all applicable confidentiality laws and ethical requirements. Providers should consider obtaining consent to release information to the team from the child's parent/guardian when the information would be helpful to the team and the information would otherwise be prohibited from disclosure.

*Specific responsibilities of the List Agency/Agencies of mental health professionals relating to child sexual abuse cases include:*

- Provide appropriate trauma informed evidence based assessment of the mental health (including substance related needs) of the child victim or non-offending caregiver(s)/ family members;
- Assist in determining the most appropriate mental health services for all family members, providing referral as appropriate;
- Provide mental health crisis prevention and intervention services as needed, particularly in instances of elevated suicide or homicide risk;
- Provide trauma informed evidence based therapeutic intervention to children and families during and after the investigation and prosecution process;
- Maintain confidentiality except as provided by law (HIPAA, KRS 209.030, KRS 620.030, KRS 202A.400, KRE 506, KRE 507, and KRE 509);

- Obtain appropriate consent in order to release otherwise privileged information;
- Assist DCBS or law enforcement in determining the risk to a child. This role is limited to consultation, as DCBS retains the statutory responsibility to substantiate child sexual abuse;
- Identify potential mental health issues of family members or non-offending caregivers which may impact the course of the investigation or the welfare of the child;
- Provide specific support and help to the prosecutor (or the prosecutor's victim advocate) and the guardian ad litem in preparing child victims and their families for court related meetings or proceedings;
- Provide expert testimony for the court;
- Assist in the preparation of Victim Impact Statements;
- Provide specialized consultation to professionals involved in the investigation with a goal toward providing insight into the impact of the victimization on the child and the parent, and interpreting behaviors within the context of trauma response;
- Serve as a resource to the team for current prevailing literature related to child sexual abuse and its impact on children, most widely accepted assessment techniques, and best practices for age specific interventions; and
- Facilitate the development of long-term treatment resources in the community.

## VICTIM ADVOCATES

Victims support and advocacy services are routinely made available to all child victims and non-offending family members as part of the multidisciplinary response.

Victim advocates are important; not only for the direct support and education services which they provide to victims and their families, but also because they play a key role in linking professionals and agencies together, therefore increasing the accountability of the service system. Victim advocates should not duplicate services provided by other agencies (e.g.: DCBS workers providing case work services or mental health professionals providing treatment services) but should fill in gaps and link resources together for each child and family. KRS 15.760(6) and 69.350 (relating to victim advocates hired by Commonwealth's attorneys and county attorneys, respectively) and KRS 421.570 describe the position of victim advocate. There are statutory training requirements, duties, and restrictions on activities for victim advocates. The victim advocate assists crime victims, (as defined in KRS 421.500) with accessing rights afforded to them by the Crime Victim Bill of Rights (KRS 421.500-575) and other applicable statutory provisions. While victim advocates may be employed at investigative agencies, their attendance at case review does not substitute for the investigative role.

When multiple agencies are providing advocacy services, teams may need to add specifics as to which agency provides which portion of the advocacy response.

*Specific responsibilities of the list all victim advocacy agencies victim advocates relating to child sexual abuse cases include:*

- Act as a liaison for the child's case, including serving as a link between the child and the agencies with which the child is involved. This may include documenting all services being rendered to the child victim;
- Assist the child and family in accessing available community resources (emergency food, housing, mental health counseling and other resources);
- Provide information and education to the child and family regarding the roles of all professionals involved in the case
- Inform child and family of the role of their agency and applicable confidentiality rules;
- Coordinate services with other victim advocates and inform the child and family of the roles of different advocates
- Provide emotional support services to the child and family, including education regarding what to expect in the investigation and court process and crisis counseling;

- Accompany the child and family members to court proceedings upon their request and assist in preparing children and family members for the court experience;
- Notify children and family members of court dates and other significant developments related to the prosecution of the case;
- Provide information to team members regarding case information gathered in the course of providing direct services and in the course of coordinating services between agencies;
- Assist the child victim or family with the preparation of the Victim Impact Statement;
- Provide the court with the Victim Impact Statement;
- Provide the Parole Board with a copy of the Victim Impact Statement, schedule and accompany the child victim or family, at their request, to the victim parole hearing;
- Assist the family in accessing appropriate compensation from the Crime Victims Compensation Board; and
- Advocate for the rights of the child with the agency/agencies that are involved or should be involved in the case as well as with the prosecutor and court system.

Local teams can customize information about additional populations served by victim advocates. Example: In addition to serving child sexual abuse victims, \_\_\_\_\_ CAC victim advocates serve the following additional populations:\_\_\_\_\_

**EDUCATION PROFESSIONALS** *Optional section. List name of educational entity/entities or note as not applicable.*

Education professionals, for the purpose of this protocol, include school counselors certified pursuant to KRS 161.010-161.126, Family Resource and Youth Services Centers (KRS 156.4977), teachers, administrators, or other school personnel. The education professional serves as a liaison between the team and individual teachers or counselors, notifying the teacher or counselor when confidentially seeking his/her input would be valuable to the case review process. The team should reach a consensus regarding when the contacting of individual teachers would benefit the investigation. These professionals help students reduce personal barriers in the learning process through academic and emotional supports.

Specific responsibilities of the *list name of educational entities or note as not applicable.* education professionals relating to child sexual abuse cases include:

- Serve as a consultant to the team regarding school policies and procedures;
- Notify individual counselors, teachers, or other education professionals, as necessary, when confidentially seeking his/her input would be valuable or needed during the case review;
- Monitor and report to the team the child's academic or educational progress, including a focus on academic, behavioral and emotional domains of the child's functioning;
- Report any additional information or disclosure of abuse by the child victim (KRS 620.030);
- Provide trauma informed crisis intervention and support during times of emotional distress of the child, particularly as the child experiences the court process; and
- Implement strong, trauma-informed policies within schools in order to protect child victims from harassment, abduction or other inappropriate contact by non-custodial or allegedly abusive persons.

## **OTHER RELATED PROFESSIONALS**

KRS 431.600 and 620.040 recognize that there may be other related professionals whose participation on the multidisciplinary team is necessary and appropriate. Other related professionals should only be included when the professional's input is necessary and appropriate. In determining what is necessary and appropriate, the team should consider the information the other related professional might provide as well as the privacy interests of the child. In those instances where the team decides to include a related professional in the case review process, participation should be limited to the specific case.



## **CASE REVIEW FUNCTION OF THE MULTIDISCIPLINARY TEAM OF THE *Name of county, counties, or circuit* MULTIDISCIPLINARY TEAM**

### **Objectives of Case Review**

In addition to other purposes, such as conducting investigations and improvement of the child abuse service system, case review is an important function of the MDT.

The objectives of the case review process include the following:

- To promote a thorough understanding of case issues and to monitor the progress of investigation and intervention, so as to ensure the most timely and effective system response possible;
- To facilitate efficient gathering and sharing of information and communication between team members;
- To develop joint solutions for problems by allowing team members a forum to voice opinions;
- To coordinate intervention and assess services; and
- To facilitate efficient and appropriate disposition of cases.

### **Attendance at Meetings**

The *Name of county, counties, or circuit* Multidisciplinary Team will consist of both public and private portions of the meetings. General business will be the public portion of the meeting and may include community education and awareness, policy recommendations for the community, or other items, such as review of a community assessment, review of results from the Outcomes Measurement System, and training. Case review and staffing of cases shall be conducted in the closed portion of the meeting attended.

### **Confidentiality**

Every member of the *Name of county, counties, or circuit* Multidisciplinary Team and any professionals invited to attend a specific case review will sign a confidentiality acknowledgement agreeing that the information discussed at the meeting is not to be disclosed to anyone who is not a member of the multidisciplinary team.

The *Name of county, counties, or circuit* Multidisciplinary Team will allow the following team members to attend:

Only team members may attend the entire case review process. Other professionals involved in a specific case may be invited to attend the relevant portion of a team meeting where the specific case is being reviewed. An invitation for other professionals to attend a meeting is provided at the discretion of the team.

If a team member has a personal or professional relationship outside of the investigation, that individual is responsible to inform the other team members of the conflict. The team should then determine the next course of action.

### Cases to Review

The Name of county, counties, or circuit Multidisciplinary Team will review the following cases:

- Reported or suspected child sexual abuse cases (KRS 431.600);
- Child human trafficking cases (KRS 620.040 7(c)); and
- Customize any additional bullet points. Example: cases involving the serious physical injury or death of a child.

The Name of county, counties, or circuit Multidisciplinary Team will review cases every insert frequency of meetings.

- Cases should be reviewed by the team on a regular basis from the initiating report through all court proceedings (criminal and/or dependency, neglect or abuse).
- Teams must define the process for follow up recommendations to be addressed if a team member is absent. Teams need to customize the language in this bullet.
- Cases in which there is no court action shall be regularly reviewed until the agencies involved close the case and the team determines that all review objectives have been met.
- Teams shall meet at least monthly.

All Name of county, counties, or circuit Multidisciplinary Team members are expected to initially present cases before the team for review. For ongoing case review, all team members are expected to provide case updates.

The Name of county, counties, or circuit Multidisciplinary Team case review process shall include:

- Pertinent information needed for presentation of the case:
  - The names of the investigating law enforcement officer(s) and DCBS worker(s);
  - The name and respective ages of victim(s), the name of the alleged perpetrator, and the allegations or criminal charges; and
  - Any other information needed for a meaningful discussion which may include details of the victim's statement, other witness statements, child forensic interview, medical examination, victim and family mental health treatment needs, offender's statement, DCBS safety plan and issues,

ability of the non-offending parent to support the child, cultural considerations, and status of court proceedings.

- The presentation of newly reported allegations of child sexual abuse or child human trafficking since the last team meeting;
- [add any other agreed upon case types]
- The review of pending cases and a plan for future action (investigation, prosecution, and therapeutic intervention);
- Information presented during past case review; and
- The input of team members regarding prosecution and sentencing.

#### *Number of Cases Reviewed:*

It is the duty of the [Name of county, counties, or circuit] Multidisciplinary Team to review **all** child sexual abuse or child human trafficking cases. If the number of reported cases exceeds capacity for review or there is another extenuating circumstance, the multidisciplinary team must petition the Commission for review and resolution.

#### *Notification of Cases Being Reviewed:*

Each team must develop a process to notify team members of the cases scheduled for review. The notification process must provide confidentiality to the victim and alleged perpetrators whose cases are being reviewed. All notification should be mailed unless specific electronic security measures have been verified. Teams need to replace this paragraph with their local practice, including how information is securely shared. Teams may also add any local decisions as to how to organize the list. Examples: new cases first, juvenile offender cases first, indicted cases first, alphabetically.

### **OPERATION OF THE MULTIDISCIPLINARY TEAM**

[Title/ agency of chairperson] or his/her designee will serve as chairperson of the [Name of county, counties, or circuit] team and shall maintain all records of the case review.

[Title/agency of meeting facilitator] will assist in the facilitation of the meeting, sending out notices of the meeting and updating the case review sheets detailing the progress of the cases during case review.

#### **Frequency of Meetings:**

The [Name of county, counties, or circuit] Multidisciplinary Team will meet on the [Day], such as first Wednesday of each month at [location] at [time].

## **ORIENTATION AND TRAINING FOR MDT MEMBERS**

Teams need to add their local practices for orienting new members, engaging in cross-training/ team development and providing/ documenting training on child abuse completed by MDT members.

## **PRIVILEGED COMMUNICATIONS AND CONFIDENTIALITY**

Kentucky law provides for the confidentiality of records and case information that will be reviewed and discussed by the team.

Multidisciplinary team members and anyone else invited by the multidisciplinary team to participate in a meeting shall not divulge case information, including information regarding the identity of the victim or source of the report. Team members, including members of the Kentucky Multidisciplinary Commission on Child Sexual Abuse and others attending meetings shall sign a confidentiality statement that is consistent with statutory prohibitions on disclosure of this information KRS 620.040(7)(f).

### **Cabinet for Health and Family Services-- KRS 620.050(5)**

The report of suspected child abuse, neglect, or dependency and all information obtained by the cabinet or its delegated representative, as a result of an investigation or assessment made pursuant to this chapter, except for those records provided for in subsection (6) of this section, shall not be divulged to anyone except:

- (a) Persons suspected of causing dependency, neglect, or abuse;
- (b) The custodial parent or legal guardian of the child alleged to be dependent, neglected, or abused;
- (c) Persons within the cabinet with a legitimate interest or responsibility related to the case;
- (d) A licensed child-caring facility or child-placing agency evaluating placement for or serving a child who is believed to be the victim of an abuse, neglect, or dependency report;
- (e) Other medical, psychological, educational, or social service agencies, child care administrators, corrections personnel, or law enforcement agencies, including the county attorney's office, the coroner, and the local child fatality response team, that have a legitimate interest in the case;
- (f) A noncustodial parent when the dependency, neglect, or abuse is substantiated;
- (g) Members of multidisciplinary teams as defined by KRS 620.020 and which operate pursuant to KRS 431.600;
- (h) Employees or designated agents of a children's advocacy center;
- (i) Those persons so authorized by court order; or
- (j) The external child fatality and near fatality review panel established by KRS 620.055.

Any person requesting disclosure of information pertaining to a client's case record follows the procedures outlined per open records request and disclosure of information. (per HIPPA). This pertains to both custodial and noncustodial parent(s) requesting information regarding their child's case.

## Children's Advocacy Centers

Kentucky law also provides that the records of CACs are confidential. Specifically, KRS 620.050(6)(a) provides that files, reports, notes, photographs, records, electronic and other communications, and working papers used or developed by a CAC in providing services under this chapter are confidential and shall not be disclosed except to the following persons:

- 1) Staff employed by the Cabinet, law enforcement officers, and Commonwealth's and county attorneys who are directly involved in the investigation or prosecution of the case;
  - 2) Medical and mental health professionals listed by name in a release of information signed by the guardian of the child, provided that the information shared is limited to that necessary to promote the physical or psychological health of the child or to treat the child for abuse-related symptoms;
  - 3) The court and those persons so authorized by a court order; and
  - 4) The external child fatality and near fatality review panel.
- 5) The parties to an administrative hearing conducted by the cabinet or its designee in accordance with KRS Chapter 13B in an appeal of a cabinet substantiated finding of abuse or neglect. The children's advocacy center may, in its sole discretion, provide testimony in lieu of files, reports, notes, photographs, records, electronic and other communications, and working papers used or developed by the center if the center determines that the release poses a threat to the safety or well-being of the child, or would be in the best interests of the child. Following the administrative hearing and any judicial review, the parties to the administrative hearing shall return all files, reports, notes, photographs, records, electronic and other communications, and working papers used or developed by the children's advocacy center to the center.

The statute further provides that nothing shall prohibit a parent or guardian from accessing records for his or her child providing that the parent or guardian is not currently under investigation by a law enforcement agency or the cabinet relating to the abuse of a child (KRS 620.050(7)).

The statute prevents employees or designated agents of a CAC from disclosing information discussed during a multidisciplinary team review of a child sexual abuse case as set forth under KRS 620.040. Persons receiving this information shall sign a confidentiality statement consistent with statutory prohibitions on disclosure of this information (KRS 620.050(8)). Finally, employees or designated agents of a CAC may confirm to another CAC that a child has been seen for services, and, if an information release has been signed by the guardian of the child, a CAC may disclose relevant information to another CAC (KRS 620.050(9)).

## **Mental Health**

Statutes related to privileged communication between mental health professionals and clients are noted below. Privileged communication statutes found within the Kentucky Rules of Evidence (KRE) compel mental health team members to acquire releases of information from clients to allow the professional's full participation in team discussions. Consent for information to be released to the team may be included as part of a mental health agency's overall consent for treatment form. Consent for information to be released may also be requested by law enforcement or social services agencies that secure release of information signatures from appropriate parents or guardians. In extreme cases, court orders may be required to allow the professional to release needed information.

Finally, privileged communication does not prevent mental health professionals from reporting child abuse to the DCBS as is required by KRS 620.030. This includes the initial report of abuse and any subsequent acts of abuse against the child that are known or suspected by the mental health professional. Privileged communication statutes for mental health professionals include the following:

### *Counselor - Client Privilege -- KRS 422A.506 (5)(c)*

The Kentucky Rules of Evidence provide a privilege for counselors within Kentucky Rule of Evidence (KRE) 506. A counselor is defined to include a school counselor, a sexual assault counselor, a certified marriage and family therapist, a certified art therapist, a certified professional counselor, an individual who provides crisis response services as a member of a community crisis response team, a victim advocate as defined in KRS 421.570 (except a victim advocate employed by a Commonwealth's or county attorney), or a certified fee-based pastoral counselor.

A communication between a counselor and a client is "confidential" if not intended to be disclosed to third persons other than those present to further the interest of the client in the consultation or interview, persons reasonably necessary for the transmission of the communication, or persons present during the communication at the direction of the counselor (including members of the client's family). A client has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of counseling. Exceptions to the counselor client privilege include:

- 1) If the client is asserting his or her physical, mental or emotional condition as an element of a claim or defense; or, after the client's death, in any proceeding in which any party relies upon the condition as an element of a claim or defense; or

- 2) If the judge finds that the substance of the communication is relevant to an essential issue in the case;
- 3) If the judge finds that there are no available alternate means to obtain the substantial equivalent of the communication; and
- 4) If the judge finds that the need for the information outweighs the interest protected by the privilege. The court may receive evidence in camera to make findings under this rule.

### *Psychotherapist-Client Privilege*

The Kentucky Rules of Evidence provide a privilege for psychotherapists within Kentucky Rule of Evidence (KRE) 507. A communication between a psychotherapist and a client is "confidential" if not intended to be disclosed to third persons other than those present to further the interest of the client in the consultation or interview, persons reasonably necessary for the transmission of the communication, or persons who are present during the communication at the direction of the psychotherapist (including members of the client's family). A psychotherapist is defined to include a licensed or certified psychologist, licensed clinical social worker, a registered nurse, or licensed physician engaged in the diagnosis or treatment of a mental condition. A client has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of diagnosis or treatment of his or her mental condition. Exceptions to this privilege include:

- 1) In proceedings to hospitalize the client for mental illness, if the psychotherapist in the course of diagnosis or treatment has determined that the patient is in need of hospitalization;
- 2) If a judge finds that a client, after having been informed that the communications would not be privileged, has made communications to a psychotherapist in the course of an examination ordered by the court, providing that such communications shall be admissible only on issues involving the patient's mental condition; or
- 3) If the client is asserting his or her physical, mental or emotional condition as an element of a claim or defense; or, after the client's death, in any proceeding in which any party relies upon the condition as an element of a claim or defense.

1 Subsequent to the adoption of these court rules, legislation has been passed by the Kentucky General Assembly moving marriage and family therapists and professional counselors to KRE 507 at the time these professions attained licensure, not solely certification

### **HIPAA Guidelines**

Federal HIPAA guidelines may apply to data collection/submission if the entity submitting the data is a "health care provider." It is recommended that any agency concerned with meeting HIPAA requirements contact a person with expertise in this area.



## DATA COLLECTION BY THE MULTIDISCIPLINARY TEAM & COMMISSION

The **Name of county, counties, or circuit Multidisciplinary Team** will provide the Kentucky Multidisciplinary Commission on Child Sexual Abuse the following annually:

- The information will be on the operation of local multidisciplinary teams, including non-identifying case information on cases reviewed by the MDT.
- Annually the KMCCSA will prepare a report on the state of the multidisciplinary teams in the Commonwealth.

This report is separate from the Prosecutors Advisory Council (PAC) report that Commonwealth's and county attorneys are required to complete.

# Multidisciplinary Team

The undersigned hereby agree to the **Name of county, counties, or circuit** Multidisciplinary Team Protocol for a coordinated, multidisciplinary response to child abuse in **Name of county, counties, or circuit**. As an alternative, you may copy the header of this page and make separate signature pages per discipline or for each signatory.

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**Commonwealth Attorney Office**

**Date**

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**County Attorney Office**

**Date**

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**Law Enforcement**

**Date**

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**Law Enforcement**

**Date**

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**Cabinet for Health and Family Services**

**Date**

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**Children's Advocacy Center**

**Date**

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***Victim Advocate***

***Date***

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***Mental Health***

***Date***

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***Medical Professional***

***Date***

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***Other***

***Date***

# County Multidisciplinary Team Agreement

The following listed team members hereby agree to cooperate and coordinate with each other in executing and implementing the following state goals and objectives.

- Children’s Advocacy Center \_\_\_\_\_
- Commonwealth Prosecutor \_\_\_\_\_
- County Attorney Prosecutor \_\_\_\_\_
- DCBS \_\_\_\_\_
- Education \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- Medical Professional \_\_\_\_\_
- Mental Health \_\_\_\_\_
- Victim Advocate \_\_\_\_\_

### Goals and Objectives:

**GOAL: Safety and Protection for Child Victims of Sexual Abuse**

- To ensure the immediate safety of the child victim and to minimize further trauma or systemic re-victimization;
- To protect the privacy rights of the child and the child's family (KRS Chapter 421);
- To minimize the number of victim interviews and to ensure interagency collaboration; and
- To facilitate access to medical and behavioral/mental health intervention to promote successful healing.

**GOAL: Accountability of the Child Sexual Abuse Service System**

- To increase the quality of sexual abuse investigations, prosecution and victim services and eliminate the duplication of efforts;
- To increase successful prosecution and offender accountability through multidisciplinary collaboration;
- To ensure that each case of child sexual abuse is appropriately reviewed;
- To hold all professionals involved in child sexual abuse cases to the highest standard of professional conduct;
- To identify and improve system and local resource deficiencies;
- To promote child victim and family voice;
- To collect and maintain accurate information regarding the investigation and prosecution of child sexual abuse cases;
- To implement trauma informed care practices and principles; and
- To increase and maintain active participation and consistent attendance of each agency at multidisciplinary team meetings.

### Confidentiality:

All team members will abide by Kentucky State Laws pertaining to privileged communication and confidentiality of records and case information, which will be reviewed and discussed at the team meetings.

All team members that present information in the review sessions need to address the issue of privileged communication and confidentiality within the context of their own agency.

### Conflicts of Interest:

Any team member whose review of a case presents a conflict of interest for the member should disclose the conflict and abstain from voting on any issue related to the conflict.

## County Multidisciplinary Team Sign-in:

(Please see the opposite side of this page for an outline of the \_\_\_\_\_ Multidisciplinary Team Agreement)

\_\_\_\_\_  
Signature/Agency:

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MDT Case Review Form

VICTIM: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

County where crime occurred: \_\_\_\_\_

Alleged Perpetrator: \_\_\_\_\_

Investigative Law Enforcement Officer: \_\_\_\_\_

Cabinet for Health & Family Services: \_\_\_\_\_

Forensic Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

DETECTIVE: \_\_\_\_\_ SOCIAL WORKER: \_\_\_\_\_

DISCLOSURE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ADA or CULTURAL NEEDS/CONCERNS TO CONSIDER FOR THIS CHILD OR FAMILY? Yes No

MEDICAL EXAM: Yes No If yes: When \_\_\_\_\_ Where \_\_\_\_\_

Case Review Notes: (Provide date of review /brief discussion/follow-up)  
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Kentucky Multidisciplinary Commission on Child Sexual Abuse

Please complete the following Mandatory Data Collection Tool and submit to [KMCCSA@ky.gov](mailto:KMCCSA@ky.gov). Form must be completed by January 31.

County/Counties Team Represents:

Facilitator's Name and Email for the Team:

Identify the Discipline, Individual Name and Email:

Discipline	Individual's Name	Email

How often does your MDT meet and review cases:

Type of cases reviewed:

Type of Cases reviewed	Number of Cases
Sexual Abuse Cases	
Physical Abuse Cases	
Human Trafficking Cases	
Other (please define)	

Does your team have an approved protocol:

If yes, please provide approval date:

How often does your team review your MDT Protocol:

How does your MDT orient new team members:

\_\_\_\_\_



Please identify specific needs of your team: \_\_\_\_\_

Please identify specific training that would be beneficial to your team:

Form completed by (name and contact information):

## KENTUCKY MULTIDISCIPLINARY COMMISSION ON CHILD SEXUAL ABUSE

### COMPLAINT PROCESS AND REVIEW

KRS 431.660 lists the duties and powers of the Commission. This includes the duty and power to receive and review complaints regarding local multidisciplinary teams, and make appropriate recommendations.<sup>1</sup>

The procedure for handling a complaint received by the Commission may be handled by *informal inquiry* or, if necessary, by *formal complaint process*.

#### **INFORMAL INQUIRY PROCESS**

A local team member may initiate contact with the Commission through an individual Commission member orally or by letter to the Commission. The following will occur:

- 1) Commission member or staff will review the inquiry to ascertain whether it regards local multidisciplinary teams;
- 2) If the inquiry does not regard local multidisciplinary teams, Commission member/staff will inform the inquirer that the Commission is unable to accept the inquiry and make appropriate referrals to other agencies.
- 3) If the inquiry does regard local multidisciplinary teams, Commission member/staff will contact the inquirer by phone to gather more information, if necessary, and will explain the inquiry procedure to the inquirer;
- 4) Inquiries regarding the attendance, functioning, or performance of the multidisciplinary team or regarding a specific agency representative will be referred as follows:
  - a. *Social services representative*— If the inquiry involves the Cabinet for Health and Family Services (“CHFS”), the Commission representative from the CHFS will make contact with the inquirer if more information is needed and, if necessary, refer the matter to the appropriate agency personnel. The CHFS representative will report to the Commission as to the progress of resolving the inquiry. The CHFS representative will inform the inquirer of the process.
  - b. *Law Enforcement representative* - If the inquiry involves Kentucky State Police (KSP) or local law enforcement, the law enforcement representative on the Commission will make contact with the inquirer if more information is

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<sup>1</sup> See KRS 431.660(g).

needed and, if necessary, refer the matter to the appropriate agency personnel. The law enforcement representative will report to the Commission as to the progress of resolving the inquiry. The law enforcement representative will inform the inquirer of the process.

c. *Prosecuting attorney* – If the inquiry involves a prosecuting attorney, the Commonwealth’s attorney member will make contact with the inquirer if more information is needed and contact the local prosecutor named in the inquiry to attempt to resolve the matter informally. The Commonwealth’s attorney member will report to the Commission as to the progress of resolving the inquiry. The Commonwealth’s attorney will inform the inquirer of the process.

d. *Therapist or mental health representative* - The Commission representative from the Department for Behavioral Health, Developmental and Intellectual Disabilities will make contact with the inquirer if more information is needed and contact the local therapist or mental health representative to attempt to resolve the matter informally. The DBHDID representative will report to the Commission as to the progress of resolving the inquiry. The DBHDID representative or therapist member will inform the inquirer of the process.

e. *Education representative* - The Commission representative from the Department of Education will make contact with the inquirer if more information is needed and contact the local education representative to attempt to resolve the matter informally. The education representative will report to the Commission as to the progress of resolving the inquiry. The Education representative will inform the inquirer of the process.

f. *Children’s Advocacy Center representative* - The Commission representative from an advocacy center will make contact with the inquirer if more information is needed and contact the local CAC representative to attempt to resolve the matter informally. The CAC representative will report to the Commission as to the progress of resolving the inquiry. The CAC representative will inform the inquirer of the process.

g. *Physician* - The physician representative on the Commission will make contact with the inquirer if more information is needed and contact the local physician to attempt to resolve the matter informally. The physician representative will report to the Commission as to the progress of resolving the inquiry. The physician member will inform the inquirer of the process.

5) In the event that the specified representative is unavailable or the position is vacant an informal inquiry may be handled by any available member with the consent of the Commission.

- 6) The subject of the inquiry will not receive a copy of the correspondence during the informal review process<sup>2</sup>.

If the Commission member is successful in resolving the local team member's concern, the inquiry and resolution shall be recorded and kept in the Commission's files. If there is not a successful resolution, the Commission member handling the inquiry shall advise the inquirer of the option to proceed with a formal complaint and refer the inquirer to Commission staff for further assistance.

### **FORMAL COMPLAINT PROCESS**

After the representative conducting the informal inquiry has informed the Commission that the inquiry has not resolved the complaint, the formal complaint process may be initiated.

Commission staff shall inform the complainant of the formal complaint process and provide to a complaint form. The form, once completed, should be returned to the Office of the Attorney General, Office of Child Abuse and Exploitation Prevention.

Upon receipt of the completed form, the complaint will be considered at the next Commission meeting. The Commission will:

- 1) Review the complaint to determine whether the complaint falls within the statutory duties of the Commission;
- 2) Determine if the complaint does or does not regard local multidisciplinary teams.
  - If the complaint does not regard local multidisciplinary teams, Commission staff will inform the complainant that the Commission is unable to accept the complaint and make appropriate referrals to other agencies.
  - If the complaint does regard local multidisciplinary teams, Commission staff will send an acknowledgement of receipt of complaint, a copy of the completed complaint form and notice of the decision to accept the complaint to the complainant and the subject of the complaint within five days of the Commission meeting;
- 3) Provide a copy of the Response to Formal Complaint Form to the subject of the complaint and request a response no later than 7 days prior to the next scheduled Commission meeting;
- 4) Select a member or staff to gather additional relevant information to assist in analyzing and resolving the complaint;

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<sup>2</sup> Note that written communications, including emails, may be subject to disclosure by request under the Kentucky Open Records Act.

- 5) Receive and review, at the subsequent Commission meeting, all relevant information gathered during the complaint process, including any written or oral information provided by the member/staff to which the complaint was referred;
- 6) Give notice to both the complainant and the subject of the complaint of their right to attend the meeting at which the complaint is presented and discussed.

After reviewing all information presented to it, the Commission shall:

- Contact, as needed, other agencies, organizations or individuals to gather additional relevant information regarding the complaint.
- Make recommendations regarding the complaint and communicate the recommendations to the complainant, the subject of the complaint and the local multidisciplinary team.

Recommendations shall be communicated to the complainant, the subject of the complaint and local team within 14 days of approval by the Commission. The local team shall be asked to respond, in writing, within a prescribed time period acknowledging receipt of the recommendations and informing the Commission of the success/failure of the recommendations.

*Documentation:*

The Commission shall document, on forms approved by the Commission for this purpose: receipt of all complaints; all completed complaint forms and responses;; all persons or agencies contacted in the course of reviewing the formal complaint; all recommendations developed; and the responses of the local team, the complainant, and the subject of the complaint to the recommendations of the Commission. These documents shall be kept in the Commission files along with any additional written correspondence related to the case.

Forms attached:

- Informal Inquiry Resolution Form
- Complaint Form
- Formal Complaint Response Form
- Contact/Supplemental Contact Form
- Commission Recommendations Form
- Response to Recommendations Form