

Multidisciplinary Enhancement Project (MEP)

Centralized Intake Collaboration Project

Year 2:

December 2020-June 2021

Supported, in part, with grant funds awarded from the Kentucky Children's Justice Act Task Force.
Projected completed in partnership with the Kentucky Department of Community Based Services.



**Children's Advocacy
Centers of Kentucky**

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Executive Summary

Introduction

For calendar year 2019, 77,512 children were the subject of an investigated report alleging child maltreatment, with abuse substantiated for 20,130 of these children¹. The rate of child maltreatment has remained high in comparison to other states for multiple years². By statute, Kentucky's Cabinet for Health and Family Services makes written reports to prosecutors and law enforcement agencies regarding every investigated report³. The multidisciplinary team (MDT) approach is at the core of the children's advocacy center (CAC) model and well recognized best approach to investigating child abuse cases.(See page 27, Research on Effectiveness of MDT Response to Child Abuse). Kentucky first established in statute and regulation the response of children's advocacy centers and MDTs in 2000.⁴ Originally focused on serving child victims of sexual abuse, CACs in Kentucky have expanded services over time to an increasing percentage of children due to physical abuse, witness to violence, and other types of cases. MDT partners in Kentucky include prosecutors, the Department for Community Based Services (DCBS) – Division of Protection and Permanency; federal, state, and local law enforcement agencies; mental health professionals; medical professionals; children's advocacy center staff; victim advocates; educators; and other related professionals.⁵

Multidisciplinary Enhancement Project

Per statute, children's advocacy centers have coordination of the response to child abuse as a defined function.⁶ However, children's advocacy centers have not been included in the MDT agencies who receive reports of child abuse as they are received by Kentucky's centralized intake system housed through the DCBS. KRS 620.050(5)(g) and 620.050(5)(h), explicitly allows a "report of child abuse, neglect, or dependency and all information obtained by the cabinet or its delegated representative" to be divulged to Child Advocacy Centers, both as independent entities and as members of multidisciplinary teams pursuant to KRS 431.600.

This report describes a quantitative and qualitative analysis of the second year of implementation of a pilot project for three CACs to be included in the routing of these initial reports. Results from three diverse counties demonstrate an increase in adherence to the adopted county level protocols, ultimately resulting in more children accessing services both to advance investigations and to provide healing.

Key Takeaways

Community Partner Response

- The Cabinet for Health and Family Services entered an updated Memorandum of Understanding Effective through 2024, demonstrating the recognition of the value of increasing collaborative efforts. See Appendix B.
- During months in which CAC employed MDT Coordinators engaged in outreach efforts to partner agencies upon receipt of intake reports, there was an increase in adherence to agreed upon local MDT protocols.

Results for Children

- CAC employed MDT Coordinators provided expert review of 3,313 reports between October 2019 and mid-June 2021. From January to June 2021, these CAC professional reviewed 902 reports for locally established intake criteria for MDT response and trauma informed, evidence-based services available through CACs as well as for trends of unmet community need.
- During months when CAC employed MDT Coordinators actively reached out to MDT partner agencies to coordinate identified service needs for child abuse victims, the percentage of children receiving specialized services for which they qualified increased.
- Percent gains were observed for specialized services (forensic interviewing, victim advocacy, and mental health services) in all three locations. See charts on pages 20-22.

Systems Results

- Based upon expert review, each participating CAC location adapted the response and services in their local community and engaged in more collaboration with MDT partners. Examples are detailed on pages 11-17.
- MDT Coordinators identified potential barriers to efficient communication and utilized technology to assist in providing solutions. One example included routine use of email to communicate asynchronously and consistently with intake team supervisors and assigned investigative workers. Another example was use of a secure document for law enforcement agencies to indicate to other team members which agency had accepted a case for investigation when multiple agencies had been notified of an investigation.
- Through this project, CAC MDT Coordinators increased their communication with DCBS personnel, including with the centralized intake teams. Examples include attending virtual staff meetings, including the centralized intake team in an MDT newsletter.

Key Definitions

Children's Advocacy Center

Per KRS 620.040 (4): An agency that

- advocates on behalf of children alleged to have been abused;
- assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations
- promotes the coordination of services
- provides, directly or by formalized agreements, services that include, but are not limited to,
 - forensic interviews
 - medical examinations
 - mental health and related support services
 - court advocacy
 - consultation
 - training
 - and staffing of multidisciplinary teams.

Multidisciplinary Team on Child Sexual Abuse

Per KRS 620.040 (7)

The multidisciplinary team shall review child sexual abuse cases and 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. 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.

Centralized Intake

A part of the Cabinet for Health and Family Services, Department of Community Based Services, centralized intake is a branch that provides the triage and report screening and acceptance functions regarding reports to the child abuse and neglect in Kentucky. Reports are accepted by telephone and non-emergent reports by an online system. A small percentage of reports are made directly to law enforcement or prosecutors.

Key Definitions - continued

DPP-115

Form number of the confidential Suspected Abuse/Neglect, Dependency or Exploitation Reporting Form completed by centralized intake staff for reports accepted for investigation.

Law Enforcement Notification (LEN)

Form completed for suspected abuse cases reported to centralized intake that do not involve a caretaker. These reports are not investigated by DCBS, but law enforcement may request assistance from DCBS. The exception is that non-caretaker reports of human trafficking are documented through the DPP-115 to reflect that they are also investigated by DCBS.

Multidisciplinary Case Review

Formal, confidential meeting of the members of the local multidisciplinary team. At each meeting, each active case shall be presented and the agencies' responses assessed. Teams meet at least monthly.

Multidisciplinary Team Coordination

Includes facilitation of sharing of information between agencies; orientation of MDT members to CAC services and the case review process; obtaining feedback from MDT members; and tracking of case outcomes. Coordinators may also prepare case review meeting agendas and may also facilitate case review meetings.

Multidisciplinary Enhancement Project

The MDT is at the heart of the work of a children's advocacy center. In 2018, Kentucky's CACs engaged in a specific strategic initiative to strengthen the work of the MDT. With the widespread implementation of the MDT response to child abuse nationally and internationally, Children's Advocacy Centers of Kentucky (CAC Kentucky) began by conducting a review of work in other states. Of note, Texas had implemented efforts in this area beginning in 2014, which included looking at the role of CACs in the very early phases of an investigation. Among the changes implemented in Texas was an enhanced focus on the position of MDT Coordinator and statewide policy change to include every CAC in their centralized intake process. Teams in Texas also learned to clarify their intake criteria for MDT response and specific CAC services.⁷

Greg Flett with the Southern Regional Children's Advocacy Center in Huntsville, Alabama, provided training for up to two representatives from each of Kentucky's CACs in May 2019. Additionally, CAC Kentucky began discussions with CHFS regarding a pilot project involving including CACs earlier in the investigative process. Initial funding was also received from the Children's Justice Act taskforce to begin this work.

To be considered a pilot location, a CAC needed to demonstrate commitment to the new process by local partners, appropriate policies and procedures, adequate staffing commitment, willingness to track data, and approval by state level DCBS personnel. In this first year, the focus was on tracking types of reports, to learn about the universe of potential abuse/ neglect referrals that had previously been unknown, and to develop key relationships and workflows.

For the CJA award period of December 2020 to June 2021, the three participating sites began tracking new outcomes measures related to the response to each individual report received instead of tracking overall reports versus services. Measures specifically challenged teams to identify clearly their protocol and criteria for MDT response as well as for each specialized CAC service. Each pilot location began active outreach in a different month, so each location was asked to identify and code the same information for a baseline month in which active coordination had not yet been implemented. These measures are designed to account for the variability in volume of reports as well as the local variability in intake criteria for each service.

MULTIDISCIPLINARY ENHANCEMENT PROJECT

1

2018

CAC Kentucky
prioritizes
enhancing MDT

2

MAY 2019

Strengthening and
Sustaining Your
MDT - Training by
Greg Flett,
Southern Regional
CAC - Provided to
All Kentucky CACs

3

**SUMMER
2019**

Initial MOU Signed
between DCBS and
CAC Kentucky

4

FALL 2019

Pilot locations
selected and initial
data collection
begins

5

**DECEMBER
2020**

Updated MOU
signed through
2024

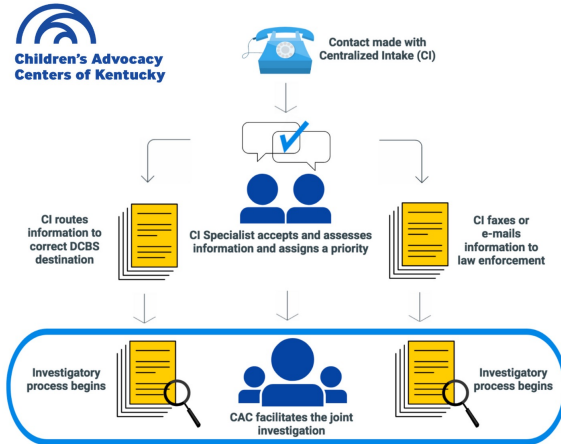
6

**JANUARY-
JUNE 2021**

Refined outcomes
measures by child
based upon
response and
service criteria

Project Timeline
Highlights

Project Design



Initially, CAC staff reviewed intake reports and documented weekly trends without outreach on cases not referred.

- Type of report (115, LEN, or 2nd incident)
- Type of abuse/ neglect allegation
- Number of children in the report
- Number of forensic interviews, medical exams, and new MDT cases reviewed

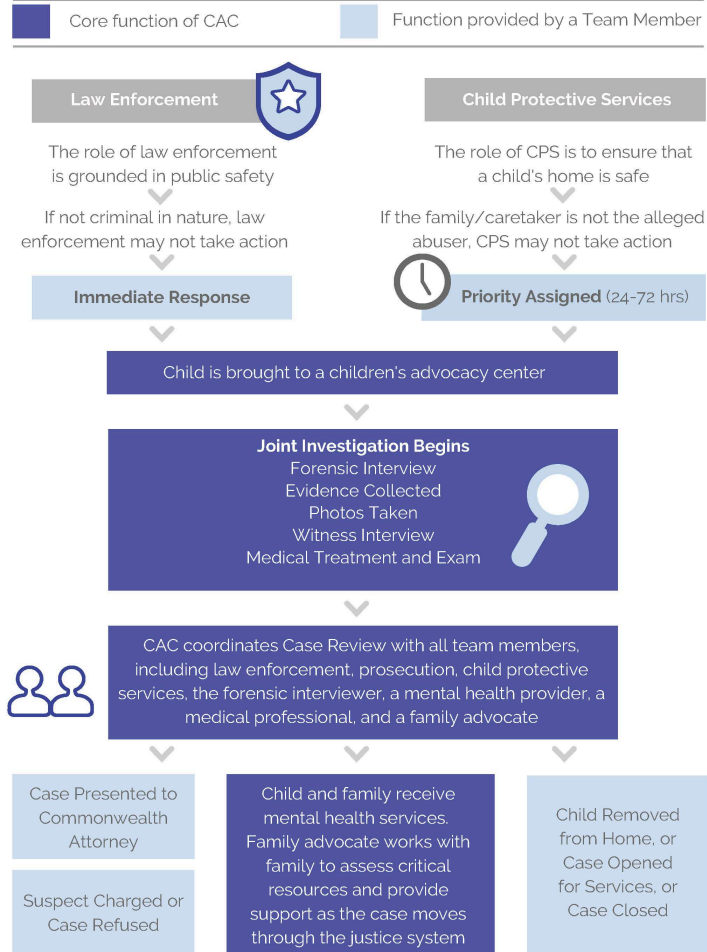
During the current phase of the project, CAC staff continued to track the above data. CAC-employed Multidisciplinary Team (MDT) Coordinators actively identified and conducted outreach regarding reports meeting intake criteria for any CAC service. Teams worked to refine their criteria for service provision, while considering availability of other community resources and capacity.

The following additional information was tracked and compiled on a monthly basis:

- Cases meeting intake criteria for each of the following:
 - MDT Response
 - Forensic Interview
 - Victim Advocacy
 - Mental Health
 - Comprehensive Child Sexual Abuse Medical Exam
- Cases receiving each of the above services that met the intake criteria for that service

Programs also tracked outreach efforts to MDT partners offering CAC services for those cases that met criteria.

HOW IT WORKS: THE CAC MODEL IN KENTUCKY



From MDT Enhancement Initiative – Readiness Guide for State Chapters⁸

"The children's advocacy center model was first designed to address a challenge that communities faced: when allegations of child abuse arose, several systems in the community had a role to play. However, when those systems weren't coordinated, children often experienced a confusing, duplicative system that could leave them confused, re-traumatized, and unprotected. Cases often fell through the cracks, which meant that children could be left in danger. CACs were created as a coordinated, multidisciplinary response to child abuse allegations. By sharing information and working to coordinate joint investigations, the CAC model is designed to create better outcomes for children and families by facilitating justice, support, and healing."

As CACs have evolved over the years, many communities have focused on developing critical services like forensic interviewing, victim advocacy, mental health, and medical evaluations. With the addition and evolution of these services, some communities began to view CACs as a place to receive services rather than as a different way of working together. At the same time, MDTs faced an array of challenges, from frequent turnover to competing mandatory timelines to a lack of resources ensuring true joint investigations.

The MDT Enhancement Initiative is intended to improve collaboration and ensure full access to CAC services for victims of child abuse. The initiative creates staff positions at CACs dedicated to focusing on the role of team coordination. These individuals are provided with support and professional development to equip them to facilitate coordination amongst MDT members. CACs also receive intake reports from Child Protective Services so that they can identify cases that meet the MDT's case criteria for referral to the team, defined by that team's protocol."

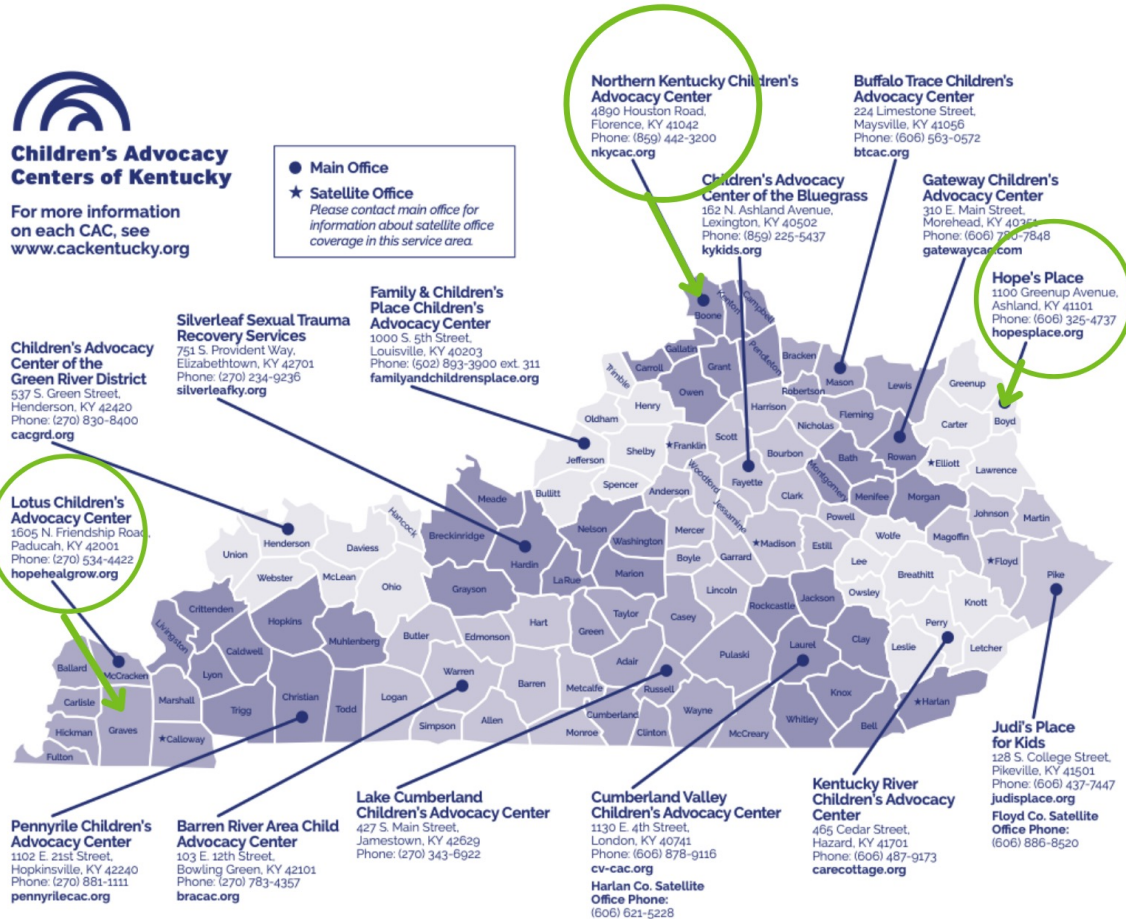
Participating Sites



Children's Advocacy Centers of Kentucky

For more information on each CAC, see www.cackentucky.org

- Main Office
 - ★ Satellite Office
- Please contact main office for information about satellite office coverage in this service area.



Hope's Place – Ashland, Boyd County



Counties Served: Boyd, Carter, Greenup, Lawrence, and Elliott

MEP County: Boyd

Population of Boyd County*: 46,178

Population under 18: 21.3%/ 9,951 children

Total 115 and LENS reviewed

January- June 15, 2021: 240

Project entirety (Oct. 2019-June 15, 2021): 1,012

Project staffing:

Executive Director Lisa Phelps, M.Ed., LPCC-S

Cally Wurts, Multidisciplinary Team Coordinator

*from Census.gov, 2019 Population Estimates

Hope's Place – Program Highlights

Hope's Place has established standing weekly communication between the CAC MDT coordinator and the DCBS investigative supervisor to identify potential services to match clients to services at Hope's Place.

Based upon reviewing all the reports and identifying unmet community needs, Hope's Place has added "advocacy only" services and virtual parenting classes to assist in meeting needs of more non-traditional cases for CACs (beyond sexual abuse and even severe physical abuse). Previously, victim advocacy services were primarily provided when victims were referred for forensic interviews or medical services. In other words, intake criteria for victim advocacy has expanded.

Example of success from Cally Wurts, MDT Coordinator: *"I received a call after hours from the supervisor at Boyd County DCBS. They had a bad child physical abuse report regarding a 2- year-old, and they needed high quality photos to document the injury. While this child was not of the developmental level to participate in a forensic interview service, we were able to complete those photographs the same evening. We were able to use the secure communications features of our equipment to send the photographs to Living Forensics (University of Louisville) for review. It was a service we were able to provide to the child and the team, and I felt it was because of MEP, which has increased communication and increased awareness of available services."*

"I think it's opened the door for more services for our families and we truly appreciate everything you guys do as well! It's also great how we can work together to make sure everyone gets all that we can offer them. So, I think it's going very well.... The advocacy portion is great, and I think that the weekly email of the spreadsheet helps ensure we have ongoing communication for families in need of additional services."
-Tammy Gollihue, Boyd County DCBS Supervisor:

Lotus – Paducah, McCracken County



Counties Served: McCracken, Ballard, Carlisle, Hickman, Fulton, Graves, Marshall, and Calloway

MEP County: Graves

Population of Graves County*: 37,266
Population under 18: 24.1%/ 8,981 children

Total 115 and LENS reviewed
January- June 15, 2021: 131
Project Entirety (Oct. 2019-June 15, 2021): 449

Project staffing:
Grace Stewart (left), CAC Program Director
Sarah Grimsley (right), CAC Service Coordinator



Lotus - Program Highlights

During a meeting between our CAC and three local law enforcement agencies, DCBS, and prosecutors about our MEP program, we discussed our case list and how we can all work better together. Investigators shared concerns that when CI gets a report, they often send the report to all 3 LE agencies, in addition to DCBS. The LE officers then do not know if they are to investigate or if someone else is already investigating, etc. The confusion often results in cases having delayed investigations or no investigation at all. This also hinders DCBS investigators' actions as they do not know what has been done or with what LE agency to coordinate. Our MEP Taskforce is now working more actively as a team to conduct weekly MEP case review. We created a secure shared case list where MEP members can access/ add a new cases and designate which agency/officer or DCBS worker has the case so investigators can work more collaboratively. This idea was shared by our KSP MEP Taskforce member as they utilize a similar case assignment system for specialized cases.

"It is critical that all reports of suspected child abuse receive an immediate and thorough response from specialized professionals. Our MEP team meets weekly to ensure that allegations of physical and sexual abuse of a child are reviewed immediately by law enforcement, social workers, Lotus Child Advocacy representatives and the prosecution. In so doing, we confirm that numerous agencies are responding appropriately to the initial report of abuse and in accordance with relevant Kentucky statutes. It is only through the collective response of the MEP team that we can ensure proper care of our most vulnerable victims."

– Aimee Clymer-Hancock, Assistant Commonwealth Attorney



Members of the Graves County MDT

Lotus – Deep Dive Analysis

Additional local analysis of impact on services and team functioning:

Since moving into Phase 2 (active outreach/ coordination), Lotus has reviewed 244 reports received from Centralized Intake (Oct 1, 2020-June 9, 2021), an increase of 9.4% from the same time-period in Phase 1. Our Graves MEP task force has reviewed and discussed 197 reports from January 2021 to present. Lotus has served 69 unduplicated victims (45) and caregivers (24) and provided 660 services resulting from referrals for forensic, advocacy, and therapy services. Graves County has seen an increase of 88% in Forensic Interviews conducted from the same time-period the year before. Since Oct 1, 2020-June 9, 2021, Graves County MDT has reviewed 96 cases, an increase of 63% from same time-period in Phase 1.

Additional local needs identified:

Based on the limited information in the reports, we noted that 52% could benefit from information on the Strengthening Families protective factors. There was a need for family advocacy and resources in nearly all the 115s. Data collected in Phase 2 showed that 27% referenced substance abuse, 8.6% referenced child or caregiver suicidality, 6.1% had a child with disabilities, 4 families were listed as homeless.

There are so many great benefits from the MEP Project. One of the things I love the most is our weekly case review meeting. It's such a great feeling to know that we are putting out every safety net possible for the children of Graves County. We are making sure no child, no potentially harmful situation for a child--is overlooked. It is truly a wonderful thought that our agencies work so well together for the benefit of our kids!" – Denise Brazzell, Victim Advocate/ MDT Member

"MEP meets weekly and ensures no children fall through the cracks. Prosecutors, law enforcement, social workers and Lotus consult about a variety of cases to make sure these children are safe and are receiving the help and services they need. Unfortunately, not that long ago, these meetings were not occurring and sadly, some children were not getting the help and services they need. No longer though. MEP brings everyone together to consult about these important cases and keep Graves County's children safe." – Richie Kemp, Commonwealth Attorney

Northern Kentucky Children's Advocacy Center – Florence, Boone County



Counties Served: Boone, Campbell, Kenton, Gallatin, Carroll, Owen, Grant, Pendleton

MEP County: Boone

Population of Boone County*: 133,581

Population under 18: 25.8%/34,463 children

Total 115 and LENS reviewed

January-June 15, 2021: 531

Project Entirety (Oct. 2019-June 15, 2021): 1,852

Project staffing:

Executive Director Vickie Henderson, LCSW
Lydia Noll-Giska, MSW, Family Advocate and
MDT Coordinator

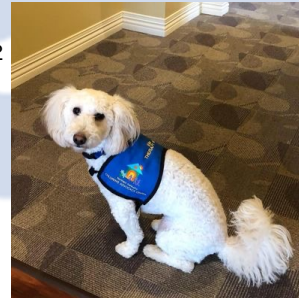


Photo: Ellie, Therapy Dog

Northern Kentucky Children's Advocacy Center – Program Highlights

Success Story from Lydia Noll-Giska, MDT Coordinator: "On a Friday morning, I received a batch of 115s and noticed a case that should be seen. I contacted Det. Tracy Watson (Boone County Sheriff's Office) and found out which detective was assigned. I emailed the CHFS supervisor listed on the report to find out which worker had the case and emailed the detective. Early afternoon, he called me back, said that he was at the scene with social worker, and that they had planned for the child to be safe over the weekend. We scheduled a forensic interview and advocacy services for Monday. "

Additional Project Highlight From Lydia Noll-Giska, MDT Coordinator:

"I began working on the MEP after being out of the "field" for many years. It exposed me to the extent of all CHFS reports (not just the ones that we see) and allowed me to build relationships with CHFS workers. I have learned that, generally, we see most reports that fall within our protocol. Reports that we could see, but do not fall within protocol- physical abuse and witness to violence- are less common. These are the cases that I reached out to CHFS workers about and had conversations about benefits of utilizing the CAC. It was wonderful to speak with these workers when I was able- the work that was being done was thoughtful and thorough. There are an average of 9.4 cases per month that fall outside of MDT protocol that could still be seen in our test county. The percentage of cases that fall within our protocol that we see has increased and stayed high throughout this calendar year. I really attribute this to the relationships that we have been able to grow, even during times of COVID-19.

Having access to the 115s has really helped our response within the MDT. Once we receive an urgent report, we can reach out to the other MDT involved and have a faster, more decisive action because everyone has the same information. It also helps the team feel more cohesive- families can tell when the team is unified and trusts one another."

Data Basics

Number of Reports Reviewed

Reports Reviewed by County

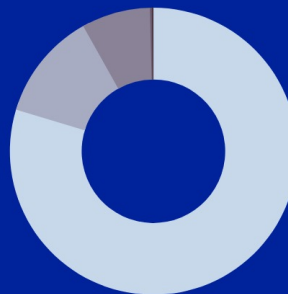


BOONE	1,852
BOYD	1,012
GRAVES	449

Reports by Type of Abuse

COMBINED FOR ALL THREE PILOT SITES

Reported Incidents by Percent
October 2019–mid-June 2021



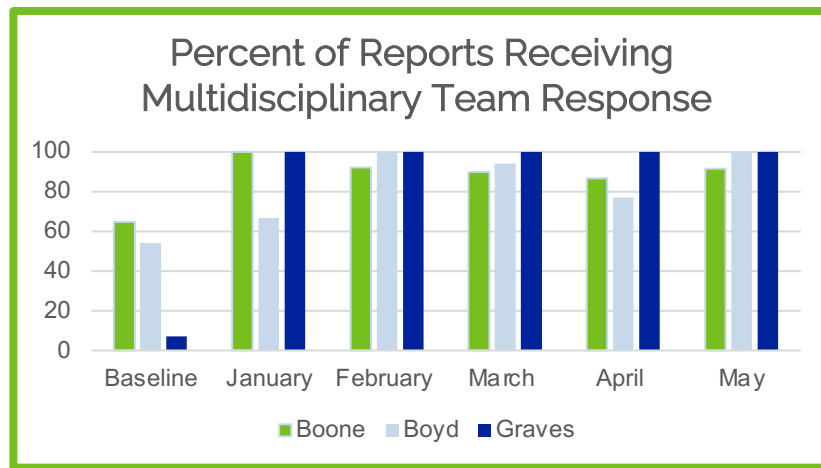
NEGLECT	79.69%
PHYSICAL ABUSE	12.17%
SEXUAL ABUSE	7.75%
WITNESS VIOLENCE	0.21%
HUMAN TRAFFICKING	0.18%

Challenges

- The process for routing the 115 and LENS to CACs requires additional personnel resources from DCBS, which is a barrier to the expansion of this project. A more automated routing system to notify CACs, as well as the statutorily required MDT partners, regarding these reports would increase the efficiency for all involved.
- Participating children's advocacy centers increased their staffing of MDT Coordination as a part of this project. Sustainable funding for MDT coordination is at risk, which jeopardizes progress made toward effective collaboration.
- Children's advocacy centers vary in their capacity to serve additional case types beyond child sexual abuse. Some teams may not want to include additional victimization types to their team protocols, which is a barrier to consistent measurement.
- This project identified at least one community where it was unclear as to which law enforcement agency was investigating prior to MDT coordination, which delayed response to victims. MDT Coordination is one solution to address this systems barrier.
- The impact of COVID-10 on this project is unknown. Of note, this project began in October 2019, with most of the impact of COVID-19 beginning in March 2020.

Results – Key Outcomes Measures

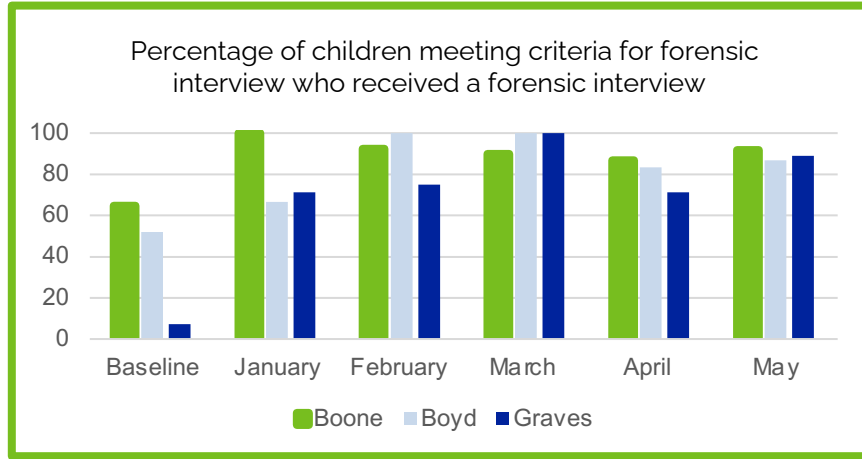
The following charts demonstrate the percentage of children receiving each service during one baseline month in which the child advocacy center was receiving 115s and LENS and was coding the system response. The chart then shows the same information during January – mid-June 2021. During this timeframe, CAC staff were actively coordinating services based upon review of each 115 and law enforcement notification as compared to the agreed upon response defined in their local Multidisciplinary Protocol.



Multidisciplinary Team Response Defined:

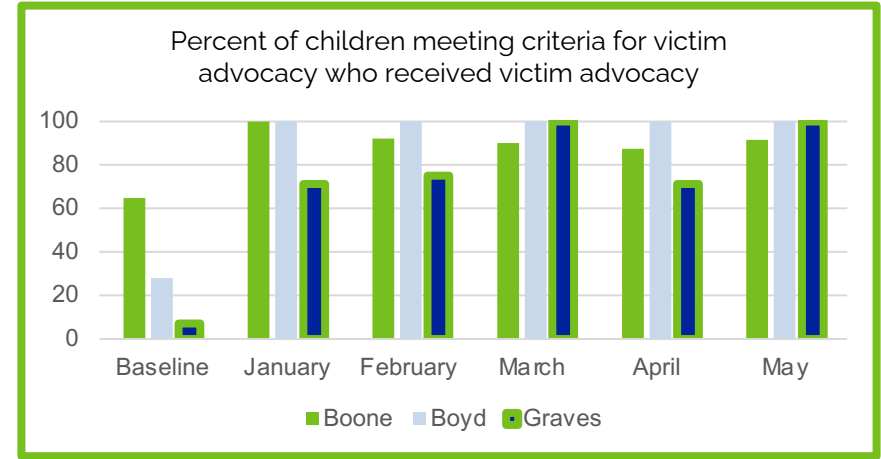
Includes joint investigation (as appropriate), case review, and coordinated response of multiple agencies.

Results – Key Outcomes Measures



Forensic Interviews Defined:

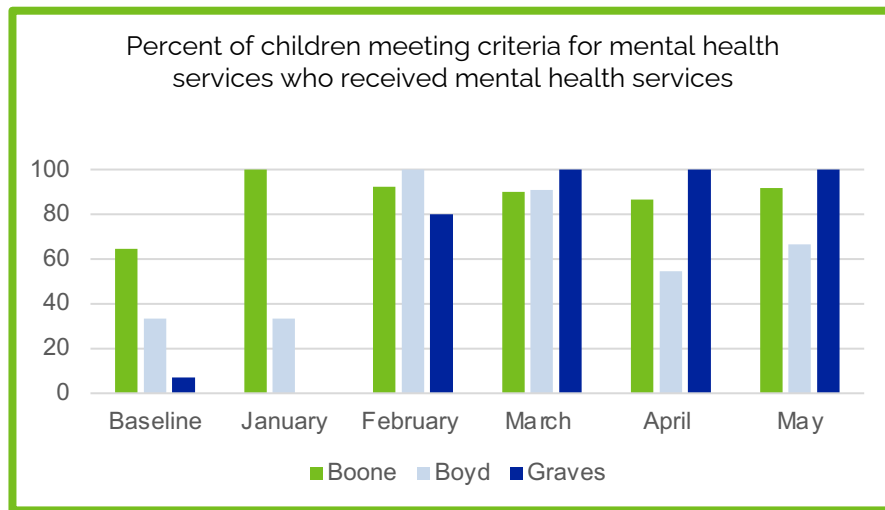
Forensic interviews, or structured, non-leading conversations facilitated by trained forensic interviewers to elicit factual information from children alleged to have experienced abuse. Per KRS 620.040 (6), "To the extent practicable and when in the best interest of a child alleged to have been abused, interviews with the child shall be conducted at a children's advocacy center." Interviewers employed by CACs in Kentucky meet high standards for advanced educational degree as well as specialized training and ongoing continuing education, including peer review.



Victim Advocacy Defined:

Victim advocacy services include assessment of needs, information and referral to meet identified needs, crisis counseling, psychoeducational groups, safety planning, information about the court process (criminal, family), transportation assistance, and follow-up contact. Services also include personal advocacy, which is the provision of assistance with addressing the immediate practical problems created by victimization. Examples include *intervention with employer, other service provider, landlord, utility company, or academic institution; securing childcare for counseling or other appointments that pertain to victimization; facilitating interpreter services; contacting investigative partners including DCBS and law enforcement regarding client's case or needs*

Results – Key Outcomes Measures



Mental Health Services Defined:

Mental health services at children's advocacy centers are provided at no cost to children and families. Services include use of validated screening and assessments and evidence based mental health practices. The most common mental health treatment modality at CACs in Kentucky is Trauma Focused Cognitive-Behavioral Therapy.

Results – Systems Changes

Several themes emerged from the three diverse participating sites and from the role of CAC-Kentucky.

- All three sites identified increased collaboration between participating CACs and community partners, including DCBS Centralized Intake Staff and Investigative workers, law enforcement agencies, and prosecutors. Examples include CI regional team staff meetings including CAC staff as guest speakers, standing weekly meetings with multiple law enforcement agencies, DCBS, and prosecutors to review new cases, and increased prosecutor engagement between case review.
- CACs reported an Increased understanding of the overall picture of child abuse and neglect in their community, which prompted customization of services and responses. Because children's advocacy centers are private, non-profits, they have the ability to seek funding to address needs within their mission and scope. All three programs have enhanced their staffing of MDT coordination services and are communicated about other services they can offer, whether the traditional CAC services to more children or addition of services, such as parenting classes.
- CAC Kentucky has increased its staffing structure to provide more support to strategic initiatives such as MEP, which has allowed for increased collaboration between CAC Kentucky and Centralized Intake supervisory staff in participating regions. This group was able to work together to identify solutions to any routing issues with the project and further to open up regular communication with a monthly virtual meeting. This meeting also provides a space to discuss any trends or policy changes with either Centralized Intake or CAC-Kentucky.

Notes

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2. Yetter, D. (2021, February 2). Kentucky leads in child abuse for third year straight as poverty, drugs take toll on families. *Courier Journal*. <https://www.courier-journal.com/story/news/local/2021/02/02/kentucky-leads-in-rate-of-child-abuse-third-straight-year/4311228001/>
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7. Children's Advocacy Centers of Texas (2017). *Charting the Future of Multidisciplinary Teams*.
8. Southern Regional Children's Advocacy Center (2020). *Multidisciplinary team enhancement initiative readiness guide*.

Acknowledgements

Special thanks to all of the DCBS Centralized Intake Staff, Supervisors, and Managers.

Special thanks to the MDT Members in Boone, Boyd, and Graves Counties.

Research on Effectiveness of MDT Response to Child Abuse

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Appendix A – Memorandum of Understanding

Title Page

For

CHFS Second Party Contract

Issued by

Children's Advocacy Centers of Kentucky

And

Cabinet for Health and Family Services

Department for Community Based Services

Division of Protection and Permanency

POINT OF CONTACT

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Department of Procurement and Grant Oversight
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Frankfort, KY 40601
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M834



Memorandum of Understanding Multidisciplinary Team Enhancement Program

We the undersigned agencies agree to the following policy supporting the implementation and operation of the Multidisciplinary Team Enhancement Program of the Children's Advocacy Centers of Kentucky (CAC KY).

Whereas, we acknowledge that the multidisciplinary team approach is at the core of the children's advocacy center model and well recognized best practice approach to investigating child abuse cases, and therefore commit to participation in the Multidisciplinary Team Enhancement Program with the intent to achieve the following goals:

- to proactively strengthen and sustain the children's advocacy center multidisciplinary team;
- to fortify the overall multidisciplinary component within the children's advocacy center to ensure effective communication, coordination, and collaboration at all stages of child abuse cases; and
- to ensure timely access to the full array of children's advocacy center/multidisciplinary team services for all children within the children's advocacy center's official service area and existing protocol case criteria.
- to better understand the positive impact of families being served by the project or those that receive MEP services versus those who do not.

Whereas, we recognize that one of the primary tools to be utilized in the achievement of the aforementioned goals will be intake reports generated by Department for Community Based Services (DCBS) Centralized Intake and delivered to the children's advocacy center. We understand that the children's advocacy center's role in reviewing the reports is to review and identify Centralized Intake reports within the case acceptance criteria as defined by the children's advocacy center's Working Protocol, and facilitate children's advocacy center/multidisciplinary team services related to case investigation, assessment, and intervention. CAC KY will share data on what happens to every referral with focus on outcomes of the project.

Whereas, we understand that the children's advocacy center's access to the Centralized Intake reports shall not be construed to change, reduce, or expand the authority or jurisdiction of the children's advocacy center or any multidisciplinary team partner agency as it relates to initiating and conducting investigations, assessments, and/or interventions. No part of the Multidisciplinary Team Enhancement Program supplants any statutory or regulatory required duties of the children's advocacy center or any multidisciplinary team partner agency.



Whereas, we acknowledge that all intake reports provided by DCBS Centralized Intake to the CAC are the property of DCBS and not the CAC. Because these intake reports are legally the property of DCBS, the CAC will follow its own organizational Records Retention Policy as it relates to client and case file information when determining how and when intake reports will be retained or destroyed. The CAC's multidisciplinary partner agencies, including but not limited to DCBS, law enforcement, and prosecution agencies, shall have access to the CAC's Records Retention Policy to ensure they are informed of the CAC's practice as it relates to the retention and destruction of intake reports.

Whereas, we agree that Kentucky Multidisciplinary Teams are eligible to participate in the program only upon approval from Children's Advocacy Centers of Kentucky and DCBS of an application outlining the team's proposed approach to implement the program in the respective region. The term of this agreement shall be from the date of the signature and execution until **December 31, 2024**.

Program Contacts:

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Branch Manager
Cabinet for Health and Family Services
Department for Community Based Services
Division of Protection and Permanency
Clinical Services Branch
275 East Main Street 3E-A
Frankfort, KY 40621

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Executive Director
Children's Advocacy Centers of Kentucky
200 West Vine Street, Suite 605
Lexington, Kentucky 40507
859-699-1191

ORIGINAL AGREEMENT (2nd Party)

Approvals

This Memorandum of Understanding (MOU) is subject to the terms and conditions stated herein. By affixing signatures below, the parties verify that they are authorized to enter into this agreement and that they accept and consent to be bound by the terms and conditions stated herein. In addition, the parties agree that (i) electronic approvals may serve as electronic signatures, and (ii) this agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.

2nd Party Signature (CHFS):

DocuSigned by:
Eric Friedlander
Signature

Eric Friedlander

Printed Name

Secretary

Title

12/29/2020 | 1:56 PM EST

Date

Department's Approval:

DocuSigned by:
Lesia Dennis
Signature

Lesia Dennis

Printed Name

Chief of Staff

Title

12/29/2020 | 10:40 AM PST

Date

Approved as to form and legality:

DocuSigned by:
Wesley W Duke

General Counsel

DocuSigned by:
Brent Irvin

Legal

DPP-115
2/15

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR COMMUNITY BASED SERVICES

CONFIDENTIAL SUSPECTED ABUSE/ NEGLECT, DEPENDENCY OR EXPLOITATION
REPORTING FORM

DCBS Number: DCBS Name:

REPORT DATE: INCIDENT DATE(S):

COUNTY OF REPORT: TIME REPORT RECEIVED: REFERRAL NUMBER:

1. TYPE REPORT:
Child Protective Services (CPS): ☐ Yes ☐ No
☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Injury ☐ Neglect ☐ Dependency

Adult Protective Services (APS): ☐ Yes ☐ No
☐ Spouse Abuse ☐ Neglect (list type): ☐ Adult Abuse ☐ Exploitation

2. REFERRAL TRACK:
CPS: ☐ FINSA ☐ INVESTIGATION

APS: ☐ INVESTIGATION

3. Alleged Victim(s):

Name(s)	Age	Sex	Nature of Report

4. Current Address:
Telephone Number:

5. Describe the situation that causes the reporting source to suspect abuse/neglect, dependency or exploitation and explain how they became aware of the situation. List witnesses and/or collaterals:

6. Describe dangerous behaviors (violence, threats/use of weapons, substance abuse issues, mental health issues etc.) by any individual that may be a threat to DPP staff:

7. Alleged Perpetrators:

Name	Relationship	Address	County	Telephone Number

8. Person Taking Referral: Title:
Telephone Number:

9. Worker Assigned to Investigate: County: Telephone Number:
by: Family Services Office Supervisor:

APS NOTIFICATION ONLY

10. 24 Hour Notification pursuant to KRS 209.030 (5)(a) sent to:
☐ County Attorney/Commonwealth Attorney County: Telephone Number:
☐ Law Enforcement Agency County: Telephone Number:

OPTIONAL BASED ON TYPE OF REPORT:
☐ Office of Attorney General, Medicaid Fraud, and Abuse Control Division
☐ Office of Inspector General
☐ Department for Behavioral Health, Development and Intellectual Disabilities
☐ Long Term Care Ombudsman
☐ Licensing or Certifying Board, please specify:
☐ Other, please specify:

CPS NOTIFICATION ONLY

11. Notification sent to: ☐ County Attorney/Commonwealth Attorney ☐ Law Enforcement Agency
☐ Other(s), please specify:

12. Notification of Initial Results of CPS Investigation: (72 Hour Status Report):
Date of Initial Results Notification: