DEVELOPING A CHILDREN'S ADVOCACY CENTER

A RESOURCE FOR DEVELOPING CENTERS AND MDTs

ONCAC
OHIO NETWORK OF CHILDREN'S ADVOCACY CENTERS
DEVELOPING A CHILDREN’S ADVOCACY CENTER PROGRAM

First Edition

This publication was supported by grant number 2019-VOCA-132133415 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice through the Ohio Attorney General’s Office.

This document is meant to be used as a resource during the development of a Children's Advocacy Center and is not intended to encompass all aspects of becoming an accredited children’s advocacy center. Following these steps does not guarantee that your program will become an accredited children's advocacy center. For additional information regarding becoming accredited please visit the National Children's Alliance website.

Created September 2019
A Guide to Developing a Children's Advocacy Center

Children's Advocacy Centers (CAC) often take years to develop. This manual will walk you through the steps that most communities have gone through in the process of developing their CAC. It is important to remember that the unique characteristics of your community may dictate modification of the process outlined in this document.

Step 1: Understanding the importance of a CAC and understanding how they help kids.

To understand what a Children’s Advocacy Center (CAC) is, you must understand what children face without one. Without a CAC, the child may end up having to tell the worst experience of his or her life over and over again, to doctors, cops, lawyers, therapists, investigators, judges, and others. They may have to talk about that traumatic experience in a police station where they think they might be in trouble or may be asked the wrong questions by a well-meaning teacher or other adult that could hurt the case against the abuser.

A children’s advocacy center empowers local communities to effectively respond to victims of child abuse. (1)

CACs save money

✓ Their service delivery model saves court, child protection, and investigative dollars averaging $1,000 per child abuse case compared to non-CAC communities. (2)

CACs are efficient

✓ Providing significantly high rates of coordinated investigations: 81% of investigations in CACs were coordinated between law enforcement and child protective services, compared with 52% in comparison communities. (3)
CACs hold offenders accountable

✓ Increased usage of CACs and multidisciplinary teams has resulted in increased successful prosecution of child abuse perpetrators. (4) One study shows an average 94% conviction rate from CAC cases carried forward. (3)

CACs help child victims heal.

✓ Child victims of sexual abuse who receive services at CACs are four times more likely to receive forensic medical exams (5) and increased referrals for mental health treatment (6) than children served by non-CAC communities.

CACs are effective.

✓ Research demonstrates caregivers in CAC cases are more satisfied with the investigation than those from non-CAC comparison sites. 97% of parents would tell others to seek help at the CAC. (7)
Step 2: Identifying the Multi-Disciplinary Team (MDT)

The heart of every CAC is their multidisciplinary team and without the Team, there is no CAC. The MDT is the key link in the multidisciplinary response to child abuse and the collaboration of this team increases effectiveness and successful outcomes for children, the system, and the community. MDTs coordinate intervention so as to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates and obligations of each agency (11).

MULTIDISCIPLINARY TEAM MEMBERS

Core Members
- Law Enforcement
- Child Protective Services
- Prosecution
- Doctors, SANE (Sexual Assault Nurse Examiner) nurses – medical personnel trained and experiences in pediatrics, child development, and child abuse examinations
- Mental Health representative – counselor/therapist working on-site, in private practice, or affiliated with Community Services Board; does not have to be specific therapist for team cases
but someone who is knowledgeable about symptoms, diagnoses, and treatment of mental health disorders, especially in the field of child abuse

- Victim Advocate
- Children’s Advocacy Center – person providing case management services, forensic interviewer, and/or Director/Coordinator

Optional Members
- CASA – Court Appointed Special Advocate
- Guardian Ad Litem
- School Social Worker
- Probation Officer or Court Service Unit representative
- Sex Offender treatment provider
- Foster Care or ongoing CPS staff at Department of Social Services
- Board of Developmental Disabilities

RESPONSIBILITIES OF THE MDT

Each discipline has a specific role in the protection of children from abuse and has established internal guidelines in the handling of these cases. The respective member’s agency guidelines should be followed when those respective agencies participate in the investigative process. Team members are expected to work jointly and cooperatively and freely share information collected with other team members involved in the protection of children from abuse, regarding reports received under section ORC 2151.421. The multidisciplinary team for a single county shall consist of the members listed under ORC 2151.427. Information sharing should follow each county’s individual MOU as it pertains to ORC 2151.421 (2) (3). Team members are also expected to attend and exchange information at case review meetings. MDT members should also be involved with the development of protocols as well as periodic review/updates of these protocols.

TIPS TO GETTING MDT MEMBERS AND AGENCIES INVOLVED IN THE PROCESS

- Explain – the purpose, benefits, process of the MDT approach
- Listen – to their questions, concerns, suggestions
- Discuss – with individual agency representatives and as a Team the plans, options, challenges of the MDT process
- Listen – again, as they explain, question, and discuss individually and as a group
- Provide training to Team members either within the locality or send them to training outside the area
- Involve agency Supervisors and Directors at the beginning of Team formation, during protocol development and updating, and through regular periodic (yearly, semi-annually) meetings of agency heads
- Feed them – for any occasion and recognize their contributions to improving the child abuse prevention and prosecution systems
- Allow them the opportunity to agree to disagree with each other, the system, their own agencies – and redirect them to better understandings or solutions
- Invite and encourage Team members to participate in other CAC events, fundraisers, community awareness activities, Child Abuse Prevention month activities, media opportunities
• Motivate, lead, inspire, and expect the Team to handle the worst cases, problems, and barriers in their efforts to help child abuse victims and support them in difficult, stressful times; often your service is to the Team members
• CELEBRATE – the small accomplishments and the major successes; the Teamwork; and the victories for child abuse victims

CHALLENGES WITHIN THE MDT
The power and challenge of an MDT is that each agency comes to the team with differing perspectives, mandates, obligations, training, supervision, evaluation, and resources (12). Team composition, willingness to work together and equally share information, agency and supervisory commitment, the transfer of knowledge and skills across traditional disciplinary boundaries, and member relationships impact the team’s success (13).

Part of the function of the MDT is helping agencies (and individual team members) see the bigger picture—that working together provides the best outcome for the children served (14). Effective teams occur when “intentions and actions of all members are consistent with a shared vision” and a “clear purpose” (15). An effective team not only knows what should be accomplished and follows its own guidelines while “blending team member’s strengths and accepting their differences for the purpose of achieving a common goal” (15) but also knows why they seek to accomplish these goals.

Trust is the foundation of real teamwork and, “for a successful MDT, members must trust and respect each other and be committed to the team” (17). It is vital that team members understand each other’s roles, agency mandates, and limitations. These elements come together only through time and with team members proving themselves to one another (9).

STRATEGIES FOR AN EFFECTIVE TEAM
• Ensure that there are regular meetings of all agencies and professionals involved in the CAC. In these meetings it is important to have a time set aside for discussion of any concerns that may have arisen since the last meeting;
• Create an atmosphere of openness and trust that will enable professionals to raise their concerns. Occasional social events also allow all team members to begin relating to each other as human beings rather than through a professional identity;
• Make certain that each agency has an opportunity to provide input into the decision-making process of the CAC;
• Be vigilant about recognizing issues within the MDT and address them immediately (10).
Step 3: Case Review

The purpose of Case Review is to monitor cases through a formal process in which team members update the status of the case and ensure services needed by the child and family are provided. Case review can serve multiple purposes:

- Experience and expertise of MDT members is shared and discussed
- Collaborative efforts are fostered
- Formal and informal communications are promoted
- Mutual support is provided
- Protocols and procedures are reviewed/created and
- Informed, collective decisions are made (11).

Case review meetings should also be utilized as a learning opportunity for team members to increase their understanding of the complexity of child abuse cases and appreciate each agencies involvement. All information shared at Case Review should be considered confidential and team members should sign a Confidentiality Agreement for every case review meeting.

MDT members within the core component group are required to investigate allegations of child abuse and are required by county MOU’s to respond to these investigations jointly (ORC 2151.421). Once you are able to identify which cases your MDT responds to jointly, you are able to start to think about having a case review.

CASE REVIEW FORMAT

Before scheduling a case review your team will need to determine who will facilitate this process. The facilitator should be someone chosen by the Team. The facilitator should be someone who can effectively facilitate case review, encourage participation and feedback on the team process, and manage and negotiate conflict but also coordinate actions as needed to achieve the team’s goals (9). Facilitators may also arrange for and conduct business meetings of the Team (for discussion of issues other than case reviews), preside over Teams’ self-evaluation, and ensure confidentiality of case review discussions among Team Members (10).

You will also need to determine a location to have this meeting. There are likely spaces that can be utilized within the agencies of your MDT partners. The day and time of the meeting will also be important to ensure that as many MDT partners can make the meeting as possible. Considerations should be taken to ensure that the meeting does not fall on the same date and/or time as an MDT partners regularly scheduled appointment, examples of considerations:

- Arraignment hearing for prosecution and victim services
- Children Services family court hearing times
- Children Services triage times
- Law Enforcement meeting times and/or shift change times
- Days in which one of your MDT partners is normally low staffed (i.e. a small law enforcement jurisdiction that only has one staff on certain days of the week)
• Mental Health provider normally scheduled counseling sessions or walk in times
• Medical provider regularly scheduled appointments

The frequency of meetings will depend on the amount of cases that you hope to review and the amount of time the MDT can devote to each meeting. At a minimum, case review should be held on a monthly basis.

Types of cases reviewed should include Children Services/ Law Enforcement investigations of child abuse and/or neglect at minimum. This can encompass child sexual abuse, child physical abuse, child homicide, and child neglect. The format of what cases should be reviewed should be discussed with the MDT and ultimately outlined in the protocols as a guiding document for the meetings policies’ and procedures.

Notice of meeting date, time, and location should be sent in advance, and an agenda of cases to be reviewed/discussed can be attached; the case listing can be categorized by New, Review, Court, Type of Case, or any other category that fits the Team’s needs.

The following items should be discussed at case review:
• Discuss, plan, and monitor the progress of the investigation;
• Review medical evaluations;
• Discuss child protection and other safety issues;
• Discuss emotional support and treatment needs of the child and family;
• Assess the family’s reactions and response to the child’s disclosure and involvement in the civil/criminal justice system;
• Discuss ongoing cultural and special needs issues relevant to the case;
• Consider other factors as determined by the team (9).

**Step 4: Establishing a Working Committee/ Steering Committee**
This is usually a committee made up of key individuals representing the agencies and individuals charged with handling reported cases of child abuse (10). There are specific community systems that should be included on the Working Committee:

• Child Protective Services
• Law Enforcement
• Prosecution
• Medical
• Mental Health
• Victim Advocacy

When determining membership on the Working Committee, the following should be considered. Members should:
• Be drawn from all professions that respond to child abuse. They should be carefully selected based on their expertise and commitment to improving the system response.

• Be made up of the key decision-makers in each system. This is important because they have the power to approve the Committee’s actions and their agency’s participation in it.

• Include front line workers and supervisors. In many communities, the key decision-makers have designated middle managers to be responsible for implementing the goals established by the Working Committee. This works only if the middle manager has the authority and support from their agency to carry forth the goals established.

• Include community volunteers with an ability to raise the financial support that will be needed to put the goals of the Working Committee into operation.

• Include a balance of creative and pragmatic individuals as well as leaders and followers.

COMMITTEE FACILITATOR

The facilitator of the meetings should be someone with significant prestige and power in the community. The facilitator must be skilled enough to bring the requisite community representatives together and to build identity and commitment that will keep the group together. In the development of CACs, facilitators have been prosecutors, child protective services supervisors, law enforcement officials, mental health professionals as well as community leaders. The facilitator’s group process style should allow open discussion of everyone’s feelings, ideas, and attitudes and then move the group toward reaching consensus on goals, objectives, and approaches.

WORKING COMMITTEE MEETINGS

Meetings held by this group should focus on discussing the system’s current approach to handling child abuse cases and the development of strategies to improve this approach. It is essential to establish a focus for the committee that keeps the emphasis off of each organization’s perceived deficits and directs the discussion to improving the system as a whole.

As the Working Committee continues to meet and to refine its agenda, a next important step is the definition of the Committee’s Mission. The development of the Mission Statement will help identify the goals and objectives of the Working Committee. The Mission Statement should be simple and understandable and should be no longer than one paragraph. In developing the Mission Statement, the areas of agreement and disagreement as to the overall purpose of the Committee should become clear. The most important aspect of the Mission Statement is that it will clearly articulate the goals and objectives of the Committee. From this statement will flow everything else the Committee does.

This committee should also develop a strategic plan about the future of the program. Items that should be considered for discussion:

• What type of governing the CAC will have (i.e. non-profit, government based, hospital based)
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- Where the CAC will be located (i.e. in an existing space, remodeling a space, building a new space)
- Who will staff the CAC (i.e. director, victim advocate, medical provider, mental health provider)
- How will the program be funded and what will need funded (i.e. staff positions, recording equipment, medical supplies, remodeling expenses, training funds)

**Step 5: Developing Interagency Agreements**

An Interagency Agreement is a written agreement signed by the heads of the appropriate participating agencies that establishes and formalizes cooperation among the involved agencies. The purpose of the Interagency Agreement is to coordinate intervention in child abuse cases in a manner that lays out an intervention process that preserves and respects the rights and obligations of each agency to pursue its own mandates and at the same time allows them to work together on behalf of abused children and their families. Interagency Agreements establish and formalize cooperation among the agencies involved in the community’s intervention system by defining a coordinated system’s response to cases of child abuse. Equally important, it helps to solidify the commitment to a multi-disciplinary coordinated team approach that is at the heart of the Children’s Advocacy Center model. The signed Interagency Agreement may begin as a brief letter committing cooperation from the key agencies involved. Eventually, the team will need to formalize their understanding of the process to be undertaken at the CAC in a more formal Protocol. (10)

The Working Committee is in an excellent position to draft the Interagency Agreement and eventually the Protocol. Its members have an understanding of the problem of child abuse in the community, knowledge of their individual agencies, and a clear vision of the proposed CAC program. (10)

It is important to anticipate and acknowledge that when drafting the agreement each participating agency will be afraid of sacrificing its autonomy. They may perceive the agreement as a tool for one agency to dictate the conduct of another. These concerns must be addressed openly and directly. This is vitally important because many communities begin to experience significant turf battles at this point in the process. It is essential to proceed carefully and involve key agency representatives when developing the agreement. This process can facilitate commitment if all agencies believe that they have been heard and that their rights, needs and mandates are respected and addressed in the agreement. It is also important to keep agencies focused on the mission and goals of the Working Committee. (10)

The importance of regular meetings and open communication while drafting the document cannot be overstated. An environment that fosters trust and open communication is a key ingredient to successful negotiation of an Interagency Agreement. The professionals involved should strive to create a climate where all committee members can openly discuss their concerns and reservations without repercussion. Only when the concerns of those involved in the process are discussed, can the Working Committee adequately address those issues. (10)
Step 6: Identifying Funding Opportunities

Once the interagency agreements have been established and the agencies begin to work together, then it is time to explore funding for the program. Funding issues confront every CAC whether private, non-profit, a government-based program, or a program under the umbrella of another agency. The amount of funds that must be raised and the ways in which these funds are allocated will be dependent upon the organizational entity under which the CAC is established.

DEFINING YOUR FUNDING SOURCES

Define organizations, corporations, and foundations in your local community that could support your efforts through monetary contributions and/or donations of products (i.e. your local hardware store could be willing to donate supplies to remodel an existing space). Develop a plan with the Working Committee on how these potential donors will be approached. Also, identify potential grant funding that is available for your program. The Victims of Crime Acts grant is the most widely utilized grant by CACs in Ohio. This grant application is often available in mid-May through the Ohio Attorney General’s Office and due in June.

In order to respond quickly and efficiently to funding requests, begin now to collect the following types of information so that you will have them “at your fingertips” when requested:

- Newspaper articles about the Children’s Advocacy Center or local articles about the severity/incidence of child abuse in your community.
- Information which you can put into chart form about the numbers, ages, sex, etc., of children which are currently being seen within the system and/or children you can project that you will see.
- The history and description of your organization is always of interest to funders. How and why did your program come into existence? Was there a precipitating factor?
- Budgets, audits, and Board of Directors lists are needed in most funding packets. Keep copies of yours on hand and up to date.
- If you are a non-profit organization, your 501(c)3 charitable designations is one of the most important pieces of paper you’ll ever have. Most donors will not give unless they can receive a tax benefit from this gift.
- A good, easy to read, informative pamphlet about the center is always a great help to distribute whenever and wherever you speak. It’s good to have one sized to fit in a standard business envelope so that when people call for information about the program you can send them this easily.
- A one-page summary of what a Children’s Advocacy Center is, what your program does, and why a center is needed, is a helpful addition to many simple requests for information. The National Children’s Alliance creates fact sheets with this type of information that are available to the public.
It is important to recognize that you may not know what the budget will be for the entire program at this point. Identify what is necessary to get you to the next step that your Working Committee would like to attain (i.e. you made need to raise funds to remodel a building before you can ask for grant funds to staff a position).

It is important to remember that your funding stream(s) and budget will need to be continually monitored and adjusted as needed while developing your program.

**STEP 7: Child-Friendly Facility**

Many of the components of a CAC can be developed and implemented successfully without a freestanding facility. However, the concept of a CAC requires a child-focused, child-friendly facility that is physically and psychologically safe for child clients. The CAC should maximize the separation for children from alleged offenders to the greatest extent possible. To maintain the child focused nature of CACs, the facility should have the “offices” of the intervention system apart from the waiting areas, interview rooms, and other areas where children will be while at the CAC. The entire Center should be designed to create a sense of safety and security for children.

In planning the CAC, all professionals who will be involved in the program should provide input into the creation of this facility. This is an important strategy because the professionals will have greater investment and commitment to the CAC if they are involved in the decisions necessary to develop it. There is no “right” building structure, design or decorating scheme for a facility. The most important aspects are that the Committee has agreed that this is the best location for the facility and that it is convenient to the team members, the courts, and to the children and their families. The Center should reflect the community and the children and families it will serve. Care should always be taken to ensure that the Center is culturally appropriate and comfortable for those who will use it, especially the children and families.

Every Children’s Advocacy Center should have the following areas, at a minimum:

- Waiting rooms for children and their families;
- Safe play areas for children;
- Investigative interview rooms;
- Separate offices for treatment staff (if treatment is offered);
- An observation room to be used for team review and meetings;
- Office space for the staff using the Center;
- Kitchen and bathroom facilities;
- A private entrance for CAC staff and the investigative team;
- Parking accommodations (including handicapped spaces).
Step 8: Initial Training Requirements

In order to provide high quality services to the children within your community, certain MDT members and/or CAC staff will need to have specialized initial training.

**Forensic Interviewers:** Must complete a minimum of 32 hours of instruction and practice in an evidence-supported interview protocol that is included on the National Children’s Alliance (NCA) approved list of nationally or state recognized forensic interview trainings. Programs offered in Ohio that are recognized by the National Children’s Alliance include Finding Words Ohio offered by the Ohio Attorney General’s Office and Beyond the Silence.

**Victim Advocacy:** All victim advocates who provide services to CAC clients must successfully complete a minimum of 24 hours of instruction in 9 core area’s listed within the accreditation standards. Programs offered in Ohio that meet this requirement include BASICS, offered by the Ohio Attorney General’s Office and The Essentials, offered by the Summit Victim Assistance Academy.

**Medical Providers:** Medical evaluations conducted by health care providers must have specific training in child sexual abuse that meets at least ONE of the following standards:

- Child Abuse Pediatrics Sub-board eligibility or certification;
- Physicians with board certification or board eligibility in the field of Child Abuse Pediatrics, Advanced Practice Nurses, and Physician Assistants should have a minimum of 16 hours of formal didactic training in the evaluation of child sexual abuse;
- SANEs without advanced practitioner training should have a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed be a competency based clinical preceptorship.

**Mental Health Providers:** Mental Health providers must complete 40 hours training in trauma-focused, evidence supported mental health treatments that are recognized by the National Children's Alliance, 2017. Recognized treatment methods include the following:

- Trauma- Focused, Cognitive Behavioral Treatment (TF-CBT)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Parent-Child Interaction Therapy (PCIT)
- Alternatives for Families Cognitive Behavioral Therapy (AF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Child- Parent Psychotherapy (CPP)

**COMMON BARRIERS TO TRAINING/ STAFFING THESE EXPERT POSITIONS**

**Forensic Interviewers:** The position of forensic interviewer can be staffed in multiple ways depending on the ability and needs of your community and MDT. This position can be staffed by a CAC employee, a children services worker, a medical provider, a victim advocate or a mental health provider. It is important that the working committee addresses what is the best means this position should be staffed and takes the MDT’s concerns into consideration when making this decision.
Medical Providers: CACs have had difficulty with getting medical providers to partner with the establishment of a CAC. If this becomes a barrier in your community, you can check with local pediatricians, consider asking for funding to staff the medical provider at your CAC, consider using telehealth services (remember to ask for funds for their equipment), and check with neighboring CAC’s about the ability to utilize their medical services until you can employ a provider or find a provider in your area.

Mental Health Providers: CACs have struggled to train their mental health providers in one of the practices recognized by NCA. Start with finding licensed providers that are willing to work with your MDT and have trained in the area of treating children that are victims of child sexual abuse. Inquire with them about their ability to obtain the necessary training and find opportunities to provide these trainings to them.

*ONCAC provides resources for training opportunities for all MDT members.

**Step 9: Start to provide services to the children in your community as a Children’s Advocacy Center**

By this point you should have the following items accomplished:

1. Gained participation from agency leadership about the need for a CAC in your community.
2. Have regular meetings with the Working Committee and established goals and objectives for the CAC.
3. Have regularly scheduled case review meetings with participation from all core component disciplines.
4. Have signed interagency agreements/Memorandum of Understanding from all core component disciplines.
5. Have a child friendly facility.
6. Explored funding opportunities or are receiving funding for your program.
7. Have MDT members and/or staff that are able to meet the training requirements to serve children in your community.

Once these above steps have been put in place, your MDT is ready to provide services to the children within your community and start to work towards becoming an nationally accredited Children’s Advocacy Center.

**Step 10: Develop Protocols, Linkage Agreements and/or Administrative Policies and Procedures**

Developing Protocols/Guidelines should be done with the cooperation of the MDT and the Working Committee. This document should outline the functions of the MDT as well as outline how a case will be seen at your CAC. The National Children’s Alliance, Standards for Accredited Members, 2017 Edition should be reviewed when creating these protocols to ensure that all items necessary are included within the protocols.
Linkage agreements should be created with any service providers that are not located on site at the CAC, these are most commonly utilized for medical and mental health providers. A linkage agreement outlines how the CAC and the provider will work together to provide services to child victims.

Every CAC must also have written policies and procedures that govern its administrative operations unless the center falls under the umbrella of another organization (i.e. Children Services, Hospital). Administrative policies and procedures include, at a minimum: job description, personnel policies, financial management policies, document retention and destruction policies and safety and security policies. If your CAC is located under the umbrella of another organization this organization may incorporate the CAC into their organization and utilize their already existing policies and procedures manuals.

Now that your paperwork is done and you are providing services to children and families, you can apply to be a developing center with the National Children’s Alliance. This step is necessary prior to becoming a fully accredited center.

**Step 11: Put all your paperwork into practice and become a ‘well oiled machine’!**

Now that you have your MOU/Interagency Agreements signed, Protocols developed, Linkage agreements signed, administrative policies in place and staff at the CAC to follow them, you are having a regularly scheduled case review at least once a month, you have a child friendly facility, your MDT is trained to provide high quality services… make sure that all this hard work and documentation is working! While all the kinks are being worked out with your paperwork, ensure that changes can be made as needed to adjust to the operations of your team.

Items that you can start during this step and finalize once you start to look at the Accreditation Standards:

1. **Case tracking** – identify a means to tracking cases. This can be a purchase system such as NCATrak, Collaborate or NCA Case Manager or as simple as creating an Excel spreadsheet to track information. Statistical information minimally includes the following data:
   a. Demographic information about the child and family
   b. Demographic information about the alleged offender
   c. Type(s) of abuse
   d. Relationship of alleged offender to child
   e. MDT involvement and outcomes
   f. Charges filed and case disposition in criminal court
   g. Child protection outcomes
   h. Status/follow-through of medical and mental health referrals

2. **Forensic Interview Peer Review** – FI peer review must occur at minimum 2 times per year. This can be accomplished in a number of ways including having a review with the forensic interviewers at your center, having a peer review with forensic interviewers at your center in
addition to surrounding centers, participating in the Midwest Regional Children’s Advocacy Center (MRCAC) Peer Review, or a combination of these.

3. Medical Peer Review – Medical peer review can be accomplished in a number of ways including having a review internally with the medical providers at your center (if there is more than one provider), having a peer review with medical providers from surrounding centers, participating in the MRCAC Peer Review, or a combination of these.
   a. Abnormal Findings Review – Medical professional providing services to CAC clients must demonstrate, at a minimum, that 50% of all findings deemed abnormal or “diagnostic” of trauma from sexual abuse have undergone expert review by an “advanced medical consultant”. An “advanced medical consultant” is defined at the following:
      i. Child Abuse Pediatrician
      ii. Physician or advanced practice nurse with specialized qualifications (please see the NCA Standards for Accredited Members).

4. Ongoing training requirements for MDT members – the following specialized providers are required to complete 8 hours of continuing education every two years in the field of child maltreatment and/or their designated discipline: forensic interviewers, victim advocates, medical providers and mental health providers.

5. Developing a (new) Strategic Plan – If you developed a strategic plan at the onset of your operations you may have accomplished many of the goals by this point. A new strategic plan with new goals may be necessary.

6. Mechanism for collecting client feedback – Multiple CAC’s participate in the National Children’s Alliance Outcome Measurement Surveys. These survey’s collect feedback from clients about their experience at your center.

7. Annual independent financial review or financial audit
   a. Commercial liability, professional liability and Directors and Officers insurance (as appropriate for the organization)

8. Succession plans to ensure the orderly transition and continuance of operations of the CAC – An well established organization must have a plan for unexpected absences of staff as well as transitions for new employees. Create succession plans for all positions that are staffed within your agency for a successful transition between employees.

Step 12: Review the Accreditation Standards

The National Children’s Alliance Standards for Accredited Members are available on the National Children’s Alliance website. These standards must be reviewed before applying for accreditation. The application process is an online application. The team should decide when the organization is ready to apply for accreditation and make a timeline of items that will be completed prior to doing this.
FREQUENTLY ASKED QUESTIONS:

What involvement do MDT members have at the CAC?

All MDT members – as defined by the needs of the case – are routinely involved in investigation and intervention.

At minimum, pre and post interview debriefings and forensic interviews occur with investigators (law enforcement and children services), CAC staff and/or a victim advocate representative. All other team members (that were unable to be present at the interview) are informed of the outcome of the interview and relevant input is sought from MDT members that were not available to be at the CAC.

Is there a certain size (square footage) the CAC needs to be?

There is no designated size for a CAC. Some centers house mental health staff as well as medical providers and need space for all these services while other centers have only forensic interviews complete onsite. The size of your CAC depends on the needs of your community and what agency’s your partner with for other services such as mental health and medical.

How do MDT members observe interviews?

The use of audio/video equipment is the easiest way to meet this need. Having a separate observation room that allows MDT members to observe the interview while it is happening. Your equipment should also allow the forensic interview to be recorded to allow MDT members that were not able to be at the CAC to observe the interview.

What are the continuing education requirements for Forensic Interviewers?

Interviewers must complete 8 hours of training every 2 years in the field of child maltreatment and/or forensic interviewing.

Do all interviews have to be completed at the CAC?

The standards require that at least 75% of interviews that meet the county’s guidelines for accepted cases are completed at the CAC.

What is Forensic Interview Peer Review and do we have to participate?

Peer Review has to occur at minimum two times a year. This process should include participants and facilitators who are trained to conduct child forensic interviews. This process can be completed by participating in the Peer Review process through Midwest Regional Children’s Advocacy Center or can be set up within your MDT.
What is the continuing education requirement for victim advocates?

Victim advocates must complete 8 hours of training every 2 years in the field of child maltreatment and/or victim advocacy.

What is the continuing education requirement for medical providers?

Medical professionals must complete 8 hours of training every 2 years in the field of child abuse.

What is medical expert review and how do I meet this requirement?

At minimum, 50% of cases deemed abnormal or “diagnostic” of trauma must undergo expert review. There are a number of ways that this can be done but the easiest would be for medical providers to subscribe to “MyCaseReview” through the Midwest Regional CAC. Documentation of cases reviewed must be kept at the CAC.

What are the continuing education requirements for mental health providers?

Mental health providers must complete 8 hours of training every 2 years in the field of child abuse. Mental health providers must participate in ongoing clinical supervision/consultation.

How often do we have to have case review?

Case review must be held at minimum once a month but can be held more often if necessary.

I can’t afford a formal case tracking software, do I have to use it?

CACs are required to collect statistical data and report this data to NCA. This can be done a number of ways; including but not limited to, NCAtrak, Collaborate and Excel spreadsheets.

What information do I have to track?

NCA statistical information minimally includes the following data: demographic information about the child and family, demographic information about the alleged offender, type(s) of abuse, relationship of alleged offender to child, MDT involvement and outcomes, charges filed and case disposition in criminal court, child protection outcomes, status/follow-through of medical and mental health referrals.

How do I collect information from all MDT members during the course of their case?

You will have to create a system that works for your CAC and your team. Some ideas include collecting information during case review, asking for updates in person and scheduling times to email MDT partners for updates regarding their cases.
Is there a grant that will fund my program?

The most common grant funding program in Ohio is VOCA/SVAA (Victims of Crime Act, State Victims Assistance Act). Applications for the VOCA grant become available in May and are awarded in October. This grant requires matching funds (in kind/donation funds can be used as matching funds). You can also check within your community for grant opportunities (United Way, rotary groups, child abuse aware groups, ADAMS board, funeral homes, local foundations).

Other than paying my staff what else do I need to budget for?

Liability insurance, utilities, rent, non-profit application, matching funds for grants, medical supplies/equipment, office supplies, audit/financial review, construction/remodeling costs. Your Working committee/Board or Directors should develop ideas around what will need purchased.

Are my policies and procedures the same as the guidelines/protocols?

These documents are often two separate items. The policies and procedures guide CAC operations and operations of staff of the CAC. The guidelines/protocols outline the functions of the MDT and how children will be served within the CAC.

What all needs included in the guidelines/protocols?

Everything! These are an outline of the work you do and how you do it. Remember, guidelines/protocols are specific to your MDT and need to include input from the MDT in order to be successfully adhered to be all agencies.

My MDT has the training requirements, is there anything else I need to do?

The CAC must provide MDT members and CAC staff with access to training and information on vicarious trauma and building resiliency. The CAC must also provide or facilitate relevant training or other educational opportunities focused on issues relevant to the MDT. A good way to accomplish this is to create a monthly newsletter that is emailed to all MDT members and CAC staff that includes relevant training opportunities as well as information on vicarious trauma and vicarious trauma trainings.

How do I complete a community assessment?

Often times this has already been completed by another agency (Children Services, United Way). You will need to access this assessment and create a plan for your CAC. This plan should compare the CAC data to community data, analyze disparities between populations, address gaps in service areas and a means to fix these gaps, strategies for outreach to under-served areas and a method to monitor the effectiveness of outreach and intervention. This can be a component of your strategic plan.
**What should I have available at the CAC to help my CAC be culturally competent?**

Know the community that you serve. Compile a list of available interpreter services and contact these services to know how to access them when needed. Have forms in multiple languages at your CAC. Consider hiring staff that have the ability to communicate in multiple languages if this is a regular need within your community. Consider cultural needs during case review and ensure that the MDT was able to meet the needs of the family throughout the life of the case.
References:


7. National Children’s Alliance 2012 outcome measurement surveys from Children’s Advocacy Center members.


