

Child Advocacy Centers

Accreditation Standards

MDT Standards

- Written interagency agreement signed by representatives of all MDT members that commits all signed parties to the MDT model for child abuse intervention/response.
 - Must include members from LE, CPS, Prosecution, Mental Health, Medical Services, Victim Advocacy and the CAC
- Written protocols are in place that discuss the function of the MDT and the roles/responsibilities of each discipline. Protocols should be developed with input from the MDT and should be reviewed and updated as needed *at least every three years*.
- All members of the MDT are routinely involved in investigations/interventions
- MDT members effectively share information in ways that are consistent with the legal, ethical, and professional standards of its members. The MDT ensures a timely exchange of information about the case with the MDT.
- Written documentation is in place describing how information is shared among MDT members and how confidential information is protected
- The CAC provides opportunities for MDT members to give feedback and share suggestions regarding the CAC/MDT. There is a formal process for reviewing and assessing the information provided.
- The CAC/MDT *annually* provides or facilitates training/educational opportunities focused on issues related to investigation, prosecution, and service provision for children/families being served. The CAC maintains documentation of MDT member participation in annual professional development.

Forensic Interview Standards

- Forensic interviews are conducted by MDT members with specialized training in conducting FIs. The CAC must keep record that all forensic interviewers have completed trainings that include the following elements
 - Minimum of 32 hours of instruction and practice
 - Evidence supported interview protocols
 - Pre and post testing that reflects understanding of the principles of legally sound interviewing
 - Content that includes child development, question design, implementation of protocols, dynamics of abuse, disclosure process, cultural competency, and suggestibility
 - Practice component with a standardized review process
 - Required reading of current articles specific to the practice of forensic interviewing
- FI curriculum must be included on the NCAs approved list of nationally or state recognized forensic interview trainings or submitted with the accreditation application
- Forensic interviewers must participate in ongoing education in the field of child maltreatment or forensic interviewing that amount to *at least eight hours every two years*
- CAC/MDT Protocols must include the following items

- Case acceptance criteria; criteria for choosing an appropriately trained interviewer for a specific case; Personnel expected to attend/observe the interviews; Preparation, info sharing, and communication between the MDT and the forensic interviewer; Use of interview aids; Use of interpreters; Recording and/or documentation of the interview; Interview methodology; Introduction of evidence in the forensic interviewing process; Sharing information with MDT members; Mechanism for collaborative case coordination; Determining criteria and process by which a child has a multi session or subsequent interview
- MDT members responsible for investigating a case must observe the forensic interview to ensure preparation, info sharing, and coordination throughout the interview and post-interview process
- For cases which meet the CAC case acceptance criteria (in the MDT protocols), interviews are conducted at the CAC *at least 75% of the time*
- Forensic interviewers must participate in a structured peer review process *at least twice a year*. Structured peer review must include the following
 - Ongoing opportunities to network with, and share learning and challenges with peers
 - Review and feedback of an actual interview in a professional and confidential setting
 - Discussion of current relevant research articles and materials
 - Training opportunities specific to forensic interviewing of children and the CAC specific methodologies
- The MDT/CAC coordinates information gathering including history taking, assessments, and FIs to avoid duplication

Victim Support and Advocacy Standards

- Victim support and advocacy services are provided by individuals who have specialized training in victim advocacy. The CAC must demonstrate that all advocates who provide services have successfully completed *at least 24 hours of training* which includes the following
 - Dynamics of abuse; Trauma informed services; Crisis assessment and intervention; Risk assessment and safety planning; Professional ethics and boundaries; Understanding the coordinated multidisciplinary response; Assistance in accessing/obtaining victims rights as outlined by law; Court education, support, and accompaniment; Assistance with access to treatment and other services including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters, and other as determined for individual clients
- Advocates must participate in ongoing education in the field of victim advocacy or child maltreatment *at least 8 hours every two years*
- Advocates must provide the following services
 - Crisis assessment and intervention, risk assessment, and safety planning; Assessment of individual needs; Presence at CAC during forensic interviews to information share with MDT and support families; Provide education on and assistance with access to victims rights and crime victims compensation; Assistance obtaining needed services such as housing, OOPs, DV intervention, food, transportation, etc.; Referrals for specialized, trauma focused MH and medical treatment if not provided through CAC; Access to transportation to interviews, court, treatment, or other case related meetings;

Engagement and support of family/child throughout investigation and prosecution;
Participation in case review to ensure coordination of services for families; Updates to families on case status, dispositions, etc.; Court education and court room tours, support, accompaniment, etc.; Coordinated case management meetings with all individuals providing victim advocacy services

- Active outreach and follow up support services for caregivers are available on a consistent basis
- The CAC/MDTs written protocols and guidelines include availability of victim support and advocacy services for all CAC clients throughout the case and participation of advocates in case review

Medical Standards

- Medical evaluations are conducted by healthcare providers with specific training on child sexual abuse that meets *at least one* of the following training standards
 - Child abuse pediatrics sub-board eligibility or certification medical evaluation of child sexual abuse followed by competency based clinical preceptorship
 - <https://www.abp.org/content/child-abuse-pediatrics-certification>
 - Physicians without board certification or eligibility in the field of Child Abuse Pediatrics, Advanced Practice Nurses, or Physician Assistants with *a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse*
 - SANEs without advanced practitioner training should have *a minimum of 40 hours of coursework* specific to the providers as full or part time staff while other provide this service through linkage agreements
- Medical professionals providing services to CAC clients must engage in *at least eight hours of continuing education in the field of child abuse every two years*
- Medical professionals providing services to CAC clients must demonstrate that *at least 50% of all findings deemed abnormal or diagnostic of trauma from sexual abuse* have undergone expert review by an “advanced medical consultant”
 - the medical provider must be able to provide documentation of participation in expert review with an “advanced medical consultant”
 - “Advanced medical consultants” can be... A child abuse pediatrician (can be done via direct linkage agreement with a provider or through MyCaseReview which is sponsored by the Midwest Regional CAC) OR a physician or advanced practice nurse who meets the minimum training standards for CAC medical providers, has performed at least 100 child sexual abuse exams, and is current on CQI requirements
- Specialized medical evaluations for the child clients are available onsite or through linkage agreements with agency providers
- Specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay
- The CAC/MDT written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients
- The MDT protocols and guidelines include the circumstances when medical evaluation for child sexual abuse is recommended
- Medical findings are documented by written record and photo documentation

- MDT members and CAC staff have training about the purpose and nature of medical evaluations for suspected sexual abuse. MDT members or CAC staff can educate clients/caregivers regarding medical evaluation
- Findings of the medical evaluation are shared with MDT in a routine, timely, and meaningful manner

Mental Health Standards

- MH services are provided by professionals who have training in trauma focused, evidence supported mental health treatment. All mental health providers for CAC clients must meet the following training requirements
 - MH providers have completed 40 contact hours of CEU in accordance with their licensure requirements, CEUs from specific evidenced based treatment for trauma training, and clinical supervision hours by a licensed clinical supervisor
 - MH providers must meet at least one of the following academic training standards: Masters degree, licensed, certified, or supervised by a licensed MH professional; Master's degree or license eligible in a related MH field; OR Student intern in accredited MH related grad program when supervised by a licensed MH professional
- MH providers working with CAC clients must have *at least 8 hours of continuing education every two years* in the field of child abuse
- Evidence supported, trauma focused mental health services for the child client are consistently available and must include the following
 - Trauma specific assessment including traumatic events and abuse related trauma sx; Use of standardized assessments to measure inform tx and assess progress/outcomes; Individualize tx plans based on assessments/evaluations; Individualized evidence supported tx as appropriate for each client; caregiver engagement in tx; Referral to community services as needed
- MH services are available and accessible to all CAC child clients regardless of ability to pay
- MDT protocol includes access to trauma informed MH assessment and tx for all CAC clients
- MDT protocols define the roles/responsibilities of MH professionals on MDT. These responsibilities include:
 - Participating in MDT case review; Sharing relevant info with MDT while protecting client's confidentiality rights; Serving as a clinical consultant to MDT on issues r/t child trauma and evidence based tx; Supporting the MDT in monitoring the tx progress and outcomes of clients
- The MDTs written protocols include provisions about the sharing of MH info and how client confidentiality and MH records will be protected in accordance with state and federal laws
- The CAC must provide supportive services to caregivers to address: Safety of child(ren); Emotional impact of abuse allegations; Risk of future abuse; Issues or distress that allegations trigger. These services are available onsite or through linkage agreements with other appropriate providers.
- Clinicians providing MH services to CAC clients participate in ongoing clinical supervision/consultation

MDT protocol additions from sections:

- (MH)Clinicians providing mental health treatments to CAC clients must participate in ongoing clinical supervision/consultation. This may include supervision from CAC staff and must be designated
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- (MH)MDT protocol includes access to trauma informed MH assessment and tx for all CAC clients
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- (MH) MDT protocols define the roles/responsibilities of MH professionals on MDT. These responsibilities include:
 - Participating in MDT case review; Sharing relevant info with MDT while protecting client's confidentiality rights; Serving as a clinical consultant to MDT on issues r/t child trauma and evidence based tx; Supporting the MDT in monitoring the tx progress and outcomes of clients
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- (MH) The MDTs written protocols include provisions about the sharing of MH info and how client confidentiality and MH records will be protected in accordance with state and federal laws
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- The CAC/MDT written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients
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- The MDT protocols and guidelines include the circumstances when medical evaluation for child sexual abuse is recommended
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- MDT members and CAC staff have training about the purpose and nature of medical evaluations for suspected sexual abuse. MDT members or CAC staff can educate clients/caregivers regarding medical evaluation
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- Findings of the medical evaluation are shared with MDT in a routine, timely, and meaningful manner
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- We must establish screening criteria for emergent, urgent, or non-urgent for Medical scheduling
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