

TEAM SELF-ASSESSMENT

ACCREDITATION STANDARDS

This tool is designed to assist teams in assessing their compliance with the national accreditation standards and to collaboratively develop action plans that will move the team process forward to meet those standards. The self-assessment questions were developed from a tool created by the Kansas Chapter of Children’s Advocacy Centers, which drew information from the following sources: Accreditation Boot Camp (2008); Standards discussion at MRCAC’s Regional Chapter Summit (2008); NCA Web Streaming Education Calls (2009) and from feedback received by CACs following Accreditation site visits.

(Note: For purposes of this assessment tool the term, “protocol” is commonly used to identify the written document that outlines the team response and indicated the document all team members have reviewed and have given their approval.)

MULTIDISCIPLINARY TEAM - A multidisciplinary team for response to child abuse allegations includes representation from the following: law enforcement, child protective services, prosecution, medical, mental health, victim advocacy and children’s advocacy center.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<i>Essential Components</i>	Does our team include: county/municipal law enforcement agencies, local DCF office, county/state’s attorney, child abuse medical examiners, qualified therapists (see qualifications), victim advocacy & CAC staff?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC/MDT has a written interagency agreement signed by authorized representatives of all MDT components that clearly commits the signed parties to the CAC model for its multidisciplinary child abuse intervention response. <i>(From notes: documents signed by team should indicate the entire team has reviewed and signed off on the protocol.)</i>	Is our IA or protocol dated and signed by <i>current</i> agency leadership legally authorized to sign their agency to a policy? Do signatories represent all seven disciplines and are the primary providers of the services for CAC clients? Does the signed document specifically reference (a) agreement to use the CAC model as the practice standard for investigating CSA; (b) agreement to following the protocol?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
All members of the MDT including appropriate CAC staff, as defined by the needs of the case, are routinely involved in investigations and/or MDT	Is it the standard of (usual) practice that all CAC disciplines are routinely involved in each case as the needs of the case dictate?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The written documents address information sharing that ensures the timely exchange of relevant information among MDT members, staff and volunteers and is consistent with legal, ethical and professional standards of practice.	Can we cut/paste/highlight in our protocol our policies for information sharing –how information is communicated in timely manner between LE/DCF/CAC/Med/MH, etc? Can we show our written confidentiality policies that specifically apply to the MDT, staff and volunteers?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<i>Rated Criteria</i> The CAC provides opportunities for MDT members to provide feedback and suggestions regarding procedures/operations of the CAC/MDT.	Can we demonstrate the specific mechanism(s) by which MDT members provide feedback? If there is a question/concern in the team, can the team articulate the mechanism by which they could communicate with the CAC?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC.MDT participates in ongoing and relevant training educational opportunities, including cross-discipline, MDT, peer review and skills-based training.	Can we document continuing education for team members – i.e. list training events, retain sign-in sheets, attendance at web streaming, sponsorship of team members at conferences, formal peer review, etc.?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-MULTIDISCIPLINARY TEAM

CULTURAL COMPETENCY AND DIVERSITY – Culturally competent services are routinely made available to all CAC clients and coordinated with the multidisciplinary team response.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<p><i>Essential Components</i> The CAC has developed a cultural competency plan that includes community assessment, goals and strategies.</p>	Do we have a written plan that outlines our community assessment and the strategies to ensure services are culturally competent?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC must ensure that provisions are made for non-English speaking and deaf/hard of hearing children and their non-offending family members throughout the investigation process.	If a deaf or non-English speaking child/family comes to the CAC, can we demonstrate our plan to provide <i>equivalent</i> services in the language of their choice for the interview, advocacy, medical, therapy & court involvement? Can we identify interpreter resources? A CAC may have agency linkage agreements or individual translator agreements.			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC/MDT ensures that all services are provided in a manner that addresses culture and development throughout the investigation, intervention and case management process?	Is our CAC's <i>physical</i> environment inclusive of different ages, ethnicities, faiths, physical abilities, etc.? Are <i>written</i> materials –brochures, handouts, forms - reflective of this diversity? Are <i>services</i> inclusive of all diverse cultures? Is culture addressed as part of the team response?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p><i>Rated Criteria</i> The CAC engages in community outreach with underserved populations.</p>	Can we demonstrate how we've actively reached out to underserved populations? Have we developed any partnerships with agencies that serve/represent these populations, initiated speaking engagements, etc.?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC actively recruits staff, volunteers and board members that reflect the demographics of the community.	Can we demonstrate what we've done to recruit a diverse staff, board, volunteers? Ex. advertising in other newspapers, speaking engagements, etc.			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC's cultural competency plan has been implemented and evaluated.	When our plan is written, what is our process for evaluating its implementation and making adjustments?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-CULTURAL COMPETENCY

FORENSIC INTERVIEWS – Forensic interviews are conducted in a manner that is legally sound, of a neutral, fact finding nature, and are coordinated to avoid duplicative interviewing.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<p><i>Essential Components</i> Forensic interviews are provided by MDT or CAC staff who have specialized training in conducting forensic interviews.</p>	<p>Can we demonstrate that all interviewers at the CAC have completed a week-long recognized forensic interview training that included child development?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The CAC/MDT’s written documents describe the general forensic interview process including pre- and post-interview information sharing and decision-making, and interview procedures.</p>	<p>Can we cut-and-paste from our protocol (use as a checklist-the site reviewer will):</p> <ul style="list-style-type: none"> • What are the criteria for choosing a trained interviewer for a specific case? (What are the considerations for selecting the interviewer that best meets the needs of the child?) • Who is expected to routinely attend/observe the interview? (LE, DCF, other?) Who should not attend? • How is the interviewer prepared for the interview (what information is, and is not, shared with the interviewer – full-knowledge; limited knowledge, etc.)? • What interview aides (i.e. diagrams, dolls, other?) may be used and how should those aides be utilized? • How are interpreters used (how selected, training, interpreter guidelines, quality assurance)? • How does the MDT engage in private communication with the interviewer (ear bug, break, computer feed, other) to provide input/ensure questions are asked? • How is the interview recorded/documented? Who has access? How stored? • What are the general guidelines for the interview process? 			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Forensic interviews are conducted in a manner that is legally sound, non-duplicative, non-leading and neutral.</p>	<p>Are there processes in place – maybe articulated in the written documents – to provide for limiting duplicative interviews? How can we discuss how the interviews are neutral for each case? What practices do we have in place to provide for neutrality?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>MDT members with investigative responsibilities are present for the forensic interview(s).</p>	<p>Is it the standard of (usual) practice that law enforcement and DCF (if assigned) are routinely present for the interview?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Forensic interviews are routinely conducted at the CAC.</p>	<p>Is it the standard of practice for LE/DCF to conduct the forensic interviews at the CAC? Is this stated in the protocol?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18

				<input type="checkbox"/> 18+mo
<p><i>Rated Criteria</i></p> <p>The CAC/MDT's written documents include: selection of an appropriate, trained interviewer; sharing of information among MDT members; and a mechanism for collaborative case planning.</p>	<p>(See essential criteria above) Add:</p> <p>Can we cut-and-paste our procedures for case planning – i.e. how do the attending team members collaboratively plan following the interview?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The CAC/MDT provides opportunities for those who conduct forensic interviews to participate in ongoing training and peer review.</p>	<p>Can we describe our formal process for peer review – how frequent? Who reviews? (Needs to be a formalized process to get any points)</p> <p>Can we demonstrate each of our forensic interviewers have received continuing education specific to child maltreatment &/or forensic interviewing?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The CAC/MDT coordinate information gathering whether through history taking, assessment or forensic interview(s) to avoid duplication.</p>	<p>Can we demonstrate our practices on how information from the interview is passed to other professionals (i.e. medical/mental health/prosecution) so that the child/family does not have to repeat the disclosure information? If LE/DCF cannot be present for interview, how do they get information without having to conduct a separate interview?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-FORENSIC INTERVIEWS

VICTIM SUPPORT AND ADVOCACY – Victim support and advocacy services are routinely made available to all CAC clients and their non-offending family members as part of the multidisciplinary team response.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<p><i>Essential Components</i> Crisis intervention and ongoing support services are routinely made available for children and their non-offending family members on-site or through linkage agreements with other appropriate agencies or providers.</p>	<p>Do we have a comprehensive, defined practice in place so that advocacy is consistently made available to all children and families? (Comment from Boot Camp – It is the expectation that there is someone in the advocate role available at all times when a family comes for their appointment.) If other agencies provide some components of advocacy, do we have written agreements in place?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Education regarding the dynamics of abuse, coordinated multidisciplinary response, treatment and access to services is routinely available for children and their non-offending family members.</p>	<p>Do we have practices in place that ensure families receive some initial education regarding the roles of each agency at their initial visit; that provide education regarding the court process as the case progresses.</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Information regarding the rights of a crime victim is routinely available to children and their non-offending family members and is consistent with legal, ethical and professional standards of practice.</p>	<p>Are children and their caregivers provided information on their rights as crime victims? Do we share information about crime victims' compensation?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The CAC/MDT's written documents include availability of victim support and advocacy services for all CAC clients.</p>	<p>How families access advocacy? Who provides the advocacy? If different providers are responsible for different components of advocacy (i.e. a state's attorney's advocate, a community based advocate or mental health case worker) is it clear who provides what services AND how those transitions are made? Are the above clearly delineated in writing?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p><i>Rated Criteria</i> A designated, trained individual(s) provides comprehensive, coordinate victim support and advocacy services including, but not limited to...</p> <ul style="list-style-type: none"> • Information regarding the dynamics of abuse and the coordinated multidisciplinary response • Updates on case status • Assistance in accessing/obtaining victims' rights as outlined by law • Court education, support and accompaniment 	<p>Do we have a designated individual for each case responsible for advocacy? Can we demonstrate that individual has received training on advocacy?</p> <p>Is it clearly defined:</p> <ul style="list-style-type: none"> ➤ Who provides initial information about dynamics of abuse and the roles of different agencies? ➤ Who contacts families to provide updates on case status? ➤ Is it clearly outlined who will assist families in accessing victims' rights information/services? ➤ Is it defined who will provide treatment referrals, 			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

<ul style="list-style-type: none"> Assistance with access to treatment, PFAs, housing, public assistance, DV intervention and transportation. 	refer/secure community resources, etc?			
Procedures are in place to provide initial and on-going support and advocacy with the child &/or non-offending family members.	Does your protocol articulate how each component of advocacy is provided so that all MDT members clearly understand how services are provided, and by whom?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-VICTIM SUPPORT AND ADVOCACY

MEDICAL EVALUTION – Specialized medical evaluation and treatment services are routinely made available to all CAC clients and coordinated with the multidisciplinary team response.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<i>Does every child have the opportunity to be medically evaluated by a trained medical professional?</i>				
<i>Essential Components</i> Medical evaluations are provided by health care providers with pediatric experience and child abuse expertise.	Can we list each of our specialized medical providers and document his/her training that meets the stated requirements? (Providers for pediatric patients must have a minimum 16 hrs. of formal training – a specific training course - in pediatric abuse evaluation.)			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
Specialized medical evaluations for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers.	Do we have a <u>written</u> linkage agreement with a hospital/clinic/contracted providers that meet the criteria (should list educational requirements) that outlines how CAC clients will be provided with specialized medical evaluations? (For in-house or contract providers, can we produce the contract?) (NCA recommends the linkage agreement be referenced in the protocol OR can draft a highly detailed protocol in place of the linkage agreement.)			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
Specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay.	Can we demonstrate how an uninsured client receives equivalent medical services? Can we ensure parents are NOT directly billed for securing necessary medical services for our child clients?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
CAC/MDT written documents include access to appropriate medical evaluation and treatment for all CAC clients.	Does our written protocol specifically outline how all children will be given the opportunity to access appropriate medical care?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<i>Rated Criteria</i> The CACs written documents include: (Consider this a checklist) <ul style="list-style-type: none"> • the circumstances under which a medical evaluation is recommended. • the purpose of the medical evaluation • how the medical evaluation is made available • how medical emergency situations are addressed 	Can we cut-and-paste: (Each item must be included in team protocol and/or linkage agreements - some may be appropriate to include in both documents. Must be developed with input from medical provider) <ul style="list-style-type: none"> ➤ When we refer for acute/urgent/scheduled exam, timing, how is decision made between team and med provider? ➤ Purposes are listed in the standards document ➤ Does our protocol explain how, when & where a medical evaluation is available ➤ Does our protocol describe how emergency or after-hours acute exams are handled? Does it explain what 			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

<ul style="list-style-type: none"> • how multiple medical evaluations are limited • how medical care is documented • how the medical evaluation is coordinated with the MDT in order to avoid duplication of interviewing and history taking • procedures are in place for medical intervention in cases of suspected physical abuse, if applicable. 	<p>constitutes an ‘emergency’ (i.e. not all after-hours disclosures require an immediate exam)?</p> <ul style="list-style-type: none"> ➤ Does our protocol state (by example) how first-responders are educated to refer to specialized providers; ➤ Photo-documentation is the standard. Does protocol reference expectation of photo-documentation? How are photos/records made available to investigators/prosecutors? ➤ Does our protocol outline how interview information is transferred to medical provider prior to exam to prevent re-interviewing? Does our protocol outline how exam information gets back to the team in a timely manner? ➤ If our CAC also includes serious physical abuse in our case load, does our protocol outline what resources are available for specialized physical abuse evaluations? Who are trained providers? How clients access? etc. 			
<p>CAC/MDT provides opportunities for those who conduct medical evaluation to participate in ongoing training and peer review.</p>	<p>For all medical providers - Can we demonstrate our medical providers have a system in place to have positive findings reviewed by someone with an “advanced medical consultant?” Who is the peer reviewer for positive findings? What is the expectation for his/her training?</p> <p>Can we document that each of our medical providers has received ongoing education in child sexual abuse of at least 3 hours per every 2 years of CEU/CME credits?</p>			<p>0-6 mo <input type="checkbox"/></p> <p>6-12 <input type="checkbox"/></p> <p>12-18 <input type="checkbox"/></p> <p>18+mo <input type="checkbox"/></p>
<p>MDT members and CAC staff are trained regarding the purpose and nature of the evaluation and can educate clients &/or non-offending caregivers regarding the medical evaluation.</p>	<p>How can we demonstrate other team members are trained (esp. LE/DCF/advocates) to understand and articulate to parents a general exam overview and the purpose of the exam?</p>			<p>0-6 <input type="checkbox"/> mb</p> <p>6-12 <input type="checkbox"/></p> <p>12-18 <input type="checkbox"/></p> <p>18+ <input type="checkbox"/> mb</p>
<p>Findings of the medical evaluation and shared with the MDT in a routine and timely manner.</p>	<p>Do we have a system in place so that medical findings are reported in a timely manner (within X days of the exam) to pertinent team members? (How do we know those findings are reported, and do not go into a “black hole” or are kept from investigators?)</p>			<p>0-6 <input type="checkbox"/> mb</p> <p>6-12 <input type="checkbox"/></p> <p>12-18 <input type="checkbox"/></p> <p>18+ <input type="checkbox"/> mb</p>

END-MEDICAL EVALUATION

MENTAL HEALTH – Specialized trauma-focused mental health services, designed to meet the unique needs of the children and non-offending family members, are routinely made available as part of the multidisciplinary team response.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<i>Does every child have the opportunity to receive mental health treatment? Is the treatment made available to child clients trauma-focused?</i>				
<i>Essential Components</i> Mental health services are provided by professionals with pediatric experience and child abuse expertise.	Can we list each of our mental health providers and document his/her training that meets the stated requirements? (These may be included in a linkage agreement with an agency – indicating any provider assigned to CAC clients will meet criteria.)			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
Specialized trauma-focused mental health services for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers.	<p>Do we have <u>written linkage agreements</u> with each agency and/or individual practitioners to which we refer?</p> <p>Does the treatment available to clients include: (may wish to include in linkage agreements)</p> <ul style="list-style-type: none"> • crisis intervention services • trauma-specific assessment including trauma history • use of standardized measures (assessment tools) (What are they? CBCL? Achenbach?) • family/caregiver engagement • individualized treatment plan (periodically re-assessed) • individualized evidence-informed treatment appropriate for the children and family seen • referral to other community services as needed • clinical supervision 			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
Mental health services are available and accessible to all CAC clients regardless of ability to pay.	Can we demonstrate how an uninsured client receives equivalent mental health services?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC/MDT’s written documents include access to appropriate mental health evaluation and treatment for all CAC clients.	Does our protocol specifically include a section that outlines how clients will be referred to, access and receive mental health treatment AND who provides such services?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<i>Rated Criteria</i> The CAC/MDT’s written documents include: • the role of the mental health professional	<p>Can we cut-and-paste: (Each item must be included in team protocol and/or linkage agreements - some may be appropriate to include in both documents.)</p> <p>➤Can our mental health provider articulate his/her role</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

<p>on the MDT including provisions for attendance at case review.</p> <ul style="list-style-type: none"> • provisions regarding sharing relevant information with the MDT while protecting the clients' rights to privacy • how the forensic process is separate from mental health treatment 	<p>on the team? Does the protocol provide for a mental health professional's attendance at case review?</p> <ul style="list-style-type: none"> ➤ Does our document discuss how mental health information is shared and how client confidentiality is protected? Some providers may ask clients to sign release, etc. ➤ Does our document outline how mental health assessment and treatment is not part of the forensic interview session/process? "Better" practice is to ensure the interviewer is separate from the therapist. 			
<p>The CAC/MDT provides opportunities for those who provide mental health services to participate in ongoing training and peer review.</p>	<p>Do we make mental health providers aware of continuing education opportunities relevant to trauma-focused treatment? Can each of our providers document at least 8 contact hours of annual continuing education?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Mental health services for non-offending family members &/or caregivers are routinely made available on-site or through linkage agreements with other agencies.</p>	<p>Does our protocol address mental health services that are available to non-offending family members? Do we have linkage agreements in place with providers of such services?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-MENTAL HEALTH

CASE REVIEW – A formal process in which multidisciplinary discussion and information sharing regarding the investigation, case status and services needed by the child and family is to occur on a routine basis.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<p><i>Essential Components</i> The CAC/MDT written documents include criteria for case review procedures.</p>	<p>Can we cut-and-paste from our protocol (checklist):</p> <ul style="list-style-type: none"> • What is the frequency of our meetings (min. monthly) • Who are the designated attendees – front-line responders assigned to each case? Supervisors? All disciplines represented? • What are our criteria for case selection? How do we triage what cases will be reviewed? • Who facilitates the meetings (leads discussion; solicits dialogue)? Who coordinates the meetings (advance agenda, invites attendees, etc.)? • What is our mechanism for notifying team members in advance what cases will be staffed? • What are the procedures for making sure follow-up recommendations are addressed? • Where is the location of the meeting(s)? 			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>A forum for the purpose of reviewing cases is conducted on a regularly scheduled basis (not less than once a month).</p>	<p>Are case review meetings conducted not less than once a month?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Case review is an informed decision-making process with input from all necessary MDT members based on the need of the case.</p>	<p>Do our case review meetings:</p> <ul style="list-style-type: none"> Review interview outcomes? Discuss and monitor investigation progress? Review medical evaluations? Discuss child protection and safety issues? Provide input for prosecution decisions? Discuss emotional support/treatment needs and strategizing to meet those needs? Assess the family's response? Review criminal/case disposition? Discuss cultural issues related to our cases? 			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>A designated individual coordinates and facilitates the case review process, including notification of cases that will be reviewed.</p>	<p>Does our protocol clearly identify who is responsible for sending advanced notification to relevant team members?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p><i>Rated Criteria</i></p>	<p>Do our case review meetings consistently include: law</p>			<input type="checkbox"/> 0-6 mo

<p>Representatives routinely participating in case review include: law enforcement; child protective services; prosecution; medical; mental health; victim advocacy; and CAC.</p>	<p>enforcement; DCF; prosecutor(s); medical providers; mental health; victim advocate(s); and CAC staff? If a representative cannot attend, is there another mechanism in which to get input while decisions are being made (i.e. phone-in)?</p> <p>Do we have policies regarding those required to attend? Do we have a mechanism for communicating with and MDT members who cannot regularly attend?</p>			<input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Recommendations from case review are communicated to appropriate parties for implementation.</p>	<p>Can we articulate our process by which recommendations from case review are communicated to the appropriate parties? Is there a follow up component?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Case review meetings are utilized as an opportunity for MDT members to increase understanding of the complexity of child abuse cases.</p>	<p>Do we use our MDT meetings as knowledge-building opportunities for participants? Is there some in-depth discussion around child abuse issues that help create greater understanding? Is our meeting a forum where a participant can ask a general question regarding abuse dynamics or case issues and expect to be educated on that issue? Examples – review of research articles, cross-training about the work of different agencies, guest speakers on an issue of concern?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-CASE REVIEW

CASE TRACKING – Children’s Advocacy Centers must develop and implement a system for monitoring case progress and tracking case outcomes for all MDT components.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<p><i>Essential Components</i> The CAC/MDT’s written documents include tracking case information until final disposition.</p>	<p>Can we cut-and-paste from our protocol: How case tracking is accomplished? What system? Who is primarily responsible for case tracking?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The CAC tracks and minimally is able to retrieve...</p> <ul style="list-style-type: none"> • Demographic info about child, family • Demographic info about alleged offender • Type(s) of abuse • Relationship of alleged offender to child • MDT involvement & outcomes • Charges filed and case disposition (criminal) • Child protection outcomes (DCF) • Status/outcome of medical and mental health referrals 	<p>Does our system collect and report all of the required data sets?</p> <p>Can we track if non-offending caregiver’s follow through with medical/mental health referrals?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p><i>Rated Criteria</i> An individual is identified to implement the case tracking process.</p>	<p>Do we have an identified individual responsible for coordinating the case review process – who makes sure the information is collected and inputted?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>All MDT partner agencies provide their specific case information and disposition.</p>	<p>Can we cut-and-paste in our protocol where it outlines... How case information is obtained from partner agencies? What is the timeline?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>MDT partner agencies have access to case information as defined by the CACs written documents.</p>	<p>Does our protocol outline how partners can get data information out of the system? (Are they provided with reports? Can they request information from the system on a particular case?)</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-CASE TRACKING

ORGANIZATIONAL CAPACITY – A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative policies and procedures.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<i>Essential Components</i> The CAC is an incorporated, private non-profit organization or government-based agency, or a component of such an organization or agency.	Can we produce our legal documents (articles of incorporation, current tax-exempt approval, etc.) to meet the standard?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC maintains (at minimum): current general commercial liability, professional liability, and Director's & Officers liability (for non-profit)	Can we produce current certificates of insurance for each of the required policies?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC has written administrative policies and procedures that apply to staff, MDT members, board members, volunteers and clients.	Can we produce our written personnel policies (i.e. employee manuals, financial policies, facility use, etc.)? Do we have written policies specific to the roles and conduct of volunteers? Are job descriptions current?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC has an annual independent financial audit.	Can we produce our (less than one year old) financial audit and related documents (i.e. auditor's letter to management, board response to auditor's letter)?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC has personnel responsible for its operations and program services.	Is there a designated individual specifically responsible for the operations of the CAC?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC has, and demonstrates compliance with, written screening policies for staff that include criminal background and child abuse registry checks and provides training and supervision.	Can we produce our written policy that outlines the requirements for employee background checks? Have all employees undergone a national criminal background check and a check of the child abuse registry? Can we demonstrate compliance with our policy?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC has, and demonstrates compliance with, written screening policies for on-site volunteers that include criminal background and child abuse registry checks and provides training and supervision.	Can we produce our written policy that outlines the requirement for volunteer background checks? Have all on-site volunteers undergone a national criminal background check and a check of the child abuse registry? Can we demonstrate compliance?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<i>Rated Criteria</i> The CAC provides education and community awareness on child abuse issues.	Can we respond to a community request regarding child abuse education?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
The CAC has addressed its sustainability through the development of a strategic plan that includes a funding component.	Can we produce our current strategic plan – and does it include a section on funding/sustainability? OR Do we have an annual development plan?			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END ORGANIZATIONAL CAPACITY

CHILD-FOCUSED SETTING – The child-focused setting is comfortable, private, and both physically and psychologically safe for diverse populations and children and their non-offending family members.

Written Criteria	Self-Assessment	Self-Evaluation (Yes/No/Comment)	Action Steps	Timeline
<p><i>Essential Components</i> The CAC is a designated, well-defined, task appropriate facility or contiguous space within an existing structure.</p>	<p>Look at our facility – is the CAC work area clearly defined? If in an existing structure is the CAC space geographically separate from other operations (separate entrance); children should not have to go through shared space; Is the facility “neutral” - from the <i>child’s</i> perspective?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The CAC has written policies and procedures that ensure separation of victims and alleged offenders.</p>	<p>Can we produce our written policy(ies) regarding separation of victims and alleged offenders? Do we have a plan in place should an alleged offender come to the CAC. There should be NO opportunity for interaction between victims/families and offenders.</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The CAC makes reasonable accommodations to make the facility physically accessible.</p>	<p>Is our facility accessible to persons in a wheelchair or who may have a physical disability?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The facility allows for live observation of interviews by MDT members.</p>	<p>Can we demonstrate how our observers view forensic interviews live and provide input into the interview as its taking place?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p><i>Rated Criteria</i> The CAC is maintained in a manner that is physically safe and “child-proof.”</p>	<p>Is our physical environment safe (i.e., outlet plugs, bookshelves secured to walls, etc.)? Are toys checked for small or broken parts? Is there a plan to regularly sanitize toys?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Children and families are observed or supervised by staff, volunteers and/or MDT members.</p>	<p>Do we have practices in place so that children and/or family members are <i>always</i> supervised? Who sits with the child when caregivers are meeting with advocate or team? Is this policy articulated somewhere?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>Separate and private area(s) are available for those awaiting services, for case consultation and discussion, and for meetings or interviews.</p>	<p>Can we clearly identify a designated, private (outside of other’s earshot) space for case discussion? For advocacy meetings with caregivers? For interviews/observation?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo
<p>The location of the CAC is convenient and accessible to clients and MDT members.</p>	<p>How do we accommodate transportation needs? Bus route? Are we located within a reasonable distance from the majority of our clients and or team members?</p>			<input type="checkbox"/> 0-6 mo <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18+mo

END-CHILD-FOCUSED SETTING