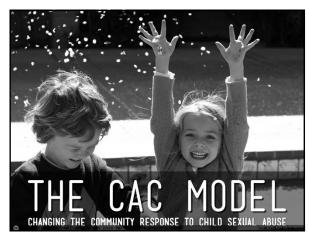




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TOPICS FOR TODAY

- · History of CAC Movement
- · Role of the CAC Director
- NCA Standards for Accreditation
- · Resources Available
- Resiliency



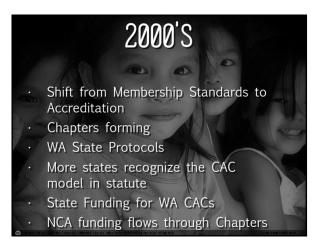
1980'S

- · Finkelhor Study (19%/8.6%)
- · Something about Amelia
- · Multidisciplinary Approach
- · First CAC in Huntsville
- · Network of CACs/Founded
- · WA Study of CACs

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1990'S

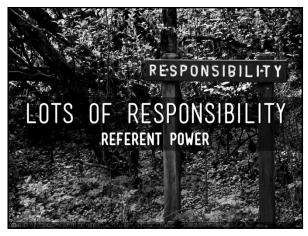
- Victims of Child Abuse Act established
- National Network of CACs becomes National Children's Alliance
- · Four Regional CACs established
- · First Membership Standards established
- Growth of CACs in WA (8)



2010'S State Protocols Updated All state Chapters are accredited National Accreditation standards updated More centers incorporating other types of abuse Over 830 member centers/over 700 accredited Model adopted internationally







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CAC'S - NOT YOUR TYPICAL ORGANIZATION Responsible for success but limited authority Liability and publicity may result from partner agency actions May have co-location with partners

CHALLENGES WITH BOARD/PARTNERS

- · Understanding of how CACs work
- Understanding Accreditation Standards
- If team members on board often can't raise money
- Government-based programs have difficulty raising funds (Friends Groups)
- If under an umbrella, have to find balance.

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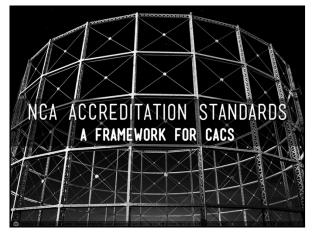
STRENGTHS

- Broad community support
- National accreditation standards
- · Signed Protocols

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KEYS TO SUCCESS

- · Clear strategic plan including funding strategies
- Strong leadership to interact with partner leadership
- Clear understanding and agreement of the scope of your influence and responsibilities
- Trauma-informed approach







CULTURAL COMPETENCY

- · Cultural competency plan
- · Provision of interpreters
- Culturally appropriate service delivery
- · Community outreach
- Board/staff/volunteers reflect community

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FORENSIC INTERVIEWS

- 1. Specialized training/ongoing training
- 2. Written process
- 3. Legally sound
- 4. Appropriate investigative partners view interview
- 5. Conducted at CAC
- 6. Selection of interviewer
- 7. CAC/MDT coordinates

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VICTIM ADVOCACY

- Crisis intervention and ongoing support
- Relevant education for children and families
- · Victim made aware of rights and resources
 - Designated individuals

MEDICAL EVALUATION

- Provided by experienced/trained practitioner
- Offered to all children, regardless of ability to pay
- Written plan: criteria, purpose, how available, emergencies, avoid duplication, documentation, coordination, PA if appropriate

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MEDICAL EVALUATION, CONT

- Peer review and ongoing training
- MDT/CACs members trained re: purpose and nature of exams
- Findings routinely shared with MDT

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MENTALIBREALTH

- Provided by professionals with pediatric and CA expertise
- · Trauma-focused approach
- · Available to all regardless of ability to pay

MENTAL MEAUTH, CONT.

- · Written plan:
- · Role of MH on MDT
- · Information sharing
- · FI separate from MH
- · On-going training and peer review
- Services to non-offending family members

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CASE REVIEW

- Written documents include case review criteria and process
- · Regularly scheduled meeting
- · Regular participation by all members
- · Designated coordinator/facilitator
- · Follow up provided
- Cross training

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CASE TRACKING

- · Written documents include case tracking process
- NCA statistical information
- · Individual assigned
- · Partners provide information, access to information

ORGANIZATIONAL CAPACITY - Non-profit or public - Appropriate insurance - Background checks - Audit or review - Personnel assigned to project - Public education and outreach - Plan for sustainable funding

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CHILD - FOCUSED SETTING Designated, appropriate space Policy re: separation of victim and AO Physically accessible Live observation by MDT Safe Supervision of child and family Convenient and accessible

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