



**Children's
Advocacy Centers
of Virginia JEDI
Toolkit**

2021

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WORDS FROM THE EXECUTIVE DIRECTOR

“The time has come for a forward movement in the welfare of children...” Henry Bergh, 1874. So began the history of the child protection system that we know today. Since then there has been much progress and improvement to that system. CACs themselves are a great example of a later “forward movement.” We learn, we have more depth of understanding, we improve. For me, this document represents another leap of “forward movement” for Virginia’s CACs.

It is a tool to help you and your staff examine racism, sexism, homophobia, transphobia, and implicit bias, with an end goal of better serving children. Addressing these is among the greatest issues of our time, and long overdue. Addressing them within our CACs is critical to meet and serve children where they are.

I hope you’ll use this guide in the course of your days to guide your agency to weave Justice, Equity, Diversity, and Inclusion (JEDI) into its culture, over time. It is a process. A constant forward movement.



For me, this document represents another leap of “forward movement” for Virginia’s CACs.



Many, many thanks to the CAC staff members, without whose insight, time, and energy this document would not exist. Thanks, too, to Maggie Cullinan, who brought this idea to the table. Lastly, thanks to Fatima Smith, of FMS Speaks, for guiding us through this process.

“Almost always, the creative, dedicated minority has made the world better.” Dr. Martin Luther King, Jr.

JANICE DINKINS-DAVIDSON

Executive Director,
Children’s Advocacy Centers of Virginia

ABOUT THE AGENCY

WHO WE ARE

Children's Advocacy Centers of Virginia (CACVA) is a membership organization dedicated to helping local communities respond to child maltreatment in ways that are effective and efficient, and most important of all, ensuring that the child victim's needs are met. Formed in 2002, CACVA provides support, technical assistance, and training for Virginia's CACs and serves as a resource for communities looking to develop CACs or MDTs. A children's advocacy center is a child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse, and hold offenders accountable.

MISSION

The mission of Children's Advocacy Centers of Virginia is to promote and support the development, growth and continuation of Child Advocacy Centers (CAC) and multidisciplinary teams across the state in their service to child victims of abuse and neglect.

MEMBERSHIP

- Virginia has 18 CACs and 5 satellites in communities throughout Virginia
- 15 centers are accredited through the National Children's Alliance
- 6,248 children were seen at CACs in 2019
- CACs in Virginia provided 5,407 child forensic interviews



HOW TO USE THIS TOOLKIT

This toolkit was developed for staff and board members of Virginia Child Advocacy Centers who are interested in learning how to center racial and social justice values and practices in their agencies. The mission of Children's Advocacy Centers of Virginia (CACVA) is to promote and support the development, growth and continuation of Child Advocacy Centers (CAC) and multidisciplinary teams across the state in their service to child victims of abuse and neglect. CACVA is a membership organization dedicated to helping local communities respond to child maltreatment in ways that are effective and efficient, and most important of all, ensuring that the child victim's needs are met. As CACVA continues to address children who are victims of abuse and neglect, the deaths of Breonna Taylor, Elijah McClain, and George Floyd have called the nation's attention, once again, to racial injustice, the work of Children Advocacy Centers cannot be done without consideration to racism and white supremacy. There is a unique opportunity to evaluate, assess, deconstruct, and rebuild systems that ensure children, families, staff, community partners are welcomed and respected as a full equal in the fight to end child abuse and neglect in Virginia.

This toolkit is designed to assist your CAC as it examines the current infrastructure in order to build on agency strengths to create and/or sustain opportunities for innovation, change, and adherence to best practices - both in what you offer and how you offer it. CACs should identify a timeline to evaluate their use of the toolkit. It is suggested to have an annual review and conduct a (re)assessment every three years.

Based on contributions from CAC staff, documentation is provided in this toolkit for your organization to use. These are the aids to establishing an organization that is centering a JEDI (Justice, Equity, Diversity, Inclusion) model. The assessment tool is designed to help you identify the strengths and shortcomings in your organization to help your organization move forward. Each CAC will have to prioritize the action items and the toolkit serves as a guide for your CAC to establish the foundation to cultivating a CAC that centers justice in its daily work. The establishment of a foundation is not the goal, but rather one step in an ongoing journey to ensure that racial and social justice is centered in your CAC. The toolkit is not all encompassing of what can and should be done with your CAC and we encourage your CAC staff to engage with other resources, training, and collaborate with community members who are marginalized on this journey for justice.

Implementation with Staff



The CACs across the Commonwealth of Virginia vary in size, affiliation, and demographics. The CACVA recognized that the uniqueness of each CAC needed to be considered when crafting a toolkit. As previously stated, this work must be viewed as a journey and each CAC is at a different place in their racial and social justice journey. The content within this section serves to provide a guide for facilitating conversations for change. Challenge your staff to shift their language from “difficult conversations” to “conversations for change.” The outcome of a conversation is a reflection of the setup of the conversation. If we are able to transition from possibility to probability, it is more likely that those engaged in the conversation will take the leap from probability to actuality. We have created prompts that can create opportunities to engage in discussion about race, social injustices and solutions.

Creating Space to Talk

Setting Boundaries

- Set clear and concise expectations
- Providing education/support prior to conversation
- Make the staff aware of the expectations
- Have clear consequences* for rule violation
- Help staff understand the importance of having the conversation
- Hold staff responsible for violation of the conversation boundaries/agency values
- Be consistent in enforcing boundaries and responding to one another
- Be mindful of volume of voice, body language and word choice - it can have huge effects on what is shared, not shared, and perceptions
- Be patient

*consequences can be attending a training or speaking to a consultant; removal from a decision making committee; employee performance improvement plan

Implementation with Staff (continued)

Facilitating the Conversation

- Give consideration to staff size
 - If your staff is large, perhaps it may make sense to have small group discussions to allow space for staff time and space to share.
- Be sure to set staff up for success and engagement. Make resources (articles, books, video, sound clips, etc.) available prior to conversations in an effort to create a baseline understanding.
- Who is leading the conversation? Who is monitoring the conversation?
 - Will the conversation be led by a member of the executive team or by staff? Why or why not? Give space to acknowledge who leads the conversation and who is in the room, this will impact the outcome.
- How is the topic determined and introduced?
 - Consider integrating conversations about JEDI into all meetings rather than only when an incident occurs.
 - Give consideration to who decides the topics of conversation. Create opportunities for staff and leadership to identify topics of conversation vs just one person or particular group having that responsibility.
 - Will topics always be pre-determined or can staff introduce new topics or issues in the moment?
 - Determine if the topic will be addressed at a society level, organizational level or individual level. For example, speaking of racism in the community vs speaking of racism in the CAC
- Will the conversation be virtual or in-person? If in-person, think about the accommodations that can make the physical space welcoming and comfortable. For example, having coloring sheets, pens, note pads, comfortable seating, snacks, beverages, etc.
- How much time do you give to these conversations and is it consistent across the board? Timing is everything. Assess the group, would a morning vs afternoon talk work better for your staff or would a lunch meeting where a tasty lunch meal is provided go over better with your staff.

Implementation with Staff (continued)

- Identify the intended outcomes for the conversation and opportunities for feedback. Whenever possible create opportunities for staff to share what went well and not so well during the conversation. Create a plan for reviewing feedback. It is imperative that staff understand how feedback will be reviewed and used to inform future conversations. If there are specific action items identified for the outcomes, be sure to inform staff of the plan to implement actions following the conversation(s).
- Be patient and flexible as these conversations take shape over time.

Your reaction matters

- Develop rapport and trust among staff
- Define problem from staff's viewpoint
- Assess mental, physical and emotional safety
- Naming & Framing
 - Naming – Calling out instances of racism and white privilege
 - Framing – Strategy of using an analysis of institutional and structural racism to reshape the conversation
- Don't just hear, listen
 - Active listening - Listen carefully to what the speaker is saying, content of the message and the feelings.
 - Reflective listening - Reflect a person's feelings back to them, even if they are not vocalized. Allow the opportunity for the speaker to refute your summary or acknowledge that it is correct.
 - Affirmations - Recognize and validate a person's strengths and acknowledge the person has been hurt.
 - Open ended questions - "Help me understand what you meant when you said XYZ."

Potential Approaches for Challenging the -isms & phobias:

Name it

Verbalize when you see and/or hear racism, sexism, homophobia, transphobia, etc.

Example: Addressing the person who is perpetrating the behavior and naming the behavior appropriately. "I observed you say/do..."

Implementation with Staff (continued)

Contextualize it

Place a concept or words in context.

Example: The January 6, 2021 domestic terrorists attack on the US Capitol was initially described by some media outlets as “rioters” and “not what America stands for”; however, when Black Lives Matter protests took place, some media outlets labeled them as “animals/savages” and “violent.” This is a reflection of how when armed, White Americans execute an insurrection it is viewed as non-threatening and patriotic, but when unarmed Black and Brown Americans protest it is viewed as threatening and un-American.

Educate

Provide written, visual, or auditory information to raise awareness.

Example: Each month having all staff read a journal article or watch a movie and then process as a group using guided reflection questions.

Personalize

Use “I” statements to assist with engaging and educating someone.

Example: “I Feel _____ when you say that...” “When you said _____, I found it offensive because _____”

Inquire

Ask the individual to explain why they are saying what they are saying. Inquiry should be used as a tool to connect rather than as a defense. Try to gain an understanding of what informs the individual to help you meet them where they are in their journey.

Example: “Help me understand what you mean by...”, “Tell me more about your views on...”, “Are you able to tell me why you think/feel/believe...” ABL is the best 4-letter word!

PERFORMANCE EVALUATION



Employee: _____

Position: _____

Date of Hire: _____

Date of Review: _____

Employees will be evaluated on the following categories: Performance of Responsibilities, and Job Knowledge and Skills. Employees are to complete a self-evaluation prior to their meeting with their supervisor. Final evaluation should be completed following a conference between employee and supervisor.

This form should be completed by the staff member as a self-evaluation of the five performance elements listed below with inclusion of specific examples and comments to support each evaluative rating provided. The completed form should be submitted to the supervisor prior to the annual face-to-face performance review meeting to assist in identifying common or varying perceptions of performance and provide a foundation for discussion during the review meeting. In the left column, copy your primary job assignments/goals/objectives during this review period (refer to attached job description).

In the right column, describe how well you performed against your assignments/goals/objectives. Include any noteworthy accomplishments and the impact of your work.

PERFORMANCE EVALUATION

(continued)

| Objectives for Period | Performance Against Objectives |
|-----------------------|--------------------------------|
| | |
| | |
| | |
| | |

1. Please describe your work-related accomplishments and contributions for the review period, particularly with respect to any specific performance goals and objectives that were established for this period.
2. Please describe any committees or special projects in which you have been involved during this review period. Be sure to note any committee or special project activities that may be related to specific performance goals and objectives established for this period.
3. Naming, specifically, how a staff member engaged in efforts to improve or enhance their personal commitment and/or the agency's commitment to racial & social justice.
4. Please list work-related training and development programs in which you have participated during this review period and how was that applied.
5. Please list work-related goals and objectives you wish to set for the coming review period.
6. Please propose training or development opportunities you believe would help you accomplish your goals for the next review period, help you do your job better, or facilitate your career development during the upcoming 12 month review period.

PERFORMANCE EVALUATION

(continued)

| Objectives for Period | Performance Against Objectives |
|-----------------------|--------------------------------|
| | |
| | |
| | |
| | |

1. Please describe your work-related accomplishments and contributions for the review period, particularly with respect to any specific performance goals and objectives that were established for this period.
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3. Naming, specifically, how a staff member engaged in efforts to improve or enhance their personal commitment and/or the agency's commitment to racial & social justice.
4. Please list work-related training and development programs in which you have participated during this review period and how was that applied.
5. Please list work-related goals and objectives you wish to set for the coming review period.
6. Please propose training or development opportunities you believe would help you accomplish your goals for the next review period, help you do your job better, or facilitate your career development during the upcoming 12 month review period.

PERFORMANCE EVALUATION

(continued)

7. Please identify other supports, outside of training, and circumstances that can assist you in accomplishing your goals for the next review period.

8. Please provide examples of how you exercise self-care during the current review period and your plans for the upcoming 12 month review period.

Accountability

1. Uses good judgment. Able to admit mistakes and accept responsibility for one's actions.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

2. Makes prompt decisions regarding their responsibilities; does not leave problems for others

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

3. Follows through on things; ensures the job is completed

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

4. Ensures that work performed and information provided is timely and accurate

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

5. Takes on responsibilities and completes assignments

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

6. Handles confidential information appropriately

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

PERFORMANCE EVALUATION

(continued)

7. Shows awareness of areas for growth or areas where knowledge is lacking.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

Interpersonal Skills

8. Interacts with others in an open, honest, helpful manner

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

9. Builds and maintains constructive working relationships with others and listens without judgment

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

10. Demonstrates sensitivity to the needs of others and accepts individual differences

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

11. Shows respect for others and values others' points of views

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

12. Elevate others and embrace diversity of thought.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

13. Treats people with dignity and ensures that people are treated that way

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

14. Is attentive to others' cultures and makes necessary considerations and adjustments.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

PERFORMANCE EVALUATION

(continued)

15. Demonstrated ability to advocate for JEDI with community partners & MDT

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

16. Engages others in thinking about JEDI as it relates to clients & in the workplace.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

17. Demonstrated experience in leading cross-cultural dialogue

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

18. Demonstrated experience in leading cross-cultural dialogue

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

Work Ethic

19. Supports change and demonstrates flexibility

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

20. Challenges oneself; pursues continuous improvement

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

21. Adapts to pressure and uncertain situations

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

22. Demonstrated commitment to JEDI and ability to work with diverse clients and in diverse environments.[Evidence of active commitment to JEDI]

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

PERFORMANCE EVALUATION

(continued)

23. Maintains a positive and professional approach towards work

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

24. Articulates genuine commitment to JEDI (Justice, Equity, Diversity & Inclusion).

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

25. Evidence of [innovative thinking/innovative practices] to [reach] [serve] [teach] diverse populations

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

Planning and Organizing

26. Plans and prioritizes work requirements

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

27. Manages multiple priorities and responsibilities at the same time

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

28. Manages time and resources effectively

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

29. Meets deadlines and commitments

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

PERFORMANCE EVALUATION

(continued)

30. Effectively implement strategies for establishing an inclusive experience for clients & workplace.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

Job Knowledge and Skills

31. Understands expectations of the position

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

32. Clearly expresses ideas or information in writing or verbally

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

33. Works as a team player with staff/interns/volunteers

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

34. Displays appropriate managerial skills

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

35. Effectively communicates all agency policies and procedures to staff/interns/volunteers

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

36. Implements all agency policies and procedures with staff/interns/volunteers

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

PERFORMANCE EVALUATION

(continued)

37. Communicates and achieves support from staff/interns/volunteers to meet goals and objectives

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

38. Organizes, schedules and distributes workload to assure adequate staffing

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

39. Coaches and trains staff/interns/volunteers effectively

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

40. Motivates staff/interns/volunteers to achieve agency goals and objectives

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

41. Works with clients on mutually agreed upon treatment goals.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

42. Provides case management services that are timely and appropriate.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

43. Displays appropriate attitudes and behaviors regarding racial and social justice.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

44. Displays positive rapport and appropriate therapeutic relationship with clients.

0: Not evident

1: Needs further development

2: Adequately Developing

4: Consistently Executed

PERFORMANCE EVALUATION

(continued)

Overall Rating

Agency Behaviors

Consistently Executes ____ Meets Expectations ____ Needs Improvement ____

Performance of Responsibilities

Consistently Executes ____ Meets Expectations ____ Needs Improvement ____

Job Knowledge and Skills

Consistently Executes ____ Meets Expectations ____ Needs Improvement ____

Employee Comments:

Evaluator Comments:

Rating

Consistently Exceeds Expectations

Fully Achieves and Occasionally Exceeds Expectations

Fully Achieves Expectations

Sometimes Achieves Expectations

Unsatisfactory (Performance Improvement Plan Required)

Total Points

= xx-176

= xx-xx

= xx-xx

= xx-xx

= 88 or less

PERFORMANCE EVALUATION

(continued)

Evaluation Checklist

1. Goals and Objectives have been developed and discussed with the employee?

Yes No N/A

2. Job Duties and Performance Expectations have been discussed with the employee?

Yes No N/A

3. Appropriate corrective action has been discussed with the employee?

Yes No N/A

4. Performance Improvement Plan has been developed for employees with a Final PR Rating of 88 or below (required)?

Yes No N/A

Job Content Review

Evaluator will add the employee's job description here:

Responsibilities:

Date of last review of staff job description: _____

Does the current job description reflect accurately the duties and responsibilities of this staff member?

Yes No N/A

If not, it is suggested that the job description be reviewed and revised.

Employee Signature _____ Date _____

Evaluator Signature _____ Date _____

Executive Director Signature _____ Date _____

INTERVIEW QUESTIONS



Your CAC's commitment to a JEDI approach must be reflected in its hiring practices. The questions that you ask in an interview or on a job application signal to potential employees whether your CAC is committed to JEDI in actions or just words. Below are considerations during the hiring process:

Questions to ask:

- Did you provide the applicant the questions at least 24 hours prior to the interview? Providing the questions in advance allows for the applicant to present their best self because we are hiring CAC staff not press secretaries; therefore, we do not need to assess how well they respond to questions on the spot.
- Did you provide a printed list of questions for the applicant if the interview is in person? In addition to sending the questions in advance of the interview, it is recommended that you provide a hard copy of the questions if the interview is in person. This allows the applicant to follow along and takes into consideration different abilities.
- How are the interview questions determined? Consider inviting staff that reflect different aspects of your agency, a member of the MDT, and a community partner whenever possible. This can be particularly helpful to those agencies who may lack diversity internally to enlist the assistance of other stakeholders.

INTERVIEW QUESTIONS

(continued)

- How many rounds of interviews will be conducted? How long will interviews take place? When thinking about accessibility, it may not be the most accessible for a person to take leave three separate times for a phone interview, Zoom interview and a final in person interview. Consider a brief phone interview (no more than 30 minutes) and a two part second interview (30 minutes with CAC staff and 30 minutes with community partners). It is not necessary to conduct multiple rounds, but if you decide to do so, be mindful of the burden you are placing on the potential employee.
- Did you include the behaviors/competencies in the job description?

Consider incorporating the questions below to assess commitment and experience with JEDI:

- What value do you see interns bringing to a workplace?
- What are the challenges you anticipate or have experienced with interns and how do you navigate them?
- What have been some of your key accomplishments as a leader?
 - Follow up: What do you think you could accomplish as a leader within our agency? [*BACKGROUND: Often women and persons of color are judged on what they have done (history) and we judge men on what they can do (potential)*]
- What strengths would you bring to [INSERT CAC]?
- What is your management/supervision style? Why? What influences your style?
- Those who work with abused children and their families must guard against secondary or vicarious trauma. How would you help staff to build resilience that helps them to deal with this trauma?
- Are you able to provide an example of how you promote a welcoming environment for your colleagues and clients?
- How have you helped an organization improve its cultural awareness and cultural humility?

Follow up: How have you developed your cultural awareness and humility?

INTERVIEW QUESTIONS

(continued)

- What do you anticipate will be your biggest learning curve and can it be addressed?
- Can you speak specifically about your experience working with preschool age; elementary school aged; pre-adolescence; adolescence; children with disabilities.
 - Follow up: What is your experience working with transgender, lesbian, gay, bisexual children?
 - Follow up: What is your experience working with youth who have identities that differ from yours?
- How would you create/promote a healthy organization?
 - Follow up: What personal strategies would you use?
 - Follow up: Ask for them to define a healthy inclusive organization and then how does an organization create and/or sustain it?
- Are you able to provide an example of how you have developed and implemented a service and/or program to promote JEDI? If you have not had that opportunity, please share an idea you feel should be developed and implemented at an agency you previously worked for.
- Are you able to share tactics you use when dealing with cross-cultural conflicts or tensions?
- Are you able to provide examples of innovative thinking or practices to serve diverse populations?
- When a concern is brought to your attention by a client regarding an injustice/discrimination/inclusion how do you address it?
- How have you committed yourself to understanding and aiding in the pursuit of JEDI in your professional and or personal life?
- What steps have you taken to mitigate your biases in the workplace?
- What privileges have afforded you the opportunity to apply for this role and how does that influence your outlook on the value of JEDI efforts in the workplace?
- What are some specific things you want to do in the next year to further your development in JEDI work?

INTERVIEW QUESTIONS

(continued)

- Please share with us a time when you were a part of an event, meeting or setting where there was diverse representation in thought and culture. How did you contribute? What did you take away and apply?
- Technical: Explain what techniques you are using to confront inequities in your workplace?

Follow up: How do you measure its success?

- Scenario: You are in a meeting/training where a co-worker communicates that they feel targeted by the facilitator's micro-aggressions. They express that they feel they need to communicate this to the facilitator after everyone else has left. They seem uneasy and very much affected. What is your response?
- Scenario: You have been asked to be a part of a panel on the topic of diversity and inclusion but you notice that the panel is anything but diverse in appearance yet it was diverse in thought. At the end of the discussion the facilitator asks for your feedback. What is your response?
- Scenario: A colleague of yours has expressed concern about an event that is taking place in the agency/community. The event is offensive to many groups, and your colleague does not feel safe coming to work that day. What would be your response and or action taken?

SUPERVISION GUIDE

The interactions that take place during supervision are critical to creating a JEDI centered organization. Often supervision is viewed as yet another opportunity to review tasks, but I invite you to utilize one-on-one supervision to create spaces for collaboration and processing. JEDI centered organizations must have buy-in from leadership and staff. It is not just about how staff treat the clients, but how staff treat staff and how leadership treats staff. As previously mentioned, it is not enough to just talk about these topics, but we must model the behavior we wish to see. Below are techniques to consider for implementation. Remember to seek feedback from staff before, during, and after.



During supervision, staff may disclose a challenge they are experiencing in the workplace and depending on your supervision style you may want to take a hands-off approach or on the other end of the spectrum, micromanage the situation. Consider asking the following after a staff member discloses a challenge:

Would you like me to just listen, advise you on how to handle this; take action or a combination?

This reflects that an individual that can describe a problem can also identify the solution. We are taking a collaborative approach by providing space for the staff to be viewed and engaged as a valued contributor.

Whenever changes are made to the workplace whether they are individual or organizational, seek feedback:

- What was good and challenging about the experience?
- What could you have done differently?
- What would you like to see happen next?
- What supports were helpful? What support should be added in the future?

SUPERVISION GUIDE

(continued)

How to facilitate conversations about current events, racial & social injustices

- Anything on anyone's heart or mind
 - Before jumping right into the meeting consider opening the floor with this question. If a staff member is thinking about the transition from virtual school to in-person school, it is likely they may not be fully engaged during the meeting. Providing a space to share can assist with the transition from one task to another.
- Encourage use of "I" statements
 - Ideally staff should speak for themselves instead of saying things like, "the staff of color feel XX." Equally, we do not want staff saying things like, "I don't think anyone on staff experiences racism in the workplace." Although there is use of "I" in the previous sentences it is used to speak for the group.
- Send topics prior to the meeting
 - See "*Conversations for Change*" section
- Timed conversation
 - If you are limited on time, be transparent about that at the onset of the meeting. Designating specific time for each agenda item allows for attendees to self-monitor and also minimizes attendees from feeling like they are being cut off unfairly.
- Each person leads a self-care activity, every other week, 20 minutes
- Staff take turns presenting on a topic of interest, 15 minutes (or more)
- Leadership taking the lead to establish smaller group having discussion about various topics

Implementation with Community Partners



The work of CACs is collaborative in nature. This toolkit provides opportunities to explore not only internal collaborative practices, but also those with our external partners. The Multidisciplinary Teams (MDT) that CAC staff participate in are designed to be collaborative; however, we know that sometimes that is not always the case. The JEDI meeting tool below can provide assistance (Justice Equity Diversity & Inclusion, 2020). A key component to an effective partnership is trust. The JEDI meeting tool helps to build trust and create spaces where MDT members are valued, heard, respected, and empowered while working toward the collective goal.

The following themes were addressed during the toolkit workgroup meetings:

Establishing a liaison; consider designating MDT members that share the responsibility for onboarding and relationship building within the MDT. During our meetings it was acknowledged that one person may be wearing multiple hats. When there is MDT turnover this creates gaps in the partnership. The designated onboarding/relationship building MDT members can assist with cultivating the new relationships and supporting the transition. This could look like including language in the MOU about MDT member transition. For example, requiring that when a MDT member is transitioning a meeting is held for a warm transfer. The designated MDT members should identify training opportunities that foster team building. For example, require a minimum training and having quarterly meetings to debrief about training. The workgroups also acknowledged that the MDT recognizes conversations about racial justice are necessary, but struggle to have these conversations. Within this toolkit we recommend requiring a minimum of training related to racial justice coupled with having training debrief sessions, could address the lack of opportunity to discuss. Even when there are opportunities to discuss racial injustices, the workgroups shared that the inconsistencies in MDT membership makes it difficult to have vulnerable conversations without rapport and trust. Below are examples:

Implementation with Community Partners

(continued)

Scenario: “We want to have signage that says “Black Lives Matter”, but we don’t want our LEO partners to be offended.”

OPTION: Use a four letter word, able, when speaking with LEO about Black Lives Matter. For example, “Are you able to share what “Black Lives Matter” means to you?” (if they begin to tell you what society, the local community, or the agency thinks, gently interrupt and explain that you would really like to hear their personal-professional perspective. When we use the four letter word, able, it extends grace to the person you are speaking with and signals that you want to listen to their answer. Asking “are you able to...” rather than “why don’t you...” sets up a conversation rather than a debate. If the person is willing and able to share what BLM means to them then you can gain a better perspective on where they are in their journey and it better equips you to meet them where they are (without making assumptions). Another tactic is being able to reference your agency’s racial justice statement. It becomes less personal and more about the agency. Amongst your staff you all should have regular conversations about what does it mean to say “Black Lives Matter” or “transgender rights are human rights” or “no-one is illegal on stolen land.” The more conversations you have internally, as an organization, about these topics; it will hopefully create safer practice areas and make it easier to speak about these topics to external organizations. It is also worth noting that Black Lives Matter is anti-police brutality and whether you are law enforcement or not that should be something everyone can agree upon. Another way to frame that is, CAC is anti-child abuse and that should be something everyone can agree upon whether you have a child or not and not all parents are assumed to be child abusers. Sometimes framing the conversation outside of the content can be helpful for processing a new concept.

Scenario: “We do not talk about children’s sexuality or gender identity unless it is relevant to the case.”

OPTION: “In the past the MDT has not spoken about the sexuality and/or gender identity of the children we work with. In an effort to align with the JEDI principles we outlined in the MOU it is imperative that we create space to explore what it means to respect sexuality and/or gender identity and how we create an environment that is welcoming. I wanted to provide some resources and use the MDT meetings as an opportunity to learn from one another and support one another’s efforts to provide healthier and safer experiences for the children we work with.”

JEDI MEETING TOOL

| YES | NO | IN PROCESS | JEDI ITEM |
|---------------------------|----|------------|---|
| MEETING AGENDA ITEMS | | | |
| | | | JEDI meeting checklist template |
| | | | Action team meeting goals & agreements |
| | | | Agency mission, vision statements & guiding principles for child abuse intervention |
| RELATIONSHIP BUILDING | | | |
| | | | Have we assessed who is in the zoom room and/or actual room? Who is missing? Why? |
| | | | Is there a formalized relationship with or process to reach out to unrepresented team members/ comm partners/etc. who cannot attend calls/meetings? |
| | | | Are there identified ways to connect with other CACs, MDTs, and/or service providers? |
| STRATEGY & IMPLEMENTATION | | | |
| | | | Is there balanced input from members so all voices/communities are reflected? |
| | | | Are our teams' structure, process, and discussions reflecting our commitment to justice, diversity, and equity? |
| | | | Has our team identified strategic targets or policies for systems level change that will address what is the best interest of the child with consideration to racial justice & inclusion? |
| | | | Will our strategies or policies benefit those most vulnerable and disproportionately affected by child abuse? How will we know? |

JEDI MEETING TOOL

(continued)

1. Discussion Step A:

- What is positive/exciting about this action?
- Will this action give consideration to racial equity and inclusion?
- What will this action accomplish? Is it in the best interest of this child?

2. Discussion Step B:

- What is negative/concerning about this action?
- Will this action produce or perpetuate racial inequity or exclusion?
- What are the possible unintended consequences?

3. Collaboratively Modify: Is there anything we can do to make it stronger or a better reflection of goals?

4. Assess the degree of support for the (modified) action: Is at least 75% of the group in support of the action? Does support for the action include those who have been historically marginalized in the decision-making group, organization and/or in society?

5. Closure: Facilitator closes the decision in one of two ways:

1. There appears to be a consensus and we have arrived at a decision; check for any concerns for the record.
2. There is not a consensus emerging in the group; suggest an alternative action plan. Alternatives are not limited, but may include: ???

MOU RECOMMENDATIONS

Your CAC's commitment to a JEDI approach must be reflected in your community partnerships. As you seek to build partnerships, ensure that your partners are also committed to the JEDI approach. There is no room for assumption; therefore, take the time to revise your MOU templates. If your community partners have not begun to engage in centering a JEDI approach, the inclusion of JEDI principles in your MOU can serve as a model and conversation for future organization changes. The incorporation of JEDI in your MOU also provides a level of accountability. Below are considerations for your MOU:

- Are there instances where female and male are referenced? If so, is it necessary?
- In what ways can each member of the MDT practice cultural sensitivity and center (racial/social) justice?
 - Examples: Effectively implement strategies for establishing an inclusive experience for clients
 - Is attentive to others' cultures and makes necessary considerations and adjustments
 - Engages others in thinking about the application of the JEDI approach as it relates to clients
- Does the MOU have a statement addressing a commitment to providing services that are inclusive?
- Establish quarterly meetings to assess JEDI approach of the MDT and produce a report for areas of strength and improvement with deadlines for accountability.

MOU MODEL

Memorandum of Understanding: The Investigation and Treatment of Child Victims of Sexual Abuse and Physical Abuse and Neglect

I. Introduction

The Child Advocacy Center (hereafter referred to as CAC) is a program of the XXX, a registered 501(c)(3) non-profit serving [INSERT SERVICE AREA(S)]. the [INSERT CAC] mission is, “[INSERT MISSION].” [INSERT CAC] will be accountable to helping educate our staff and the members of the multidisciplinary team (MDT) and will be transparent in our pursuit of equity. As a collective group, we are all striving to understand our previous actions, current action, and the actions we seek to take moving forward to create better outcomes for the individuals we serve. We acknowledge that children of color are disproportionately referred to social services and parents of color disproportionately have contact with law enforcement. [INSERT CAC] is committed to examining our implicit and explicit role in perpetuating racial injustice and upholding white supremacy culture. [INSERT CAC] will work collaboratively with community partners and institutions to reduce racial inequities within our community systems to include our criminal justice system, educational system, healthcare system, mental healthcare system, faith-based systems, local government, and local social services.

The [INSERT CAC] serves the community through its programs: sexual assault crisis services, prevention and education, mental health treatment, and the Child Advocacy Center. The CAC coordinates and participates in the [INSERT SERVICE AREA(S)] Multidisciplinary Team (MDT), which ensures the safety and well-being of child victims through case coordination and collaboration throughout the investigation and prosecution of cases of child abuse.

The CAC is housed within [INSERT BUILDING NAME], located at [INSERT ADDRESS]. The CAC is a physically and psychologically safe, neutral, and culturally sensitive space for children. It is centrally located to all MDT partners and within a 1-mile radius of most MDT agency offices. Parking is readily available in [INSERT DESCRIPTION OF PARKING OPTIONS] from the [INSERT CAC]’s office building. The CAC holds a long-term lease in a designated suite within a recently renovated office building, adjacent to a number of small

MOU MODEL

(continued)

businesses including a yoga studio, a family law office, and a non-profit organization that supports community revitalization. The agency has visible signs at the front entrance and back entrances and throughout the office building. The building is a neutral location, separate from courthouses, law enforcement, and social services, and the CAC is decorated with neutral, child-friendly artwork and paint colors. The [INSERT CAC] office suite is located on the second floor and is easily accessible by elevator or stairway. The [INSERT CAC] office suite has both a main entrance and a CAC-specific entrance just down the hall. The building and office are accessible; there is ramp access to both sides of the building and ramp and elevator access to the office. The CAC is open during normal business hours Monday-Friday, 9am-5pm, and after hours seven days a week by contacting the on-call advocate through the [INSERT CAC] 24-Hour Sexual Assault Crisis Hotline. The child forensic interview room is available for use by all investigative parties in [INSERT SERVICE AREA], including Child Protective Services, the [INSERT LOCALE] Police Department, the [INSERT LOCALE] Sheriff's Office.

The CAC Child Forensic Interview Room is outfitted to assist in the investigative process while ensuring confidentiality and protecting the integrity of recordings. The room is carpeted and protected with soundproofing measures, including sound absorbing wall materials. The room is also equipped with audiovisual recording equipment, including two video cameras with optical zooming capabilities and two highly sensitive microphones. A large monitor is provided in the observation room, allowing for viewing and recording of both camera angles. The forensic interview room is furnished with an interviewer chair, a sofa, a small table, and an easel with paper for drawings. One locked cabinet storing interview aids and extra supplies are located inside the interview room. To minimize suggestibility and reduce distractions, no other decorations or items are present within the forensic interview room.

II. Mission of the Multidisciplinary Team

The [INSERT SERVICE AREA] Multidisciplinary Team (MDT) is a partnership promoting the safety and wellbeing of children through a formal, comprehensive, coordinated response to suspected neglect, sexual abuse, and severe physical abuse. Modeled after the structure set forth by the National

MOU MODEL

(continued)

Children's Alliance, the MDT is designed to meet the needs of child victims and their families and to reduce the trauma associated with childhood abuse. Collaboration occurs at all stages of response, including investigations, prosecutions, needs assessments, and medical and therapeutic interventions.

III. Member Agencies of the Multidisciplinary Team

The member agencies of the MDT include:

- CAC Staff (MDT Chair)
- Police Department (PD)
- Office of the Commonwealth's Attorney (Office of the CA) and Victim/Witness Program (V/WP)
- Community Services Board (CSB)
- Social Services District (SSD) and Child Protective Services (CPS)
- Sheriff's Office (SO)
- Hospital Sexual Assault Nurse Examiner (SANE) Program
- Other mental health, medical, and legal professionals on a case-by-case basis

IV. Statement of Purpose

We the undersigned clearly commit to the Child Advocacy Center (CAC) model. We represent the [INSERT LOCALE] Police Department Special Victims Unit (SVU), the Office of the Commonwealth's attorney, the [INSERT LOCALE] attorney's office, Forensic Assessment and Consultation Teams (FACT), and the Department of Human Services, which includes Behavioral Health services and Child Protective Services (CPS).

The [INSERT CAC] recognizes that child abuse is a community problem that requires a coordinated community response. No one entity or organization can possibly anticipate or meet the needs of victims. A strong, collaborative, non-duplicative, compassionate community response is one of the best ways to assure that victims of child abuse are not further traumatized by the very system designed to protect them.

MOU MODEL

(continued)

As part of this agreement, we are committed to the following:

- Quarterly business meetings where we assess efforts to address justice, equity, diversity, inclusion (JEDI) as they relate to the community assessment to minimize gaps in services, strategies for outreach and intervention strategies
- The continued development, implementation and maintenance of a child-victim-focused approach which reflects a cooperative effort among the undersigned agencies
- Coordinating an interagency and inter-professional cooperation in the investigation, assessment, medical and therapeutic interventions for child victims of sexual abuse, severe physical abuse or neglect
- A multidisciplinary team (MDT) approach to child abuse intervention which is focused on the child victims and their family's needs, as well as the law enforcement, prosecution, and civil proceedings involved
- Supporting and using the CAC, a child-focused setting that is comfortable, private and safe for children and their non-offending family members
- Conducting forensic interviews in a manner that is legally sound, of a neutral, fact-finding nature, and coordinated to avoid duplicative interviewing
- Participating in regular MDT case review meetings and sharing pertinent information;
- Providing training and education in the community
- Routinely promoting policies, practices, and procedures that maximize cultural competency and prevent discrimination and inequities

V. Conduct, Roles, and Responsibilities of MDT Agencies

This memorandum of understanding (MOU) defines the roles and responsibilities of all team members to ensure better outcomes for victims and their families with regards to mental health, protection, and prosecution. Each agency will work within its policies and procedures. Nothing contained herein supersedes the statutes, rules and regulations governing each agency. Current regulations will prevail to the extent that any provision of this agreement is inconsistent with such statute, rule or regulation.

MOU MODEL

(continued)

Staff participating in the CAC during investigations, forensic interviews and/or case reviews maintain confidentiality of all information shared and records regarding cases as required by state and federal law. Each MDT representative will maintain all confidentiality requirements for their respective agencies. Confidential information includes but is not limited to:

- Medical and other personal information about the children the CAC serves.
- Client records and team decisions made relative to specific cases.

Each signatory to this MOU acknowledges that it remains solely liable for the actions of its employees, respectively. Each party further acknowledges that liability does not attach to the signatories of the MOU by virtue of agreeing to coordinate services.

MDT members adhere to stringent standards of conduct when interacting with clients of the CAC. MDT members are to respect the safety and mental, emotional, and physical needs of the children served by CAC. Above all else, investigations into allegations of child abuse are to be conducted in a manner that protects the child and limits ongoing trauma to the full extent possible. This includes utilizing the CAC as a safe and neutral space for forensic interviews conducted by trained interviewers, and MDT member cooperation in limiting duplicity and the need for multiple interviews. MDT members will submit to background checks as required by their agencies. MDT members will abstain from using tobacco, alcohol, or drugs on CAC property. In cases where there is a dual relationship with a CAC client, MDT members will refrain from involvement and refer these conflicts of interest to other staff or jurisdictions. MDT partners will carry the appropriate liability insurance when operating on CAC property. Finally, MDT partners will adhere to signed confidentiality agreements and follow protocols listed within this document.

MOU MODEL

(continued)

Role of Child Protective Services (CPS)

The CPS worker

- Investigates all reports of alleged child abuse as mandated by Virginia law
- Participates in the pre-forensic interview conference
- Observes the forensic interview
- Participates in the post-forensic interview conference
- Conducts a safety and/or risk assessment of the child and non-offending family members
- Participates in case reviews as requested by his/her supervisor
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Refers the information to the CPS hotline within 24 hours if at any point the CPS social worker receives a new complaint of child abuse, regardless of caretaker status

The CPS supervisor

- Observes the interview as needed
- Participates in case reviews
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Participates in scheduled business meetings

Role of law enforcement/ Special Victim's Unit (SVU) including Internet Crimes Against Children (ICAC)

The SVU detective:

- Investigates all cases of alleged child abuse as mandated by Virginia law
- Initiates referrals to the CPS hotline if law enforcement initially receives a complaint of child abuse, regardless of caretaker status

MOU MODEL

(continued)

- Participates in the pre-forensic interview conference
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Observes the forensic interview provided the possibility exists of criminal charges
- Participates in the post-forensic interview conference
- Participates in case reviews as requested by his/her supervisor

The SVU lieutenant supervisor:

- Observes the interview as needed
- Participates in case reviews
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Participates in scheduled business meetings

Role of Commonwealth's Attorney

- Determines appropriate criminal charges
- Participates in the pre-interview conference (by telephone if needed)
- Participates in the post-interview conference (by telephone if needed)
- Participates in case reviews
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Participates in scheduled business meetings
- Advises the CAC regarding legal issues related to criminal prosecution
- Is responsible for the prosecution of the criminal case

MOU MODEL

(continued)

Role of Victim Witness advocates

- Participates in case reviews, reports on case status and disseminates information and/or recommendations to their staff
- Provides support and assistance to victims of crime
- Provides education about legal procedures
- Informs victims and non-offending caretakers about their rights
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Assists with crimes victims' compensation
- Provides court accompaniment for children and caregivers
- Coordinates with CAC Family Advocate/Mental Health Therapist and CPS investigators.

Role of County Attorney's Office

- Provides consultation to CPS regarding referrals
- Advises and represents the Department of Human Services in all court hearings in civil matters, including abuse and neglect trials and requests for protective orders, emergency removal orders, and foster care hearings if the victim child is placed in foster care
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Participates in case reviews
- Participates in scheduled business meetings

MOU MODEL

(continued)

Role of Behavioral Healthcare supervisor/representative

- Observes the interview as needed (or designated mental health therapist)
- Participates in case reviews
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Participates in scheduled business meetings

Role of the INOVA FACT team

- Conducts forensic exams upon request of law enforcement/child protective services
- Interviews a child and parent to obtain background health information
- Refers child/family to community resources
- Testifies as a fact or expert witness upon subpoena in any court proceedings
- Interprets medical terminology used in medical reports and provides consultation to the MDT
- Effectively implement strategies for establishing an inclusive experience for clients
- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Participates in case reviews
- Participates in scheduled business meetings
- Provides consultation as needed

CAC Family Advocate/Mental Health Therapist

- Participates in the pre-interview conference
- Observes forensic interview as needed
- Provides support and information for child and non-offending caretakers before, during and after the forensic interview
- Participates in post-interview conference
- Effectively implement strategies for establishing an inclusive experience for clients

MOU MODEL

(continued)

- Is attentive to others' cultures and makes necessary considerations and adjustments.
- Engages others in thinking about the application of the JEDI approach as it relates to clients
- Participates in case reviews
- Provides trauma-informed assessments and treatment or facilitates referral and linkage to mental health services as needed for CAC clients
- Coordinates and co-facilitates the non-offending caretaker (NOC) groups

VI. Definitions

The Code of Virginia§63.2-100 provides statutory definitions.

Sexual abuse:

(22 VAC 40-705-30 E) Sexual abuse occurs when there is any act of sexual exploitation or any sexual act upon a child in violation of the law which is committed or allowed to be committed by the child's parents or other persons responsible for the care of the child.

Physical abuse:

(22 VAC 40-705-30 A) Physical abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions, including, but not limited to, a child who is with his parent or other person responsible for his care either (i) during the manufacture or attempted manufacture of a Schedule I or II controlled substance or (ii) during the unlawful sale of such substance by that child's parents or other person responsible for his care, where such manufacture, or attempted manufacture or unlawful sale would constitute a felony violation.

Physical neglect:

(22 VAC 40-705-30 B) Physical neglect occurs when there is the failure to provide food, clothing, shelter, or supervision for a child to the extent that the child's health or safety is endangered. This also includes abandonment and situations where the parent or caretaker's own incapacitating behavior or

MOU MODEL

(continued)

absence prevents or severely limits the performing of child caring tasks pursuant to § 63.2-100 of the Code of Virginia. This also includes a child under the age of 18 whose parent or other person responsible for his care knowingly leaves the child alone in the same dwelling as a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender.

Caretaker role:

(22 VAC 40-705-10) "Caretaker" means any individual having the responsibility of providing care for a child and includes the following: (i) parent or other person legally responsible for the child's care; (ii) any other person who has assumed caretaking responsibility by virtue of an agreement with the legally responsible person; (iii) persons responsible by virtue of their positions of conferred authority; and (iv) adult persons residing in the home with the child.

Inherent within the definition of a caretaker is that the individual was responsible for providing care and supervision for the child or assumed responsibility for providing care and supervision for the child.

VII. CAC services

The CAC and MDT will serve children with SVU assigned reports and CPS validated reports alleging sexual abuse, physical abuse and/or physical neglect, validated by CPS as an investigation although not always. The CAC may also serve children and family members who may have witnessed a crime and/or been affected by child fatalities. Cases referred to the CAC may have criminal and/or civil charging implications and additional allegations pending.

The CAC staff coordinate services per protocols, provide support services to victims and families, including mental health assessments and therapy services, maintain a child-friendly, safe place for forensic interviewing, provide legally sound forensic interviews and audio and video recordings of interviews, maintain case records and track data. All support and coordination services are provided to all cases referred to the CAC, whether or not a forensic interview is provided.

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(continued)

VIII. Investigative Process

Notification

- The CPS hotline will notify the CAC MDT, which includes CAC staff, CPS, SVU, the office of the commonwealth's attorney, and the county attorney's office, via e-mail within one hour of all validated CPS investigations and referrals that may be referred to the CAC for forensic interview and/or MDT review.
- The CPS hotline will notify the CAC staff via e-mail of any referrals sent to the SVU that do not meet CPS validation criteria, and that may be referred to the CAC.
- The CPS hotline is responsible for determining whether a referral meets CPS validation standards by obtaining the appropriate information necessary to meet validation.
- In accordance with Virginia code 63.2-1509, if a report is made directly to the police, it shall be the responsibility of the reporting officer, or assigned SVU investigator, to contact CPS, via the local or Virginia CPS hotline and forward a copy of the police report, as soon as possible (preferably within 24 hours), via fax or e-mail.
- The SVU investigator and CPS worker communicate, prior to the beginning of the investigation, with each other to discuss case background, relevant history, known facts of the disclosure, medical exams and notification of the non-offending caretaker, as needed.
- The SVU investigator and CPS worker communicate prior to scheduling, or conducting, any interviews either in the field or at the CAC.
- The CAC staff will provide e-mail notification to the MDT when a forensic interview has been scheduled at the CAC.
- The Police Department and Child Protective Services joint investigation protocol outlines the details of the investigative process between CPS and SVU.

IX. Training

CAC staff are administratively responsible for the coordination and documentation of training completed by MDT members that are relevant to the CAC. This includes maintaining a list of all MDT members who have completed

MOU MODEL

(continued)

forensic interviewer training. Individual MDT members are responsible for maintaining a record of any training they receive on the topics of: child abuse response and treatment; anti-racism; cultural awareness and humility; LGBTQ+ and agree to provide that information to the CAC staff upon request.

CAC forensic interviewers regularly seek continuing education on forensic interviewing and participate in formalized forensic interview peer review processes. CAC staff frequently communicate forensic interviewing updates from the National Children's Alliance to all MDT forensic interviewers. A minimum of eight hours of training in the field of forensic interviewing and/or child maltreatment must be obtained every two years for all MDT interviewers.

CAC mental health therapists receive a minimum of 8 credit hours of training every two years on the topic of relevant mental health and child abuse treatment. Mental health therapists meet weekly for case management and peer supervision.

All CAC staff receive training on cultural responsiveness and trauma-specific response to abused children and their families. All CAC volunteers and interns receive training on sexual abuse, its dynamics, and supportive response prior to any contact with children and their families. CAC staff receive a minimum of 16 credit hours of training every two years on the topic of cultural awareness, bias, humility and anti-racism.

CAC staff disseminate information on local, state, and national training opportunities to all members of the MDT as they are offered. Among these are training from the National Children's Alliance, the Southern Regional Child Advocacy Center, and the Children's Advocacy Centers of Virginia.

CAC staff communicate funding opportunities and assists MDT members applying for funding through multiple avenues. The CAC regularly seeks funding to train the MDT and coordinates the use of that funding for MDT members. When appropriate, CAC staff coordinate team formation and applications for members of various MDT organizations to seek training together. The CAC additionally seeks funding to bring training to the local community. This type of funding allows local MDT partners to receive local, quality training at an affordable price on specialized topics chosen by the MDT.

MOU MODEL

(continued)

X. Commitment to Justice, Equity, Diversity & Inclusion

The CAC promotes policies, practices, and procedures that maximize cultural competency and prevent discrimination and inequities. The ability to appreciate, understand, and interact with [INSERT LOCALES]'s diverse population is reflected throughout our services, including the initial greeting, the forensic interview, assessment, mental health, and community outreach.

The CAC is committed to the ongoing development of cultural awareness, and promotes policies, practices, and procedures that are culturally sound. The CAC will not discriminate against any child victim and their family on the basis of race, religion, sex, veteran's status, marital status, age, national origin, culture or sexual orientation.

The CAC maintains a list of resources for families with special needs, including those who are non-English speaking, deaf, or hard-of-hearing. Upon initial contact with the CAC, staff determines any special needs and ensures the availability of resources that are necessary to facilitate the interview. Each member of the MDT is bound by their own agency policies and procedures regarding non-English speaking, deaf, and hard-of-hearing clients. When cultural issues arise, the impact of cultural factors is discussed at MDT case review meetings.

During case review, cultural factors are identified and their relevance to the investigation is discussed. Any cross-cultural and diversity issues will be discussed and resolved by the MDT during the bi-monthly policy/business meetings.

We the undersigned, as parties to this MOU, adopt the preceding operational investigative procedures. We will continue to work together to develop the best intake, investigation and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a model service delivery to address the tasks of investigating and treating child abuse and neglect. We will jointly meet this challenge by sharing resources and focusing on our shared mission of justice, protection and healing. We will be committed to providing culturally responsive outreach services to the

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(continued)

community, as well as culturally appropriate direct services to all clients. We will actively seek and participate in professional development and training in these areas related to racial justice, racial healing, social justice. We understand that through this proposal, we clearly commit to the Child Advocacy Center.

Implementation with Assessment & Documentation



In order for us to know where we are going and where we want to be, we must look to our past. This section of the toolkit provides a resource for your CAC to assess what you are currently doing and identify areas to maintain, improve, and eliminate as you continue to center the JEDI approach. It is recommended that CACs conduct an assessment every three years. Upon completion of the assessment, a plan of action should be created and an accountability committee should be established to evaluate the plan of action yearly. The accountability committee should also communicate to the CAC staff, MDT, clients, and other stakeholders the plan and progress on an annual basis.

“...The purpose of the toolkit is to help organizations gather baseline data and information in order to self-identify areas for organizational change and improvement, including specific actions and targets that will lead to improved outcomes for children of color. Spur dialogue within organizations that will lead to greater understanding and commitment to address issues of racial equity. Facilitate the sharing of information, resources, mutual support, and improvement tools. Build shared accountability across organizations (Coalition of Communities of Color, 2013).”

ORGANIZATIONAL SELF-ASSESSMENT

STEP 1

Directions: Fill in the blanks with the number that best describes where your organization is in relation to the organizational characteristics and workforce competencies listed below. Then look at the reflections section for recommendations about next steps.

1. This is part of our routine, and we model it for others
2. This is in place and we have evidence of its use
3. Plans exist to use in planning and implementation
4. Have not started work in this area yet
5. Does not apply to my organization

Organizational Characteristics:

1. ___ Institutional commitment to addressing/eliminating racial and ethnic inequities
2. ___ Hiring to address racial and ethnic inequities, prioritizing the hiring of employees who represent communities of color, immigrant and refugees
3. ___ Structure that supports authentic community partnerships that are empowering and more fluid than hierarchical
4. ___ Supporting staff to address racial and ethnic inequities
5. ___ Inclusive and culturally-responsive internal communications
6. ___ Institutional support for innovation to better meet the organization's mission
7. ___ Creative use of categorized funds that (supporting programs/policies vital to or disproportionately needed by particular disadvantaged racial/ethnic communities)
8. ___ Data and planning practices that are accessible to and, as appropriate, driven by community stakeholders, incorporating community narratives and experience.
9. ___ Effective and coordinated administrative processes

Workforce Competencies:

1. ___ Knowledge of racial equity components (e.g. public policy development, advocacy, data practices)
2. ___ Understanding of the social, environmental and structural determinants of racial and ethnic inequities

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

3. ___ Knowledge of affected communities (can be developed by building and maintaining authentic relationships with communities of color, analysis of community-driven data, etc.)
4. ___ Courageous leadership that is consistent around applying a racial equity lens and understanding of power and privilege
5. ___ Community organizing and engagement skills (community-organizing skills based on the principles and practices espoused by communities of color, immigrants and refugees)
6. ___ Problem-solving abilities
7. ___ Cultural responsiveness and humility

Reflections: If you notice that the majority of your answers are “1” and “2” range, we recommend that you move to, “Step 2.” If you notice that the majority of your answers tend toward the “3” and “4” range, we recommend that you next complete, “Step 3.”

STEP 2

Directions: Please answer the questions below. Fill in the blank with the response that best fits:

“Y,” yes

“N,” no

“?”, I do not know

Organizational Commitment, Leadership & Governance:

1. ____ Has your organization made a public commitment to racial justice.
2. ____ Does your organization have a mission statement that incorporates racial justice?
3. ____ Does your organization have an internal structure whose goal is to address issues of racial equity, for example an equity committee?
4. ____ Do you collect the racial, ethnic and linguistic makeup of your board?

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

Racial Equity Policies & Implementation Practices:

5.____ Does your organization have a racial equity policy?

6.____ Does your organization have a written racial equity plan with clear actions, timelines, people responsible for each action, indicators of progress and processes for monitoring and evaluation?

Organizational Climate, Culture & Communications

7.____ Does your organization visibly post materials in languages other than English?

Service-Based Equity

8.____ Do you collect racial, ethnic and linguistic data on your clients or constituents?

9.____ Do you provide language interpreter/translator services for people who speak languages other than English?

Service-User Voice & Influence

10.____ Do you collect data on service-user or constituent satisfaction with your organization regarding racial equity?

Workforce Composition & Quality

11.____ Do you collect the racial, ethnic and linguistic makeup of your workforce?

12.____ Does your organization have written procedures to increase the recruitment, retention and promotion of people of color?

13.____ Does your organization have an internal structure or position dedicated to promoting workforce diversity?

14.____ Are racial equity and cultural competency training and capacity building made available to your workforce?

Community Collaboration

15.____ Does your organization have formal partnerships with organizations of color?

16.____ Does your organization allocate resources for engagement and outreach in communities of color?

Resource Allocation & Contracting Practices

17.____ Does your organization have MOUs that reflect a commitment to racial justice?

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

Data, Metrics & Continuous Quality Improvement

18. ___ Does your organization have a written policy or formal practice regarding the collection of race and ethnicity data?

19. ___ Does your organization meet regularly with leaders from communities of color specifically to discuss racial equity within your organization?

Please complete step 3 next.

STEP 3

Directions: Please answer the questions below. Fill in the blank with the response that best fits:

“Y,” yes

“N,” no

“?”, I do not know

Organizational Commitment, Leadership & Governance:

1. ___ Is advocacy on behalf of racial equity seen as part of the organization’s work?

2. ___ Does the organization have a systematic review of racial equity? (Refers to a planned and periodic gathering of facts and governing body discussion with community participation regarding the implications of the facts for the organization).

Racial Equity Policies & Implementation Practices:

3. ___ If you have developed, or are developing, a written racial equity policy and/or plan, were representatives, or are representatives, from communities of color participants in development?

Organizational Climate, Culture & Communications

4. ___ Are there visible signs of your organization’s commitment to racial equity in your primary physical location, e.g. signage that states your commitment and/or physical representation of diverse communities?

5. ___ Do you encourage or support difficult conversations about race in a safe, confidential, private space?

6. ___ Are organizational materials assessed for racial bias and reviewed to ensure reflection of your community’s diversity?

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

Service-Based Equity

7. ___ Do you collect race and ethnicity data on each of the following: ___ those who request service ___ those who receive service ___ those referred for specific interventions ___ those who succeed and those who do not in your programs/services/schools?

8. ___ When you make evidence-based decisions regarding communities of color (either collectively or as individual communities) do you review the decision with the impacted community?

Service-User Voice & Influence

9. ___ If you collect data on service-user or constituent satisfaction with your organization regarding racial equity, do you share the findings with communities of color?

Workforce Composition & Quality

10. ___ Are racial justice knowledge, skills and practices incorporated into performance objectives (such as job descriptions and work plans) and appraisals/evaluations for staff? 11. ___ Do performance appraisals/evaluations include progress on racial equity and cultural competency goals?

12. ___ Are there effective formal and informal complaint procedures for staff regarding race-related complaints?

13. ___ Is your organization unionized?

14. ___ If you are subject to Title VI (which prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance), has the federal government ever found your organization non-compliant?

15. ___ Are racial equity and cultural competency training voluntary or mandatory?

16. ___ Do communities of color in your area participate in the development and evaluation of racial equity and/or cultural competency training available for your staff?

Community Collaboration

17. ___ Do you have a method in place to assess the overall satisfaction of communities of color with your organization?

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

Resource Allocation & Contracting Practices

18. ___ If your organization has equity practices and policies, do you require your vendors and contractors to adhere to the same practices and policies?

Data, Metrics & Continuous Quality Improvement

19. ___ If you collect race and ethnicity data (either workforce or constituency), are you able to disaggregate your data into the following communities: African, African American, Asian, Pacific Islander, Latino, Native American and Slavic?

20. ___ If you collect race and ethnicity data, are individuals able to self-identify their race and ethnicity?

21. ___ If you collect race and ethnicity data, are individuals allowed to designate multiple races and/or ethnicities?

22. ___ Do you reveal race and ethnicity data in a way that is accessible to your staff?

23. ___ Do you reveal race and ethnicity data in a way that is accessible to the public?

STEP 4

Directions: Please answer the questions below with short answers.

Organizational Commitment, Leadership & Governance

1. If your organization has made a public commitment to racial justice, please describe how the commitment was made and who made it.

2. If your organization has an internal structure, e.g. an equity committee, responsible for addressing racial equity, please describe the structure including its scope of work and composition.

Racial Equity Policies & Implementation Practices:

3. If you have a written racial equity policy and/or plan, how are communities of color incorporated into ongoing implementation efforts?

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

Organizational Climate, Culture & Communications

4. Describe your organization's primary physical space and what it may communicate to diverse stakeholders. Is it welcoming and accessible? Consider the use of height, open spaces, natural or artificial light, art, signage and visual representations.

5. Describe whether, and how, the organization's entrance area is welcoming and supportive of diverse individuals and families, e.g. is there comfortable seating and supports for those with children.

6. Please provide a couple of examples of how your organizational meetings are conducted in a manner that supports equity and inclusion, and values diverse ways of speaking, thinking, debating, reflecting and making decisions.

7. What practices or structures does the organization have in place to support employees of color, e.g. mentoring, employee support groups, comprehensive orientations? Are there supports for employees of color to move into positions with low diversity?

8. How does your organization market, brand and/or message your equity initiatives?

Service-Based Equity

9. Please provide a couple of examples of how race and ethnicity service-user data has informed your service delivery practices and decision-making regarding services.

10. How do you ensure that language services (translation/interpretation) are adequately aligned with community needs?

Service User Voice & Influence

11. Please list organizational structures that ensure service-user participation by communities of color (e.g. service delivery, evaluation, quality improvement, hiring practices, performance appraisals, and service-user satisfaction).

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

Workforce Composition & Quality

12. If your organization is unionized, please describe the role of the union in promoting workforce diversity.

13. Please list your organization's key priorities related to cultural and linguistic competencies for staff and leadership.

Community Collaboration

14. In what ways are communities of color formally recognized as key stakeholders in organizational decision-making?

15. How do you ensure that your community engagement practices with communities of color are culturally appropriate for particular communities of color? Please include some specific practices.

Resource Allocation & Contracting Practices

16. Please provide a couple of examples of how racial justice values influence your organization's investments.

Data, Metrics & Continuous Quality Improvement

17. Please provide a couple of examples of how race and ethnicity data from within your organization has affected your services, investments or employment practices.

STEP 5

Directions: Please answer the questions below with short answers.

Organizational Commitment, Leadership & Governance

1. Do the senior leaders of your organizations act consistently around racial equity by, e.g., allocating sufficient resources for equity initiatives, making racial justice a standing agenda item at key meetings, and ensuring people of color are decision-makers? Provide 2-3 specific examples.

2. How do you actively engage your union leadership (if applicable) around racial equity efforts?

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

Racial Equity Policies & Implementation Practices

3. If you have a written racial equity policy and/or plan, how does the governing body monitor progress?

Organizational Climate, Culture & Communications

4. How is your organization's internal culture of inclusion and equity communicated? Practices may include noticing barriers to participation, planning that incorporates participation supports, public appreciation of "out loud" interrupting or naming of inequities, and encouragement when difficult topics are surfaced.

5. Please describe how the organization actively builds a culture of inclusion and equity.

6. What processes and practices intentionally include or exclude community members?

7. How does the organization support an authentic and early process for noticing, naming and addressing dynamics of racism within the organization?

Service-Based Equity

7. How do you incorporate goals of service equity and culturally appropriate service delivery? Provide a couple of examples of how this is codified in policy or implemented in practice.

8. Please describe how your organization evaluates the quality and effectiveness of interpretation and translation services it either contracts for or provides.

Service-User Voice & Influence

9. Please provide a couple of examples of how clients of communities of color has influenced your organization.

Workforce Composition & Quality

10. If your organization has an internal structure responsible for workforce diversity (e.g. an officer or office of diversity), please briefly describe the structure or role, and the scope of work.

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

11. How does racial justice and cultural competency goals inform the organization's investments in training and professional development?

12. How do you evaluate the effectiveness of racial equity and cultural competency training available for staff and leadership?

Community Collaboration

13. How do you ensure that your organization is responsive to current and emerging issues in communities of color?

14. How does your organization formally collaborate with community-based organizations of color to determine and address your organization's responsiveness to the needs of communities of color?

Resource Allocation & Contracting Practices

15. In what ways are your organization's budget allocations aligned with racial equity goals, plans, policies and/or values?

Data, Metrics & Continuous Quality Improvement

16. Please describe how your programs are evaluated in terms of their impact on communities of color and racial equity goals? You may include internal and external evaluation processes.

Step 6

Directions: The following documents should be available from your CAC. If your agency does not have these documents already, please develop a plan to create the documents below that your CAC does not have currently.

- Organization's mission statement
- Completed governing body racial diversity template
- Racial Equity Policy
- Written racial equity plan
- Any written standards your organization has that guide language accessibility, including translation and interpretation practices
- Written plan to diversify your workforce and make it inclusive

ORGANIZATIONAL SELF-ASSESSMENT

(continued)

- Any written practices or standards your organization has regarding racial and ethnic data collection or usage
- Any written document your organization has that outlines how racial equity outcomes are monitored and evaluated

Step 7

Directions: Please write a one-page summary upon completion of the assessment.

Organizational Overview (Please provide a 5-10 sentence description of your organization)

Strengths (Based on the results of the Tool)

Opportunities for Growth (Based on the results of the Tool)

Possible Action Areas (Based on the results of the Tool these are three actions that we will take in the next 12 months)

INTAKE / DOCUMENT RECOMMENDATIONS

Many of the CACs utilized generic or standardized forms that cannot be modified. In the instances where modification is permitted, the following modifications are recommended:

- **Sex vs. Gender** (female & male vs man, woman, gender nonconforming): Generally, what we should be inquiring about is gender, not sex. Gender is how someone presents themselves and sex is biological. On intake forms or other surveys, have predetermined options with a write-in option or simply a write-in option. For example:
 - Gender: ___ Cisgender Woman ___ Transgender Woman __ Cisgender Man __ Transgender Man __ Non-binary __ ____ [write in] _____
 - NOTE: do not write “other”
- **Sexual Orientation:** There are a large number of sexual orientations and for space purposes, your agency may not have the ability to list all sexual orientations. On intake forms or other surveys, have predetermined options with a write-in option or simply a write-in option. For example:
 - __gay __lesbian __bisexual __pansexual __asexual __heterosexual
- **Preferred pronouns vs. pronouns:** The usage of pronouns continues to grow and for some it may be a new concept. Outside of your forms, consider placing pronouns on your staff name tags; use pronouns when you do introductions; use pronouns in your email signature and Zoom name. When asking a client for their pronouns, think of it when you ask them about their race. You would not say what is your preferred race, so we should not say what is your preferred pronouns. Examples of pronouns: she, they, he, ze, etc. On intake forms or other surveys, have predetermined options with a write-in option or simply a write-in option. For example:
 - ___ she ___ they __ he __ ____ [write in] _____
- **White vs. Caucasian** (hint: they are not the same): This is a common mistake and one that may take time to unlearn, but as we seek to learn of our clients racial and ethnic identities, it is important we are not connecting identities that should not be. Please reference the terminology section of this toolkit for more information on racial and ethnic identities.

INTAKE / DOCUMENT RECOMMENDATIONS

(continued)

- **Reading to client vs asking client to read it on their own in the moment and/or later:** It may seem harmless to say, “We are all adults so I won’t read this form to you;” however, it is making assumptions about the client and can place the client in a position where they are less likely to disclose they have difficulty reading and/or comprehending. Consider asking the client, “would you like me to read this form to you and you may ask me questions as we go along OR would you like to read this form on your own and you may ask me questions as you go along?” Another approach is saying, “I read this document to each client because there is a lot of information and I would like to review each section to make sure we are all on the same page.”
- **Avoid phrases such as “non-traditional families” as that is othering in and of itself:** When we use terms like normal family or “non-traditional family”, ask yourself who are centering and who are we decentering? Also consider, what does it mean to be a “normal formal” and what is the opposite of normal. Consider saying, “varying types of families” or this is “typical behavior.”
- **Legal Name vs. Name:** Determine why you are asking for a client’s legal name versus the name they use. If you are required to obtain a legal name and that name differs from the gender identity or name that the client uses, consider differentiating the two on a form:
 - Name: _____
 - Other names used: _____
- **Identifying family members vs household members:** There should be consistency in how we speak about the individuals who have contact with the client. For example, our forms should use “parent/caregiver” through versus using parent a majority of the time and occasionally using “parent/caregiver.” We must review our forms and complete them from the vantage point of the individual completing the form. When trying to determine relationships, consider asking, “individuals in primary or secondary home” versus “family members in primary/secondary home.” The former allows for inclusion of all individuals regardless of whether they are family members to be identified.
 - NOTE: do not use homosexual
- **Consent forms:** Provide clients with a written form to revoke or modify consent along with envelope with postage, especially if you require clients to provide modifications in writing.

INTAKE / DOCUMENT RECOMMENDATIONS

(continued)

Below are questions to ask when creating new forms and/or surveys:

- How does this perpetuate iniquity and/or exclusion?
- Who is creating the form? How are you engaging staff, leadership and client for input in creating or updating the form and/or survey?
- When creating a survey, is there a plan to share the results with those who are participants in the survey and other stakeholders?
- How does having materials in various languages help and hurt clients? (It is one thing to give someone a brochure in their first language, but if they have questions or want to follow up and no one at the agency speaks that language. How are you able to articulate that the brochure is provided in that language, but your agency does not have staff that speak that language?) Have multiple places on the document that the agency does not have someone on site that speaks said language and if you are referring out make it known that this is an option.
- What is in place to make sure the education/knowledge is applied appropriately from the information obtained from the form/survey?
- Do you initiate the request for accommodations or is it the responsibility of the client?
- Are we compensating community members when we solicit their knowledge or feedback?
- Not everyone is born into a heterosexual family. What language needs to be used to be reflective of those who adopted, surrogate, same-gender couples?
- What education level does a reader need to have to read your agency's forms?

INTAKE FORM MODEL

INTAKE PACKET

Child's name _____ Today's date _____

Name of person completing this form _____ Relationship _____

Address (Street Address, City/County, State and Zip Code):

Phone number home cell work: _____ OK to leave a message: Yes No
Phone number home cell work: _____ Yes No
Phone number home cell work: _____ Yes No

In case of emergency, individual who can pick up my child (please list and include relationship):
Name: _____ Relationship _____
Name: _____ Relationship _____
Name: _____ Relationship _____

People who CAN NOT pick up my child (please list and include relationship):
Name: _____ Relationship _____
Name: _____ Relationship _____
Name: _____ Relationship _____

DEMOGRAPHIC INFORMATION

Child's date of birth: _____ / _____ / _____ Date of Birth Unknown (Specify Age: _____)

Child's gender: Cisgender girl Transgender girl Cisgender boy Transgender boy
 Nonbinary _____

Child's ethnicity: Hispanic or Latino/x Not Hispanic or Latino/x Unknown
Child's race: American Indian / Indigenous Alaska Native Asian Black or African diaspora Native Hawaiian or Pacific Islander White Unknown _____

INTAKE FORM MODEL

(continued)

Has this child been seen previously at this center?

- No Yes

If so, please check those that apply:

- Forensic Interview (Date of Forensic Interview: _____/_____/_____)
 Trauma-Focused Treatment

Relationship of Alleged Perpetrator:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Birth Parent | <input type="checkbox"/> Uncle | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Birth Mother | <input type="checkbox"/> Cousin | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Birth Father | <input type="checkbox"/> non-kinship Foster Mother | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Step Parent | <input type="checkbox"/> non-kinship Foster Father | <input type="checkbox"/> Adoptive Parent |
| <input type="checkbox"/> Step Mother | <input type="checkbox"/> Kinship Foster Mother* | <input type="checkbox"/> Adoptive Mother |
| <input type="checkbox"/> Step Father | *Relationship: _____ | <input type="checkbox"/> Adoptive Father |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Kinship Foster Mother* | <input type="checkbox"/> Caregiver's significant other |
| <input type="checkbox"/> Grandfather | *Relationship: _____ | |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Not applicable | <input type="checkbox"/> _____ |

Was the alleged perpetrator in a caregiving role with the child?

- No Yes Unknown

Was the alleged perpetrator living in the home? No Yes Unknown

What is your relationship to the child/adolescent (check only one)?

- | | |
|--|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Agency staff |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Child/Adolescent/Self |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> _____ |

Are you the child's legal guardian? No Yes Unknown

If you have joint legal custody, please list the name and telephone number of the child's other legal guardian:

Name: _____ Phone Number _____

If no, who is currently the legal guardian for this child?

- | | |
|---|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Emancipated Minor (self) |
| <input type="checkbox"/> Other adult relative | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> State | <input type="checkbox"/> _____ |

INTAKE FORM MODEL

(continued)

List individuals who live in the home with the child:

| Individual Name | Age | Relationship |
|-----------------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

List individuals (family members or significant others) who do not live with the child:

| Individual Name | Age | Relationship |
|-----------------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Where is the child's current primary residence (check only one)?

- Independently (alone or with peers)
- Regular foster care
- With adopted parent(s)
- Treatment foster care
- With relatives or other family
- Residential treatment center
- Correctional facility
- Homeless
- _____
- With biological parent(s)

How long has the child been living in the above setting?

_____ (enter # of months or "0" if less than one month) Entire life Unknown

Primary language spoken at home (check only one):

- English
- Spanish
- Korean
- Vietnamese
- _____
- Unknown

INTAKE FORM MODEL

(continued)

Relationships of adults living in the home with the child? (check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other adult relative |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Parent's spouse/partner/significant other |
| <input type="checkbox"/> Father | <input type="checkbox"/> Other adult non-relative |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Unknown |

What is the total income for the child's household for the past year, before taxes and including all sources:

\$ _____ Unknown

Caregiver 1:

Which category best describes the highest educational level earned by the child's caretaker(s)? (check only one)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Some grade school | <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> Grade school graduate | <input type="checkbox"/> High School graduate | <input type="checkbox"/> College graduate | |

Which category best describes the caregiver's employment status? (check all that apply)

- | | | | |
|------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Full-time homemaker | <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Full-time student | |

If employed, please provide the caregiver's job title or what type of work does the caregiver do?

Job title: _____ Type of work: _____

Caregiver 2 (if applicable):

Which category best describes the highest educational level earned by the child's caretaker(s)? (check only one)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Some grade school | <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> Grade school graduate | <input type="checkbox"/> High School graduate | <input type="checkbox"/> College graduate | |

Which category best describes the caregiver's employment status? (check all that apply)

- | | | | |
|------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Full-time homemaker | <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Full-time student | |

If employed, please provide the caregiver's job title or what type of work does the caregiver do?

Job title: _____ Type of work: _____

INTAKE FORM MODEL

(continued)

DEVELOPMENTAL HISTORY

Prenatal/birth/childhood information (include pregnancy, developmental milestones, and other significant events):

Problems in pregnancy or delivery? (e.g., illness, bed rest, medications, amniocentesis, premature, Cesarean section, breech, etc.) Yes No Unknown

Adequate Prenatal care? Yes No Unknown
 Full Term Premature Birth: _____ Weeks

Biological mother/Pregnant person's alcohol, cigarette or substance use during pregnancy with client

Yes (Type: _____) No Unknown

Serious illness, accident or stressors during pregnancy? Yes No Unknown

Complications Post-natal (within 1st month)?

No Unknown Yes: including the following:
 low birth weight trouble feeding trouble sleeping
 colic

Milestones

Has a doctor or any other professional ever expressed concern about child's development:

Motor development (e.g., sitting, crawling, walking, toilet training) Yes No

Speech and language development (e.g. first words, first phrases) Yes No

Comments: _____

ACADEMIC INFORMATION

Name of current school: _____ Grade: _____

Teacher (K-5): _____ Phone Number: _____

Does the child have an IEP (Individualized Education Program): Yes No

INTAKE FORM MODEL

MEDICAL HISTORY

Primary Physician/Practice (Name): _____ (Phone #): _____

Other Providers/Medical (Name): _____ (Phone #): _____

Does the child have any medical problems, disability or injuries? (chronic or recurrent condition)

Yes No

How do these affect the child's ability to function?

Not a problem Somewhat/sometimes a problem Very much/often a problem

Past/current illnesses and medical conditions (include previous hospitalization):

Current medication/previous medication (include all prescribed, over the counter medications & holistic/alternative remedies):

| Name | Dosage | Date Started | Last Date | Helpful | Side Effects |
|------|--------|--------------|-----------|--|--------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Allergies: _____

Date of last physical exam: ____/____/____

Date of last dental exam: ____/____/____

INTAKE FORM MODEL

(continued)

OTHER SERVICES

Has the child received any of these services or been placed in any of the following (excluding today's visit) within the past month (within the past 30 days)? Also, indicate if the child received these types of services EVER. Please answer each question.

| | Received any services within the past month? (i.e., past 30 days) (Check all that apply) | Received any services EVER? (Check all that apply) |
|---|--|--|
| Inpatient psychiatric unit or a hospital for mental health problems | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Residential treatment center (a self-contained treatment facility where the child lives and goes to school) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Detention center, jail, or prison | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Group home (a group residence in a community setting) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Treatment foster care (placement with foster parents who receive special training and supervision to help children with problems) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Probation officer or court counselor | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Day treatment program (a day program that includes a focus on therapy and may also provide education while the child's there) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Case management or care coordination (someone who helps the child get the kinds of services he/she needs) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |

INTAKE FORM MODEL

(continued)

| | Received any services within the past month? (i.e., past 30 days) (Check all that apply) | Received any services EVER? (Check all that apply) |
|--|--|--|
| In-home counseling (services, therapy, or treatment provided in the child's home) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Outpatient therapy other than at this clinic (from psychologist, social worker, therapist, or other counselor) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Outpatient treatment from a psychiatrist | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Primary care physician/pediatrician for symptoms related to trauma or emotional/behavioral problems (excluding in an emergency room) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| School counselor, school psychologist, or school social worker (for behavioral or emotional problems) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Special class or special school (for all or part of the day) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Child welfare or departments of social services (include any types of contact) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Foster care (placement in kinship or non-relative foster care) Approximate Number of Placements (If applicable): ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Therapeutic recreation services or mentor | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |

INTAKE FORM MODEL

(continued)

| | Received any services within the past month? (i.e., past 30 days) (Check all that apply) | Received any services EVER? (Check all that apply) |
|---|--|--|
| Hospital emergency room (for problems related to trauma or emotional or behavioral problems) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Self-help groups (e.g., A.A., N.A.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Medication management | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |
| Crisis Services | <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| Psychological Assessment or Testing | <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> |

INTAKE FORM MODEL

(continued)

CONSENT FOR TREATMENT

I, _____ and/or _____
(parent or guardian) (client)

Voluntarily give my consent to members of the Child Advocacy Center Trauma-Focused Treatment Program staff to provide psychiatric and psychosocial evaluations, diagnostic procedures and treatment for my child.

I/We are aware that the practice of mental health is not an exact science and acknowledge that no guarantees have been given me/us as to the results of treatment or examinations.

I/We understand that I/we, on our own initiative may leave treatment at any time against professional advice.

I/We understand that I/we, on our own initiative, may request and/or obtain a second opinion on any recommendations made to me/us.

I/We consent to emergency treatment or transportation to an emergency room for medical care as deemed necessary by CAC staff.

This consent has been fully explained to me/us and I/we understand its content.

Parent/Guardian Signature

Date

INTAKE FORM MODEL

(continued)

CONSENT TO EXCHANGE INFORMATION TO MDT PARTNERS

Client's Name: _____

Client's Date of Birth: ____/____/____

Parent/Guardian Name: _____

Indicate guardian's relationship to the child (Parent/Legal Guardian): _____

I, _____, give [INSERT CAC NAME] ("CAC") permission to exchange information regarding attendance at intake and therapy appointments (for my child and myself) with members of the CAC Multidisciplinary Team ("CAC MDT"). CAC MDT member agencies may include: Department of Social Services staff, Youth and Family Crimes Detectives, Victim Witness Specialists, Community Services Board Mental Health professionals, CASA staff, Commonwealth Attorneys, Medical Professionals, City/County Attorneys, and CAC staff.

As a person signing this consent, I understand that I am giving the CAC permission to disclose confidential health care information and records to the CAC MDT members. I also understand that I have the right to revoke this consent at any time by notifying the CAC in writing. The revocation does not have any effect on any actions taken by the CAC in reliance on the consent prior to the time I revoked it.

If any additional information is requested by any of the above mentioned agencies, I must be informed prior to the release of such information.

If not previously revoked, this authorization expires two years from the date below.

A signed copy of this release is as valid as the original.

Parent/Guardian Signature

Date

INTAKE FORM MODEL

(continued)

CONSENT TO EXCHANGE INFORMATION

I, _____, give [INSERT CAC NAME] permission to exchange information regarding my child, _____, with the following agency or person:

Name: _____

Agency/Relationship: _____

Phone Number: _____

This consent to exchange information remains in effect until two years after the signature date. I understand that I may revoke this consent, by putting my request in writing, at any time prior to that date. As a person signing this consent, I understand that I am giving my permission to the above named provider or other named third party for disclosure of confidential health care records. I understand that [INSERT CAC NAME] staff may share information with Family Support Program staff, Circle Preschool Staff and CASA staff in order to coordinate and improve service delivery. If any additional information is requested from [INSERT CAC NAME] or any of the above mentioned agencies, I must be informed prior to the release of such information in writing. This release expires 60 days after termination of treatment. A copy of this release is as valid as the original.

Parent/Guardian Signature

Date

INTAKE FORM MODEL

(continued)

INSURANCE FORM

If you will be using your health insurance, please provide any necessary forms and details of the coverage prior to billing.

Client name: _____ Client date of birth: _____

Primary insurance: _____

Subscriber: _____ Subscriber date of birth: _____

Employer: _____

ID#: _____ Group#: _____

Secondary insurance: _____

Subscriber: _____

Preauthorization: Date called: _____ Contact Person: _____

Preauthorization Information: _____

Indicate if you have received information regarding VVF reimbursement: Yes No

I authorize direct payment by my insurance company to [INSERT CAC NAME] for benefits payable to me under the terms of my insurance. I further authorize release to my insurance company and, if applicable, Virginia Victims Fund (VVF) of any medical information and CAC documents necessary to substantiate these claims.

Signature of Subscriber

Date

To be completed by CAC Staff:

VVF claim submitted: Yes No Date of submission: _____

Intake Date: _____ Preauthorization: Date called: _____ Contact Person: _____

INTAKE FORM MODEL

(continued)

LATE / CANCELLATION POLICY

Our goal at the Child Advocacy Center is to ensure that you and your child receive the best possible treatment. Your time here is very important to us, and we want to provide the services you need. In order to provide the best possible service to all our clients, we must have a Late/Cancellation Policy. The following will help us work together better:

1. We encourage you to arrive on time. If you are more than 15 minutes late, the session will be counted as a missed appointment.
2. Please call at least 24 hours before your scheduled meeting to let us know that you will be unable to make it. If no one is available to take your call, please leave a message in our confidential voicemail box. If you do not inform us of your cancellation, the session will be counted as a missed appointment.
3. We know that children sometimes get sick, so it is necessary for you to miss an appointment. To help your child get well and protect the health of others at the CAC, we ask that you do not bring them when they are sick. Please call as early as possible on the day of your scheduled appointment to let us know that you must cancel.
4. If you miss three sessions/appointments (not including when your child is sick), we cannot guarantee we will be able to accommodate your request to reschedule. We will coordinate another date and time based on availability of staff. If you later decide you would like to return for services, feel free to call us at [INSERT CAC PHONE NUMBER].

Parent/Guardian Signature

Date

INTAKE FORM MODEL

(continued)

AUTHORIZATION FOR PHOTOGRAPHING/STORING EXPRESSIVE ARTS

[INSERT CAC NAME] staff are committed to providing quality treatment for families and children, as well as supervision and training of clinical staff. Quality of treatment can be significantly enhanced by the use of photographing/storage of expressive arts products (e.g. photos of sand-tray scenarios or storage of arts and crafts) for several different reasons:

Supervision: Photographs of art or sand-tray scenarios helps in teaching therapists to use these techniques, and clinicians under supervision may show these pictures to their supervisors for feedback and guidance.

Training and Teaching: Reviewing specific portions of photos of expressive arts products helps in teaching and demonstrating specific therapeutic techniques.

When using pictures or artwork for supervision or training, all identifying information would be removed prior to using the materials. All photos of art or sand-tray scenarios will be identified by number to conceal and protect the identity of your child and to ensure confidentiality prior to their use in teaching and training. **Your consent is completely voluntary, and non-participation will not change the care provided to your child.**

Please initial to indicate your agreement:

I have read the above consent form and have had the opportunity to ask questions which have been answered to my satisfaction and in a manner that I understand.

I do NOT agree to allow my child's expressive therapy work (sand-tray scenarios or art) to be photographed and used for the following purposes:

- Supervision
- Training and Teaching

I agree to allow my child's expressive therapy work (sand-tray scenarios or art) to be photographed and used for the following purposes:

- Supervision
- Training and Teaching

Parent/guardian Name

Parent/guardian Signature

Date

CAC TFT Staff Name

CAC TFT Staff signature

Date

INTAKE FORM MODEL

(continued)

HIPPA RECEIPT AND ACKNOWLEDGEMENT OF NOTICE

Client Name: _____

Client DOB: _____

I hereby acknowledge that I have been given an opportunity to read a copy of the Child Advocacy Center's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the CAC Coordinator, [INSERT NAME]

Parent/Guardian/Personal Representative*

Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client/Guardian refuses to acknowledge receipt:

Staff Signature

Date

INTAKE FORM MODEL

(continued)

ELECTRONIC & SOCIAL MEDIA COMMUNICATION POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, we have prepared the following policy. We are doing this because the use of various types of electronic communication is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of our profession. Consequently, this policy has been prepared to assure the security and confidentiality of your child(ren) and family's treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with us.

Email Communication & Text Messaging

We use email communication with you only with your permission and only for administrative purposes. This means that email exchanges with our office should be limited to things like setting and changing appointments and other scheduling related issues. Please do not email us about clinical matters, such as any issues related to your counseling experience, because email is not a secure way to contact us. If you need to discuss a clinical matter with us, please wait until your next counseling session to discuss it, or call our office if it is urgent (and call 911). The telephone or face-to-face context is much more secure as a mode of communication.

Social Media

We do not communicate with, or contact, any of our clients through social media platforms like Twitter and Facebook. If you have an online presence, there is a possibility that you may encounter us by accident. If that occurs, please refrain from communicating with us by using these platforms, as we will not respond. We believe that any communication with clients online has a high potential to compromise the professional relationship.

If we discover that we have established any unintentional online relationships with you, or you with me, we will cancel that relationship. This is because these types of casual social contacts can create significant risks for your privacy.

I/we understand this policy and its content.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

INTAKE FORM MODEL

(continued)

HIPPA NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

(Effective Date XX.XX.XX)

Who will follow this notice?

Child Advocacy Center provides health care to our clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any health care professional who treats you at any of our locations
- All employed staff, volunteers, interns and staff of our organization, including staff at our business office with whom we may share information
- Any business associate or partner of Child Advocacy Center with whom we share health information

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies separately to each unit of our organization and applies to all of the records of your care maintained separately at each unit of our organization, whether created by facility staff or your personal therapist. Your personal therapist may have different policies or notices regarding the therapist's use and disclosure of your medical information created in the therapist's office. We are required by law to:

- Keep medical information about you private
- Give you this notice of our legal rights and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect.

Changes to this Notice

We may change our policies at any time; however, we will update our clients four (4) weeks prior to changes being enforced. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas. You can receive a copy of the current notice at any time. The effective date is listed below the title. You will be offered a copy of the current notice when you register at our facility for treatment. You may also be asked to acknowledge in writing your receipt of this notice.

INTAKE FORM MODEL

(continued)

HIPPA NOTICE

How we may use and disclose medical information about you

- We may use and disclose medical information about you for treatment (such as sending medical information about you to a psychiatrist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicaid); and to support our health care operations (such as comparing patient data to improve methods).
- We may use or disclose medical information about you, without your prior authorization, for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspection, research studies, funeral arrangements and organ donation, workers' compensation purposes and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- We also may contact you for appointment reminders, or tell you about or recommend possible treatment options, alternatives, health-related benefits, or services that may be of interest to you, or to support fund raising efforts.
- We may disclose medical information about you to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke the authorization by notifying us in writing of your decision.

Your rights regarding medical information about you

- In most cases, you have a right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the amendment is inaccurate. You may appeal, in writing, a decision by us to not amend a record.
- You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period starting after 11.01.04. You may receive the list in paper or electronic form. The first disclosure list in a 12-month period and all other requests will be charged according to your cost of producing the list. We will inform you of the cost before you incur any costs.

INTAKE FORM MODEL

(continued)

HIPPA NOTICE

- If this notice was sent to you electronically, you have the right to a paper copy for this notice.
- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific or location for us to use to communicate with you. We will accommodate all reasonable requests.
- You may request, in writing, that we not use or disclose medical information about you for treatment, payment, health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but are not legally required to accept it. We will inform you of our decision on your request. All written requests or appeals should be submitted to our Program Coordinator listed at the bottom of this notice.

Complaints

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Program Coordinator (listed below).
- Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights:
 - U.S. Department of Health and Human Services
 - 200 Independence Avenue, SW
 - Room 509F, HHH Building
 - Washington, D.C. 2020
- Under no circumstances will you be penalized or retaliated against for filing a complaint.

[INSERT NAME]

[INSERT TITLE]

Child Advocacy Center

[INSERT STREET ADDRESS]

[INSERT CITY, STATE, ZIP CODE]

[INSERT PHONE NUMBER]

CULTURAL HUMILITY & AWARENESS

(continued)

In a previous section we spoke about the importance of language and as the toolkit workgroup members delved into the creation of the toolkit, we explored the use of the word, white supremacy. It is important to name things and it is also important to meet people where they are. As your CAC navigates creating an environment that is inclusive and welcoming, we want to ensure we find the delicate balance between naming and meeting staff where they are. For many when they hear or read, “dismantle white supremacy” they may have vivid imagery of what white supremacy or a white supremacist looks like. One member of the toolkit workgroup spoke to a barrier when they said,



White supremacy can conjure up images of NeoNazi's and swastikas that may be counterproductive to [the implementation of the toolkit], because I am not sure that most people relate that as something we see in ourselves or as an issue in our circles (even when it is), so it can allow the thought process to halt by thinking, “this doesn't apply to me/us” or “That's a problem somewhere else but not here.



This is not to say we never use the words “white supremacy,” however, we must find ways to help ourselves and others around us to recognize how white supremacy shows up in various aspects of our personal and professional lives.

“This is a list of characteristics of white supremacy culture which show up in our organizations. Culture is powerful precisely because it is so present and at the same time so very difficult to name or identify. The characteristics listed below are damaging because they are used as norms and standards without being proactively named or chosen by the group. They are damaging because they promote white supremacy thinking. They are damaging to both people of color and to white people. Organizations that are people of color led or a majority people of color can also demonstrate many damaging characteristics of white supremacy culture (Jones, K., Okun, T., Winn, S., 2001).”

CULTURAL HUMILITY & AWARENESS

(continued)

The purpose of this toolkit is to create CACs that are not merely tolerant of diversity, but center justice and inclusion to carry out the mission and vision of the CAC. Inclusion happens when we invite other individuals, thoughts, cultures into spaces and allow them to give and get rather than just adapt or conform to the current norms of the dominant culture. While the theory of CACs is to provide access to children and families regardless of race, class, gender, sexual orientation, religion, socioeconomic status, we must acknowledge that white supremacy culture permeates through our organizations making it difficult at best to provide nondiscriminatory or unbiased services. For this reason, we need to name, frame and unlearn white supremacy culture and reframe it to consciously establish a JEDI organization.

PERFECTIONISM

- little appreciation expressed among people for the work that others are doing; appreciation that is expressed usually directed to those who get most of the credit anyway
- mistakes are seen as personal, i.e. they reflect badly on the person making them as opposed to being seen for what they are, mistakes; making a mistake is confused with being a mistake, doing wrong with being wrong
- little time, energy, or money put into reflection or identifying lessons learned that can improve practice, in other words little or no learning from mistakes
- tendency to identify what is wrong; little ability to identify, name, and appreciate what is right

ANTIDOTES

- develop a culture of appreciation, where the organization takes time to make sure that people's work and efforts are appreciated;
- develop a learning organization, where it is expected that everyone will make mistakes and those mistakes offer opportunities for learning and growth;
- create an environment where people can recognize that mistakes sometimes lead to positive results;
- separate the person from the mistake; when offering feedback, always speak to the things that went well before offering criticism;
- ask people to offer specific suggestions for how to do things differently when offering criticism

CULTURAL HUMILITY & AWARENESS

(continued)

WORSHIP OF DOCUMENTATION

- if it's not in a memo, it doesn't exist
- the organization does not take into account or value other ways in which information gets shared
- those with strong documentation and writing skills are more highly valued, even in organizations where ability to relate to others is key to the mission

SENSE OF URGENCY

- continued sense of urgency that makes it difficult to: take time to be inclusive; encourage democratic and/or thoughtful decision-making; to think long-term, to consider consequences

ANTIDOTES

- take the time to analyze how people inside and outside the organization get and share information
- identify the best communication style for overall staff and individually
- figure out which things need to be written down and come up with alternative ways to document what is happening
- work to recognize the contributions and skills that every person brings to the organization (for example, the ability to build relationships with those who are important to the organizations mission)

ANTIDOTES

- realistic work plans and goals; leadership which understands that things take longer than anyone expects;
- discuss and plan for what it means to set goals of inclusivity and diversity, particularly in terms of time;
- learn from past experience how long things take;

CULTURAL HUMILITY & AWARENESS

(continued)

- frequently results in sacrificing potential allies for quick or highly visible results, for example sacrificing interests of communities of color in order to win victories for white people (seen as default or norm community)
- reinforced by funding proposals which promise too much work for too little money and by funders who expect too much for too little

DEFENSIVENESS

- the organizational structure is set up to try to prevent abuse and protect power as it exists rather than to facilitate the best out of each person or to clarify who has power and how they are expected to use it
- because of either/or thinking (see below), criticism of those with power is viewed as threatening and inappropriate (or rude)
- people respond to new or challenging ideas with defensiveness, making it very difficult to raise these ideas

- write realistic funding proposals with realistic time frames;
- be clear about how you will make good decisions in an atmosphere of urgency

ANTIDOTES

- understand that structure cannot in and of itself facilitate or prevent abuse; understand the link between defensiveness and fear (of losing power, losing face, losing comfort, losing privilege);
- work on your own defensiveness; name defensiveness as a problem when it is one; approach situations from a place of understanding and validation; break down the wall of defense too
- give people credit for being able to handle more than you think;
- discuss the ways in which defensiveness or resistance to new ideas gets in the way of the CAC mission; staff should be able to voice their concern

CULTURAL HUMILITY & AWARENESS

(continued)

- a lot of energy in the organization is spent trying to make sure that people's feelings aren't getting hurt or working around defensive people
- the defensiveness of people in power creates an oppressive culture

QUANTITY OVER QUALITY

- all resources of the organization are directed toward producing measurable goals
- things that can be measured are more highly valued than things that cannot, for example: numbers of interviews conducted; attendance at meetings; money spent are valued more than quality of relationships; democratic decision-making; and ability to constructively deal with conflict
- little or no value attached to process; if it can't be measured, it has no value
- discomfort with emotion and feelings
- no understanding that when there is a conflict between content (the agenda of the meeting) and process (people's need to be heard or engaged), process will prevail

- provide a space for these discussions; hear the concern and take it into consideration when making executive decisions

ANTIDOTES

- include process or quality goals in your planning
- make sure your organization has a values statement which expresses the ways in which you want to do your work
- make sure this is a living document and that people are using it in their day to day work; have this document available electronically for staff and displayed throughout the office
- look for ways to measure process goals (for example if you have a goal of inclusivity, think about ways you can measure whether or not you have achieved that goal)
- learn to recognize those times when you need to get off the agenda in order to address people's underlying concerns; If needed, offer to meet at a separate time to address these concerns.

CULTURAL HUMILITY & AWARENESS

(continued)

(for example, you may get through the agenda, but if you haven't paid attention to people's need to be heard, the decisions made at the meeting are undermined and/or disregarded)

ONLY ONE RIGHT WAY

- the belief there is one right way to do things and once people are introduced to the right way, they will see the light and adopt it
- when they do not adapt or change, then something is wrong with them (the other, those not changing), not with us (those who know the right way)
- those who do not see value in the culture of other communities, sees only value in their beliefs about what is good

ANTIDOTES

- accept that there are many ways to get to the same goal; find what works best with consideration to the amount of time it will take
- be open to exploring what works best for the team while also being mindful of the team's time / capacity
- once the group has made a decision about which way will be taken, honor that decision and see what you and the organization will learn from taking that way, even and especially if it is not the way you would have chosen
- work on developing the ability to notice when people do things differently and how those different ways might improve your approach
- notice & name when there is a tendency for a group or a person to keep pushing the same point over and over out of a belief that there is only one right way

CULTURAL HUMILITY & AWARENESS

(continued)

PATERNALISM

- decision-making is clear to those with power and unclear to those without it
- those with power think they are capable of making decisions for and in the interests of those without power
- those with power often don't think it is important or necessary to understand the viewpoint or experience of those for whom they are making decisions
- those without power understand they do not have it and understand who does
- those without power do not really know how decisions get made and who makes what decisions, and yet they are completely familiar with the impact of those decisions on them

- when working with communities from a different culture than yours or your organizations, be clear that you have some learning to do about the communities' ways of doing things. Never assume that you or your organization know what is best for the community in isolation from meaningful relationships with that community

ANTIDOTES

- make sure that everyone knows and understands who makes what decisions in the organization (ex. detailed organizational chart)
- make sure everyone knows and understands their level of responsibility and authority in the organization
- include people who are affected by decisions in the decision-making

CULTURAL HUMILITY & AWARENESS

(continued)

EITHER/OR THINKING

- things are either/or, good/bad, right/wrong, with us/against us
- closely linked to perfectionism in making it difficult to learn from mistakes or accommodate conflict
- no sense that things can be both/and
- results in trying to simplify complex things, for example believing that poverty is simply a result of lack of education
- creates conflict and increases sense of urgency, as people are felt they have to make decisions to do either this or that, with no time or encouragement to consider alternatives, particularly those which may require more time or resources

POWER HOARDING

- little, if any, value around sharing power
- power seen as limited, only so much to go around
- those with power feel threatened when anyone suggests changes in how things should be done in the organization, feel suggestions for change are a reflection on their leadership

ANTIDOTES

- notice when people use either/or language and push to come up with more than two alternatives
- notice when people are simplifying complex issues, particularly when the stakes seem high or an urgent decision needs to be made
- slow it down and encourage people to do a deeper analysis and be mindful of their (implicit) bias
- when people are faced with an urgent decision, take a break and give people some breathing room to think creatively
- avoid making decisions under extreme pressure

ANTIDOTES

- include power sharing in your organization's values statement; discuss and demonstrate what good leadership looks like and make sure people understand that a good leader develops the power and skills of others

CULTURAL HUMILITY & AWARENESS

(continued)

- those with power don't see themselves as hoarding power or as feeling threatened
- those with power assume they have the best interests of the organization at heart and assume those wanting change are ill-informed (stupid), emotional, inexperienced

FEAR OF OPEN CONFLICT

- people in power are scared of conflict and try to ignore it or run from it
- when someone raises an issue that causes discomfort, the response is to blame the person for raising the issue rather than to look at the issue which is actually causing the problem
- emphasis on being polite
- equating the raising of difficult issues with being impolite, rude, or out of line

- understand that change is inevitable and challenges to your leadership can be healthy and productive
- make sure the organization is focused on the mission and values

ANTIDOTES

- role play ways to handle conflict before conflict happens (ex: if staff intervene and there is still push back, what are the options for intervention; consider taking a step back, regroup and revisit)
- distinguish between being polite and raising critical issues; staff should be informed on who, when and where to discuss issues
- don't require those who raise hard issues to raise them in "acceptable" ways, especially if you are using the ways in which issues are raised as an excuse not to address the issues being raised
- once a conflict is resolved, take the opportunity to revisit it and see how it might have been handled differently

CULTURAL HUMILITY & AWARENESS

(continued)

OBJECTIVITY

- the belief that there is such a thing as being objective
- the belief that emotions are inherently destructive, irrational, and should not play a role in decision-making or group process
- invalidating people who show emotion
- requiring people to think in a linear fashion and ignoring or invalidating those who think in other ways
- impatience with any thinking that does not appear “logical” to those with power

RIGHT TO COMFORT

- the belief that those with power have a right to emotional and psychological comfort (another aspect of valuing “logic” over emotion)
- scapegoating those who cause discomfort
- equating individual acts of unfairness against white people with systemic racism which daily targets people of color

ANTIDOTES

- realize that everybody has a world view and that everybody’s worldview affects the way they understand things (this includes you)
- push yourself to sit with discomfort when people are expressing themselves in ways which are not familiar to you
- assume that everybody has a valid point and your job is to understand what that point is

ANTIDOTES

- understand that discomfort is at the root of all growth and learning
- welcome it as much as you can
- deepen your political analysis of racism and oppression so you have a strong understanding of how your personal experience and feelings fit into a larger picture
- don't take everything personally

RACIAL JUSTICE STATEMENT MODEL

[INSERT CAC] affirms its commitment to dismantling white supremacy culture and the fight against systemic racism. It is imperative that as an organization we acknowledge that structural and historical racism are ongoing traumas experienced by Black, Indigenous, Asian, Latinx children and families that are part of the [INSERT CAC] community. Children cannot get the justice we promise them, not to mention the healing or the safety they deserve when injustice is ignored. That is why we at [INSERT CAC] stand against racism and social injustice. [INSERT CAC] seeks to foster a culture where everyone is welcome, and historically marginalized voices are heard and engaged as thought-leaders and decision makers.

[INSERT CAC] will be accountable to helping educate our staff, board members and the members of the multidisciplinary team (MDT) and will be transparent in our pursuit of equity. While we are an independent agency that acts separately from our community partners, such as law enforcement, the court system and Department of Social Services, we recognize the power that we hold in making decisions that affect the lives of children. As a collective group, we are all striving to understand our previous actions, current action, and the actions we seek to take moving forward to create better outcomes for the individuals we serve. We acknowledge that children of color are disproportionately referred to social services and parents of color disproportionately have contact with law enforcement. [INSERT CAC] is committed to examining our implicit and explicit role in perpetuating racial injustice and upholding white supremacy culture. [INSERT CAC] will work collaboratively with community partners and institutions to reduce racial inequities within our community systems to include our criminal justice system, educational system, healthcare system, mental healthcare system, faith-based systems, local government, and local social services.

We acknowledge the historical trauma and ongoing racism, lived experiences of violence of the Black, Indigenous, Asian, Latinx communities, and will center those experiences as we move forward. We affirm that representation matters but must also strive to move beyond representation to full inclusion. We are committed to continue honoring and embracing the wisdom, voices, and knowledge inherently present in communities of color and will actively work to co-create a just, equitable, and inclusive society.

RACIAL JUSTICE STATEMENT MODEL

(continued)

As an organization, we understand our commitment is to hold each other accountable in our word and our actions. This statement requires us to stretch outside our comfort zone of simply listening, but rather be responsive to the feedback from communities of color through action. Every child who walks through the door of [INSERT CAC] is the most important child we serve. It isn't enough to say it; children and families have to feel it in everything we say and do as a movement. [INSERT CAC] is committed to doing the following on our path to achieving our goal of racial justice:

- Listening to both racial equity scholars in the community and people in communities of color to understand the nuances of what they need and take action to address the need
- Build and maintain long-term relationships and engagement with organizations that serve Black, Latinx, Asian and Indigenous families to increase these communities' access to our programs and services.
- Increasing access to our programs and services by building relationships in Black, Latinx, Asian and Indigenous families consistently through long-term engagement
- Working intentionally to create a representative organization that reflects the diversity of [INSERT CITY/COUNTY] community.
- Creating a committee to draft and review our Racial Justice Statement on an annual basis that is inclusive of community members, partners, and CAC staff.
- Introducing the racial justice statement to our Multidisciplinary Team (MDT)
- Providing support during monthly MDT case review meetings, to identify cultural factors and their relevance to the investigation being discussed
- Ensuring language accessibility for all families that participate in all programs, whether in person, or by other means.
- Informing people of their own biases and stereotypes that impact their work and allow them to become aware of those which would impact their work and which in turn would help reduce the racial injustices in our community systems
- Disassembling the false narrative of white supremacy and other oppressive parts of our system(s) and address the legal, political, social, cultural, and historical contributors to inequity
- Reviewing printed materials and other written, audio and video resources to ensure they reflect our community's population, language and experiences

RACIAL JUSTICE STATEMENT MODEL

(continued)

- Engaging the community by attending community outreach programs
- Engaging qualified individuals to provide training to support our efforts to center justice, equity, inclusion and diversity

This statement is a living document of our ever-evolving work toward a more just, equitable, diverse, and inclusive organization and world. Our commitment to justice, equity, diversity, and inclusion is essential to achieving our mission and vision. [INSERT CAC] will review our racial justice statement on an annual basis and revise, as needed.

We want to be held accountable to our commitments and we invite feedback from our community. We invite our volunteers, board, donors, and funding partners to join us on this ongoing path as we move towards a more racially equitable [INSERT CAC]. Please share your feedback and experiences within our organization by emailing [INSERT EMAIL].

[INSERT CAC] does not discriminate on the basis of race, religion, color, gender, sexual orientation, national origin, disability, financial circumstances or any other basis prohibited by law.

THE IMPORTANCE OF LANGUAGE

Language is one method of communication we utilize and it is a powerful tool that requires careful examination. The work of centering racial and social justice requires actions and words. As we begin this work, it is imperative for us to use the correct vocabulary internally and externally. The definitions below are how we operationalize racial and social justice and invite you to use the definitions to engage in productive conversations for change.

The words we choose are a reflection of cultures, individual experiences, and can create peace and ignite war. We must be cognizant of how and why we use words. It is no longer acceptable to ask marginalized groups to be forgiving and accepting of language that perpetuates racism and centers white supremacy. This portion of the toolkit challenges us to critically think about the impact of our words; who determines how language is used; and be accountable to one another to keep the conversations acknowledging and responding to racial and social injustices as an intricate part of the daily work of your CAC. As you review the definitions below notice the societal transition from minority/minorities to people of color or from Caucasian to White. In order for us to effectively engage in this work, we must look to see how language “others” groups of people and shift our approach from labeling individuals and groups and letting the individual or group self identify.

Ableism: When people are dehumanized or discriminated against due to their disability, or when disability is stigmatized, stereotyped, or pitied. Ableist language mocks, insults, or degrades. For example: crazy, insane, lame, dumb, blind to, deaf, spaz, depressed/depressing, walk with me, take a stand

Ally: A person who is a member of an advantaged social group who takes a stand against oppression, works to eliminate oppressive attitudes and beliefs in themselves and their communities, and works to interrogate and understand their privilege.

- See: [5 Ways to be an Ally](#)
- See: [The Anti Oppression Network](#)

Anti-oppression work: The active process of identifying and eliminating oppression by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably.

THE IMPORTANCE OF LANGUAGE

(continued)

Bias: A personal preference for, or against, an individual or group. An inclination or preference, especially one that interferes with impartial judgment. Bias can be innate or learned. Stereotypes inform our biases.

Black vs. African American: The term African American describes a person whose nationality is American and ancestry is African. It can also refer to a person who is Black in America, and while unsure of exact ancestry wishes to place relevance on both their nationality and likely ancestry. The term Black recognizes that global nature and community of blackness or, that of someone who is Black in America but is not necessarily of African descent.

See: [Why We Have So Many Terms for 'People of Color'](#)

See: [A Debate Over Identity and Race Asks, Are African-Americans 'Black' or 'black'?](#)

Caucasian vs. White: Refers to people native to the Caucasus. Not white people. White is a racial classification that has shifted throughout the history of the United States. In this current political moment, these are the descriptors of whiteness that are most relevant. Ancestral origins from Europe reap the material benefits of white privilege and experience internalized racial superiority.

Culture: The full range of shared, learned, patterned behaviors, values, meanings, beliefs, ways of perceiving, systems of classification, and other knowledge acquired by people as members of a society. The processes or power dynamics that influence whether meanings and practices can be shared within a group or society.

Discrimination: Favoring on group over another in your thoughts and actions (both, conscious and unconscious biases). It is the unjust treatment of folks who have different social identities than you. This can happen at the personal level and the institutional level (discriminatory policies & rules).

Ethnicity: Cultural heritage: languages, traditions, ancestral history. Not race.

Gender Identity: One's internal sense of being a woman, man, neither of these, both, or another gender. Everyone has a gender identity.

THE IMPORTANCE OF LANGUAGE

(continued)

Individual Racism: Prejudgment, bias, and stereotypes about an individual or group based on race. The impacts of racism on individuals includes white people internalizing privilege, and people of color internalizing oppression.

Institutional Racism: Organizational programs, policies, or procedures that work to the benefit of white people and to the detriment of people of color, usually unintentionally or inadvertently.

Intersectionality: the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

- See: [Intersectionality 101](#)
- See: [Kimberlé Crenshaw Ted Talk](#)
- See: [Chimamanda Ngozi Adichie: The Danger of a Single Story](#)

JEDI (Justice, Equity, Diversity, Inclusion): Justice is dismantling barriers to resources and opportunities in society so that all individuals and communities can live a full and dignified life. Equity is allocating resources to ensure everyone has access to the same opportunities. Equity recognizes that advantages and barriers - the 'isms' -- exist. Diversity is all the differences between us based on which we experience advantages or encounter barriers to opportunities. Diversity is not just about racial differences. Inclusion is fostering a sense of belonging by centering, valuing and amplifying the voices, perspective and styles of those who experience more barriers based on their identities.

LGBTQIA+: An acronym used in reference to the “Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual community”, however the term is used to describe other identities along the entire sexual and romantic spectrum

- See: [Gender Unicorn](#)

Liberation work: Identifying, creating and activating tools and systems that leave people more in power and in control of their lives, even within an oppressive environment.

THE IMPORTANCE OF LANGUAGE

(continued)

Mindfulness: A mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique.

- See: [What is mindfulness](#)
- See: [5 minute breathing meditation](#)

Minority: Not necessarily used to describe a numerical minority. Typically used to express a condition: having little power or representation relative to other groups in society. As our language evolves, this term is viewed as having seriously damaging connotations.

Minoritized: Term to define a group experiencing oppressive systems or less representation compared to other members or groups in society because of social constructs.

Oppression: The systemic and pervasive nature of social inequality woven throughout social institutions as well as embedded within individual consciousness. Oppression fuses institutional and systemic discrimination, personal bias, bigotry, and social prejudice in a complex web of relationships and structures that saturate most aspects of life in our society. When some people are denied something of value, while others have ready access.

People of the Global Majority (PoGM / PGM): A term used interchangeably with 'Black, Indigenous, and people of Color (BiPoC) to represent and center 80% of the world's population.

Power: Power is unequally distributed globally and in U.S. society; some individuals or groups wield greater power than others, thereby allowing them greater access and control over resources. Wealth, whiteness, citizenship, patriarchy, heterocentrism, and education are a few key social mechanisms through which power operates. Although power is often conceptualized as power over other individuals or groups, other variations include power with (used in the context of building collective strength), and power within (which references an individual's internal strength). Learning to "see" and understand relations of power is vital to organizing for progressive social change.

THE IMPORTANCE OF LANGUAGE

(continued)

Prejudice: A pre-judgment or unjustifiable, and usually negative, attitude of one type of individual or groups toward another group and its members. Such negative attitudes are typically based on unsupported generalizations (or stereotypes) that deny the right of individual members of certain groups to be recognized and treated as individuals with individual characteristics.

Privilege: A group of unearned cultural, legal, social, and institutional rights extended to a group based on their social group membership. Individuals with privilege are considered to be the normative group, leaving those without access to this privilege invisible, unnatural, deviant, or just plain wrong.

- See: [The Unequal Opportunity Race](#)
- See: [Unpacking the Invisible Knapsack](#)

Pronouns: How someone wishes to be referenced outside of their name. When we say preferred pronouns it insinuates people have a pronoun “preference” and that using the correct pronouns for someone is optional. *Using the correct pronouns is never optional.*

Race: A category that was constructed/created by western Europeans, following exploration across the world, to account for differences among people, and resulting in colonization, conquest, enslavement, and social hierarchy among humans. A concept to identify and control people. The term is used to refer to groupings of people according to common origin or background and associated with perceived biological markers. In biology, the term has limited use, usually associated with organisms or populations that are able to interbreed. Ideas about race are culturally and socially transmitted and form the basis of racism, racial classification, and often complex racial identities. Among humans, there are no races except the human race. Although race has no biological foundation, race has deep significance socially and institutionally. Race is based on opinion, not scientific fact. Common terms are: White, Black, African American, American Indians and Alaska, Native, Asian American, Native Hawaiian and other Pacific Islander.

Racial Identity: This concept operates at two levels: 1) self-identity or conceptualization based upon perceptions of one’s race and 2) society’s perception and definition of a person’s race.

THE IMPORTANCE OF LANGUAGE

(continued)

Self-care: Any activity that we do deliberately in order to take care of our mental, emotional, and physical health.

Stereotype: A common, oversimplified, and/or distorted view of a person or group of people. Not based on fact.

Structural Racism: The interplay of policies, practices, and programs of multiple institutions that leads to adverse outcomes and conditions for communities of color compared to white communities, which occurs within the context of racialized historical and cultural conditions.

Unconscious Bias / Implicit Bias: Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

- Take a test on Implicit biases: [Project Implicit](#)

White Privilege: Institutions provide benefits to groups of individuals based on their whiteness. As white people experience white privilege, people of color experience racial oppression. Throughout history, whiteness has been constructed as a means to inequitably distribute resources. Contrary to popular belief, white people do not experience racism (i.e., “reverse racism” or otherwise). It is critical to acknowledge the existence of colorism, which serves to divide communities of color based on skin tone; “light skin privilege” is not the same as white privilege. It is critical to honor the self-identification of people of mixed heritage and it is not the role of white people to determine if individuals “pass” or “don’t pass” as white. Lastly, white privilege operates differently across gender.

CREATING A WELCOMING SPACE



Representation is not just reflected in the individuals who work in the CAC, but also in other aspects of the CAC such as physical space, printed materials, and digital presence. Each CAC strives to be a part of the community they work in rather than an outsider. A great way to connect to your clients and their culture is to curate a physical space that reflects the community. Consider the following modifications and mood boards for inspiration:



- Asking prior to the appointment if there are any accommodations that the client may need to make their visit comfortable. NOTE: Be sure to know in advance what accommodations your agency has to offer
- Does your agency have material that reflects transgender identities.

CREATING A WELCOMING SPACE

(continued)

- Asking if an interpreter would be helpful or necessary and NOT using the children or any family member
- If your agency offers tea & water to clients → offer tea from a local woman or person of color owned business (if you do not have local options, seek regional or state)
- If your agency has pillows → purchase pillow / pillow covers from local artist
- Furniture for different body types and abilities: standing desk in waiting area, wider seats, different heights of the furniture and space for a wheelchair to maneuver.
- Signage or decor acknowledging different holidays outside of the American and Christian holidays.
- Written Resources:
 - [A-Z Advocacy Model: Asians & Pacific Islander Build an Inventory of Evidence Informed Practices](#)
- Resources for “walls of culture”

Designate a wall or area in your reception area that celebrates and reflects the culture of your clients and community. Consider assigning a different staff member each month to be responsible for the setup.

 - [Ramadan \(Shop, Days of Eid\)](#)
 - [Black History Month Banner](#)
- Resources for decor:

Feature local artists and businesses that are people of color, LGBTQ+ and have a small sign that explains and/or promotes the artist or business.

 - [Daniel Ramirez Art](#)
 - [Meenal Patel Studio](#)
 - [Safe Space Digital Print](#)
 - [Custom Name Tag Pronoun Pins](#)
 - [Shai Yoseff Studio](#)
 - [Shadra Strickland](#)
 - [Art4Advocates](#)
 - [Apache Blessing](#)

INSPIRATION BOARDS



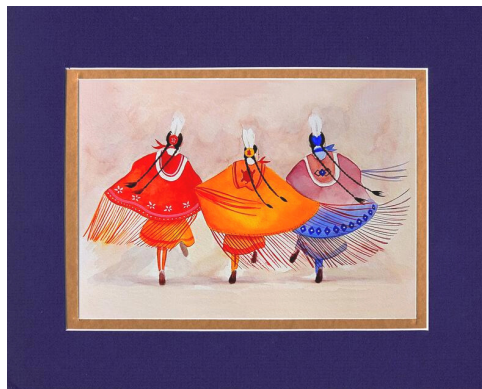
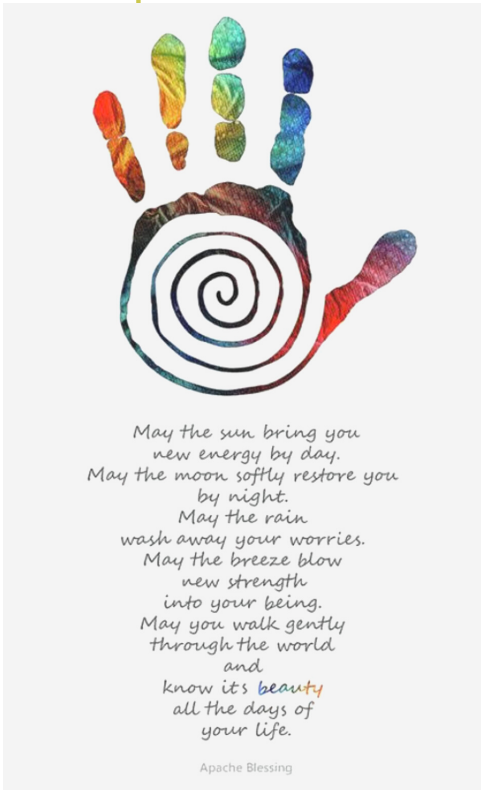
INSPIRATION BOARDS

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INSPIRATION BOARDS

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ACKNOWLEDGEMENTS

This toolkit is built on a wealth of existing tools and resources alongside the meaningful contributions, insight and expertise of the following staff members from the local CACs:

Jenelle Beverly
Mayra Cardenas
Carla Claudio-Silva
Ana Cruz
Maggie Cullinan
Stephanie Davis
Wendi Dungan
Darci Fritz
Kristina Golden
Hannah Hoffman
Cynthia Hurst
Melat Johnson
Lisa Johnston
Carolyn Kelly
Elizabeth McNally

Alex Mendez
April Morefield
Sonal Patel
Charlie Pham
Carisa Pineda
Laura Ragins
Kathi Roark
Annette Rojas
Marcella Rustioni
Jeanette Thompson
Katie Turner
Briana Valentino
Karen Ward
Ginger Wrenn
Lisa Wright

We thank you for your continued support in our efforts to provide services to children that are inclusive and center justice.

CONTACT

FMS Speaks

Fatima M. Smith
Owner & Consultant

www.fmsspeaks.com
fmsspeaks@gmail.com
[@fmsspeaks.llc](https://www.instagram.com/fmsspeaks.llc)