
MULTIDISCIPLINARY TEAM ENHANCEMENT INITIATIVE

READINESS GUIDE FOR STATE CHAPTERS



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INTRODUCTION

State Chapters have been in a period of rapid growth and development over the last several years. Perhaps you have been at a conference or in a collaborative meeting and learned about an exciting initiative another Chapter has undertaken that sparked your interest. Amidst the generosity of idea sharing, many Chapters learn about and wish to pursue projects that run a spectrum—from the *next right step* to a step that will overrun their current capacity.

Southern Regional CAC has designed a series of readiness guides to assist CAC state Chapter organizations in conducting reflective self-analysis before committing to any one specific statewide project. These readiness guides are not intended to be used together or to build upon one another. Rather, they are designed to address the implementation of specific, standalone state-wide initiatives. Our hope is that these guides will help you grow your capacity to prepare for the initiative you wish to undertake, or perhaps help you understand when an initiative may not be the right fit at your current stage of development. To develop the guide, we consulted with Chapters that have implemented a Multidisciplinary Team (MDT) Enhancement Initiative in their state. The guide is built on the wisdom and insight they shared with us. Each of these readiness guides was also reviewed by our national Victims of Child Abuse Act (VOCAA) partners and include the Midwest, Northeast, and Western Regional Children's Advocacy Centers; National Children's Advocacy Center; National Children's Alliance; Zero Abuse Project; and the National Native Children's Trauma Center.

Wherever you find yourself on the spectrum, your Regional CAC is here to help your Chapter grow and evolve to meet the emerging needs of the Children's Advocacy Centers (CACs) in your state—and, ultimately, to ensure survivors of child abuse in your state find hope and healing.

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HOW TO USE THIS GUIDE

This guide starts with *why* and *why not*. We believe the best initiatives are always grounded in the *why*, and we also believe understanding *why not* may help you weigh the choice about whether to proceed with undertaking the MDT Enhancement Initiative in your state.

Next, you will find a checklist that asks you to answer a series of questions. These questions are centered around items it would be wise to consider before undertaking this initiative. Answer the questions as accurately as you can, because they will serve as key components for evaluating your readiness.

Following the checklist, you'll find information that explores those central components—or readiness focus areas—with a description of what you may want to consider. You don't need to answer yes to every item on the checklist in order to undertake this initiative, so we have designed the descriptions to help you weigh each area's importance. Given the scope and complexity of this initiative, we recommend Chapters complete the guided reflection section after reviewing the focus area questions and consult with your Regional CAC for assistance prior to moving forward.

Finally, we hope you review this readiness guide in partnership with others. This guide will be most useful if you use it with a committee, workgroup, or team. You may want to consider including key staff at your Chapter, representatives of CACs in your state, and board members. The MDT Enhancement Initiative will impact your Chapter staff, board, and membership for years to come, so including them at the onset of the project will help you evaluate undertaking this role.

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WHAT IS THE MDT ENHANCEMENT INITIATIVE?

The Children's Advocacy Center model was first designed to address a challenge that communities faced: when allegations of child abuse arose, several systems in the community had a role to play. However, when those systems weren't coordinated, children often experienced a confusing, duplicative system that could leave them confused, re-traumatized, and unprotected. Cases often fell through the cracks, which meant that children could be left in danger.

In 2014, Children's Advocacy Centers of Texas and its member CACs began a discussion about a way to re-focus on the core of the CAC model—a coordinated approach to child abuse investigations. The MDT Enhancement Initiative was piloted and eventually expanded to every county with CAC services in the state. At the time of the writing of this guide, two other states (Kentucky and Mississippi) are in various stages of implementation of the initiative.

As a result of this initiative, all three states have seen significant increases in the number of children referred to an MDT for consideration. These cases are seen in a more timely manner, and fewer cases are falling through the cracks. In addition, teams are working together more cohesively throughout the life of a case, ensuring a child receives the services the team recommends. CACs are no longer seen just as a place for a child to receive an interview, but as a hub for a coordinated community response.

HOW IS THE MDT ENHANCEMENT INITIATIVE DIFFERENT FROM WHAT CACS ALREADY DO?

The MDT Enhancement Initiative, at its core, is a return to the heart of the CAC model. However, many CACs have lost focus on this essential part of what it means to be a CAC. In addition, we have learned a lot since the model was first established in the mid-1980s. Additionally, our MDTs are generally much larger and more complex today, making effective collaboration more challenging. The MDT Enhancement Initiative focuses on the following:

- MDTs as the core of the CAC model;
- The dedicated role of the MDT Facilitator as essential for strong team functioning;
- Structures and processes that facilitate effective team functioning; and
- The optional automated receipt of all CPS intake reports that meet case criteria. (Note that this initiative can be undertaken without this element).

So, while not necessarily new, the initiative promotes an intensive, strategic focus on MDTs with funding, support, and specific focus.

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BETTER COORDINATION OF CHILD ABUSE INVESTIGATIONS AND ACCESS TO SERVICES

In its original form, the MDT model involves bringing together a multidisciplinary team of professionals—comprising law enforcement, child protective services (CPS), medical and mental health providers, victim advocate, forensic interviewer, prosecutor, and the CAC—to review cases of alleged child abuse, refer victims and families for additional services, and investigate and prosecute those cases. By sharing information and working to coordinate investigations, the CAC model is designed to create better outcomes for children and families by facilitating justice, support, and healing.

However, as CACs have evolved over the years, many communities have focused on developing critical services like forensic interviewing, victim advocacy, mental health, and medical evaluations. But with the addition and evolution of these services, some communities have begun to view CACs simply as a place to receive services instead of their original purpose: to facilitate a coordinated MDT response to child abuse. At the same time, MDTs have continued to face an array of challenges—from frequent turnover and competing partner objectives to a lack of resources, all hampering a truly collaborative process. These factors, along with the growing perception of CACs as merely a place to receive a forensic interview, risks eroding CAC and MDTs’ ability to provide coordinated responses to child abuse, which is at the heart of the CAC model. For those Chapters that have the capacity and strong relationships with CPS at the state or county level (depending on your state), the state legislature, and governor’s office, implementing the MDT Enhancement Initiative can help ensure that more cases are referred to a CAC. Refer to the “External Relationships” section later in this guide for more information.

FURTHER DEVELOPMENT OF THE MDT FACILITATOR ROLE TO ENHANCE TEAM FUNCTIONING AND EFFECTIVENESS

The MDT Enhancement Initiative involves CACs creating staff positions that are focused on team coordination and reviewing CPS intake reports for cases of alleged child abuse that meet the MDT’s case criteria. These cases, that might otherwise have been screened out by CPS, now have access to the full array of CAC and MDT services.

As the MDT response to child abuse has continued to evolve, the need for a dedicated position within a CAC whose primary responsibility is to coordinate and facilitate the MDT has become increasingly apparent. This title of this position may vary from CAC to CAC, but it’s commonly referred to as “MDT (or Team) Facilitator” and is tasked with strengthening and supporting the team and its collaborative processes. In addition to dedicating a full-time staff position to this role, CAC and MDT leadership must seek to further professionalize this role (through training, development, and on-going support) so that it is perceived by the MDT to be in equal standing with the other members. MDT Facilitators play an instrumental role in helping a team to build and sustain effective collaboration, which in turn can result in better outcomes for children and prevent cases from falling through the cracks. Second, CAC staff will need to be added to manage and review CPS case intake reports and to address the increased caseloads as more cases are referred. Staffing considerations will be covered later in the “Staff Capacity” section.

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MDT ENHANCEMENT VS. RECEIVING CPS INTAKE REPORTS

When deciding to undertake this initiative, it is essential to understand the relationship between MDT Enhancement and receiving CPS intake reports. When a call is made to CPS, an intake report is generated. This report is part of the decision-making process where CPS decides to screen-in or screen-out a case. Each state is different in how those reports are handled after a screen-in or screen-out decision has been made. However, most CACs encounter a case referral from CPS after they make a decision to screen-in a case that meets the defined intake criteria for the MDT response. What happens to screened-out cases differs from state to state. The MDT Enhancement Initiative includes a component where CACs are able to view intake reports, both screened-in and screened-out, to identify cases that meet protocol for referral to the MDT process.

State Chapters that have undertaken this initiative clearly differentiate the MDT Enhancement Initiative from merely receiving CPS intake reports. The initiative, in its entirety, is a deep, intentional re-focusing on the function of CACs and a re-alignment with the heart of the model. Without paying careful attention to cultivating the role of the MDT Facilitator at CACs, by providing professional support, being intentional about messaging with the CAC network and with partner agencies, and providing the necessary training and technical support, the initiative misses its core purpose. While receiving CPS intake reports can have a tremendous impact, if pursued on its own without careful strategy and intention, it can have many unintended consequences: overwhelming CAC and MDT capacity, raising issues without resources to productively navigate those issues, and—at worst—weaponizing data to “fix” systemic issues or partner relationships.

ADMINISTRATION OF CHILD WELFARE IN YOUR STATE: COUNTY- OR STATE-BASED

The administrative framework for child welfare services and programs varies from state to state. All states are responsible for compliance with federal and state requirements; however, they may differ in the way child welfare services are operated and delivered. Most states have established a centralized administrative system and can be classified as state-administered; a few states can be described as county-administered; and two “hybrid” states are partially administered by the state and partially administered by counties.

It’s important to note that the Chapters who have piloted the MDT Enhancement initiative (Texas, Mississippi, and Kentucky) all have state-administered child welfare agencies, so negotiating the CPS intake cross-referral process in this initiative occurred on a statewide level. (This guide references both state- and county-administered child welfare services, however, it was written from the perspective of those Chapters who have state-administered CPS agencies.) If your Chapter is in a

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state where CPS is county-administered or a hybrid model, a different implementation structure will need to be considered that meets the needs and nuances of your state.

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WHY SOME CHAPTERS HAVE UNDERTAKEN THE MDT ENHANCEMENT INITIATIVE

All three Chapters that have undertaken this initiative have a decades-long history of CAC services in their state. In addition, these Chapters were all hearing a shared concern from their member centers about the overall health of the joint investigation approach. This project was born in partnership with member CACs, and it was a response to a need identified in the field.

CACs are no longer seen merely as a service provider but, along with MDT, are seen as providing a coordinated response to child abuse. Communities are once again turning to one another, developing meaningful protocols, improving relationships, and enhancing services for children and families. The MDT Enhancement Initiative is no longer seen as a stand-alone initiative, because it has become integrated into all of the Chapter's and their member CACs' work.

CACs have seen the number of children served by the CAC/MDT model increase by as much as 100% in the first year of implementation, with access to medical, mental health, forensic interviews, and victim advocacy services increasing substantially, as well. With referrals coming to the MDT through this initiative, victims of child abuse are able to access a wide array of services.

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WHY SOME CHAPTERS DECIDE NOT TO UNDERTAKE THE MDT ENHANCEMENT INITIATIVE

The MDT Enhancement Initiative is a significant undertaking, and it can overwhelm resources due to its scope, depth, and breadth. Chapters can find themselves understaffed or unable to execute the initiative to the depth necessary to create transformative change. CACs can find themselves and their partner agencies overwhelmed by the increase of cases that results from the initiative. All three Chapters that have undertaken this initiative were able to find resources to expand capacity at the Chapter, as well as expand capacity at local centers.

While many Chapters may want to take this on at some point, many realize they are not yet ready due to the existing projects and priorities they have, or they may not have a funding source for substantially expanded resources for the Chapter and CACs. Some Chapters may look at this readiness guide and realize they need to work on growing relationships with the Governor's office, legislators, or their CPS administrative offices. One Chapter we spoke with recommended spending two to three years helping CACs strengthen their MDTs—hiring MDT Facilitators, training CACs and their teams, and revisiting protocols—prior to implementing the CPS case intake element of this initiative.

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MEMBERSHIP NEED AND READINESS

ITEM	YES	NO	DON'T KNOW
Have members identified a concern about the health of the MDT response?			
Has the Chapter engaged in quality improvement initiatives with CACs?			
Do your Chapters and member CACs have a spirit of interdependence and trust?			
Do your member CACs have an understanding of the role of the MDT Facilitator?			

Have members identified a concern about the health of the MDT response?

Sometimes CACs self-identify an issue, and sometimes the Chapter identifies a need and develops an initiative to meet that need. There is no right or wrong way to initiate this project, but if this initiative is being identified by the Chapter as opposed to the CAC, it will require more groundwork and explanation by the Chapter to their member CACs given the initiative's scope and complexity. First and foremost, CACs need to understand the reasoning behind developing the MDT Enhancement Initiative. Secondly, they must develop a shared understanding of the need and see the need for themselves so that they can become active participants in addressing it.

Has the Chapter engaged in quality improvement initiatives with CACs?

Data, when used well, can drive quality improvement initiatives. Quality improvement is an important part of ensuring clients of CACs get high-quality services; however, it also can be inherently vulnerable—it requires acknowledging that there are areas we can do better. If your Chapter has engaged in quality improvement initiatives with member centers, this is familiar territory to you. If not, you may find yourself negotiating a set of dynamics that are new in your state.

Fundamentally, this is about how the role of the Chapter is perceived. For example, CACs might view the Chapter as a coordinator for meetings and administrator of the NCA grant. Or CACs might view the Chapter primarily as a

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monitor. For this initiative to be successful, the Chapter should be perceived as a partner in the work.

Do your Chapters and member CACs have a spirit of interdependence and trust?

The MDT Enhancement Initiative requires trust and a sense of interdependence—that CACs and Chapters rely on one another and play unique roles. If CACs simply view the Chapter as a monitoring or granting agency rather than as a partner in the work, you may be facing an uphill battle in implementing the MDT Enhancement Initiative. This initiative requires CACs to acknowledge that they may not be doing as well as they thought they were, which is an inherently vulnerable position. In addition, CACs have to guide their team through this same realization, so a culture of psychological safety between members and the Chapter is an important foundation for the project.

Some helpful questions to ask yourself may be:

- Does our Chapter have difficult conversations with our centers? What is our experience with those conversations?
- Do CACs view one another as partners or competitors?
- How connected are we to the on-the-ground work of our centers? Do we know about their relationships with their teams? Boards? Staff? Do we know the challenges they face? Do they call us to celebrate?
- Do we have a shared sense of mission in partnership with our CACs?
- Do CACs understand how the work of one CAC has the potential to impact the integrity of the CAC movement across the state?

Do your member CACs have an understanding of the role of the MDT Facilitator?

Having a specialized role at a CAC that focuses solely on coordination and facilitation of the team is an important component of this initiative. Despite the fact that this role has been around for quite some time, there remains a good deal of confusion as to its primary function. For many teams this role amounts to a clerical position that serves mainly as a means of transmitting information to the team, crafting agendas, sending reminders, and running case review meetings. While each of these tasks have importance, they often overshadow the real value a team facilitator can provide.

Put simply, the primary role of a team facilitator is to support and sustain a healthy and committed MDT. Facilitators have the opportunity to help a team develop a strong positive climate where MDT members can fully contribute their unique skills, knowledge and experience toward an effective collaborative

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response. Facilitators also serve an important role in helping the team to make sense of and synthesize the information collected by the various disciplines. This process enhances the team's capacity to create tailored pathways toward healing and justice for children and families impacted by abuse.

If you are interested in learning more about developing this position in your state, the Regional CACs have been actively collaborating on developing various resources and tools for how to effectively hire, train, develop, and support this key role. Contact your Regional CAC for more information.

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STAFF CAPACITY

ITEM	YES	NO	DON'T KNOW
Does the Chapter have the capacity to dedicate adequate staff time to the initiative?			
Does the Chapter have the following competencies within its existing staff? <ul style="list-style-type: none"> • Training/facilitation • Data analysis • Programs • Finance • Government relations 			
Can the Chapter Executive Director devote time to this initiative?			

Does the Chapter have the capacity to dedicate adequate staff time to the initiative?

The three Chapters who have undertaken this initiative began with a part-time staff position or consultant devoted to the initiative. However, over time, all Chapters have grown their staff substantially. While not all staff growth can be directly attributed to this initiative, all Chapters feel strongly that the MDT Enhancement Initiative is integrated into all their work and impacts staff needs throughout the organization. Some Chapters even doubled their total staff size over the course of this initiative's implementation.

Does the Chapter have the following competencies within its existing staff?

While a Chapter does not need an entire staff position devoted to each competency listed below, it does need to ensure these competencies exist or are contracted/hired to undertake this initiative.

- Training/facilitation: Part of this initiative is growing the ability of MDT Facilitators to facilitate a local team. Most Chapters accomplish this through devoted training time with those staff, so having an individual on your

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Chapter team that is strong in training and facilitation is a must. You can reach out to your Regional CAC to develop this capacity within your staff or to partner on MDT Facilitator Training.

- **Data analysis:** While you don't need a data analyst on staff, you do need someone who is comfortable collecting, aggregating, and interpreting data. This initiative asks local CACs to track metrics associated with service provision. Having the ability to analyze and interpret those metrics will help the Chapter sustain and leverage additional funding.
- **Programs:** A strong history of program implementation is a good foundation for this initiative. You will need someone on staff who can exhibit leadership with this project, identify challenges along the way, and display the sophistication and maturity to meet those challenges.
- **Finance:** Most Chapters have utilized sub-granting to local CACs in this initiative, first for pilots and then for ongoing adopters. If the Chapter will be sub-granting funds, it will need to have a strong system for granting and monitoring fund distribution.
- **Government relations:** To successfully implement this initiative, Chapters should have pre-existing strong relationships with the governor's office, the legislature, state or county level CPS administrators (depending on how CPS is set up in your state), and tribal governments.

Can the Chapter Executive Director devote time to this initiative?

All phases of this initiative require time and attention from the Chapter's Executive Leadership. As it is unlikely that the Chapter's Executive Leader will be the staff member primarily assigned to the project, the staff lead may not have the authority to make "big" decisions as the project moves along. It is important for Executive Leadership to carve out time to regularly meet with the staff lead to discuss and address challenges faced in navigating this large-scale change with member CACs.

In addition, the Chapter's Executive Leader will be the voice and face of the initiative to give it the level of priority it needs to be embraced by partners, funders, and member CACs. Time will need to be committed to communicating the priority and spirit of the initiative, which will serve as a model for local CAC Executive Directors to do the same with their staff and teams.

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EXTERNAL RELATIONSHIPS

ITEM	YES	NO	DON'T KNOW
Does your Chapter have a strong relationship with the state or county level entity that oversees CPS in your state?			
Does your Chapter have relationships with partner agencies regarded as leaders for members of the MDT in your state?			
Does your Chapter have a strong relationship with the governor's office and the legislature in your state?			

Does your Chapter have a strong relationship with the state or county level entity that oversees CPS in your state?

All Chapters that have undertaken this initiative had a strong relationship with the statewide entity that oversees CPS in their states. (For some states, CPS is overseen at the county level, not at the state level. For tribal communities, the tribe or the Bureau of Indian Affairs Social Services would provide this oversight.) Because you are asking CPS to send intakes to CACs in your state, you must negotiate with this entity, whether at the state level or county level, depending on the state or with the tribe or Bureau of Indian Affairs. If each county in your state has its own CPS administrator, the Chapter will need to build relationships and negotiate with each of those entities. When there is already a strong relationship and foundation of trust, the request to receive all intakes—whether assigned for investigation or not—can be received in the spirit of the initiative, a spirit of strengthening joint investigations. If this were a first request, or if the relationship had significant challenges, the request could be perceived as an effort to expose issues within the CPS system. This is not a project to “fix” CPS. The effort needs to be positioned and communicated as one to deepen a partnership and shared goal.

Does your Chapter have relationships with partner agencies regarded as leaders for members of the MDT in your state?

In this initiative, an MDT Facilitator at a local CAC begins to assess all intakes to identify whether or not the case falls within the MDT's self-identified case intake criteria. Even though this initiative doesn't create new cases or cast a wider net, it is almost certain that most partners on the MDT will have an increased caseload.

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When individuals who are already feeling overwhelmed by high caseloads receive additional work, some amount of push-back should be anticipated. In addition, MDT partners may have questions about changes to local practices.

Having endorsement and support from individuals regarded as authorities or respected leaders in the disciplines represented on the MDT can go a long way in answering these challenges. In addition, these statewide partners can strengthen the creation and roll-out of the initiative. All three Chapters that have participated in this project participate in or lead statewide MDT groups and received endorsement from these groups prior to implementation of the MDT Enhancement Initiative (e.g., Children’s Justice Act task forces). If your Chapter does not yet have a formal venue for receiving this type of endorsement, we recommend you look for a pre-existing venue.

Does your Chapter have a strong relationship with the governor’s office and the legislature in your state?

In some states, this initiative may require changes to governmental policies or state code. It certainly involves decision makers at high levels of state government. Informing the governor’s office and legislature about this initiative ensures another layer of endorsement. It may also open funding opportunities to meet increased caseloads for various entities impacted, including CACs and other members of the MDT. In addition, because of the potential of turnover in CPS Administrations, it is helpful to have buy-in at the highest levels for this initiative.

It is notable that only one Chapter that has undertaken this initiative changed state code to make it mandatory that CACs receive statewide intakes, and that only occurred after all CACs had implemented the initiative. Changing code to receive these referrals is an appropriate *final step*, not the first.

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FINANCIAL RESOURCES AND SUSTAINABILITY

ITEM	YES	NO	DON'T KNOW
Does your Chapter have the budget to pay for the initial implementation of this initiative?			
Can your Chapter obtain sustainable funding to increase local CAC capacity?			

Does your Chapter have the budget to pay for the initial implementation of this initiative?

The cost for this initiative varies depending on the scope of the project. If your Chapter begins with a pilot, which is highly recommended, you will likely need funding to sub-grant to CACs participating in the pilot, as well as finances to cover the Chapter's expanded staffing needs. Below is a list of items to consider for the initial budget:

For the Chapter:

- Personnel or consultant costs for project management, training and technical assistance for CACs, grant management
- Cost for sustained or expanded government affairs work related to the initiative
- Personnel or consultant costs for financial oversight of the project, including fiscal monitoring of sub-grants, if applicable
- Information technology costs, if applicable
- Communications materials development, including printing costs, if applicable
- Travel
- Administration/overhead

For CACs:

- Personnel cost for MDT Facilitator(s)
- Personnel cost for additional direct service providers to deal with increased caseloads
- Financial and grant management costs

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- Travel
- Administration/overhead

For a first year pilot, depending on scope, your budget could range from \$10,000–75,000+.

Can your Chapter obtain sustainable funding to increase local CAC capacity?

Identifying funding for a pilot may be manageable, but all Chapters that have undergone this initiative agree that it eventually should roll out statewide. Chapters that have undergone this initiative were able to identify new sources of funding or substantial increased funding to accompany the rollout. State funding or Victims of Crime Act funding are two of the most common sources of funding to support significant increases at local CACs. Caseloads could triple over a few years when implementing this initiative.

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RISK MANAGEMENT

ITEM	YES	NO	DON'T KNOW
Do your CACs consistently engage with IT and utilize records retention practices that ensure their confidential information is secure?			

Do your CACs consistently engage with IT and utilize records retention practices that ensure their confidential information is secure?

Good IT hygiene and records retention policies are an important business practice for any nonprofit, and they are especially important for CACs. Many Chapters shared that, over the course of this or similar initiatives, they learned of poor IT infrastructure and practices by their centers—from sharing passwords/login information to sending names of clients over email to having outdated antivirus software. While your CACs may not be receiving new information through this initiative, it does elevate the level of visibility for CACs receiving and maintaining confidential information. If your Chapter has not previously engaged in a similar process, it will need to assess IT security, data management policies, and HIPAA compliance on-site at centers before taking on this initiative.

One Chapter that has participated in this initiative is able to view information about the individual who made the report; the other two Chapters that have implemented this initiative do not see that information. In all states, information on reporters is highly confidential. If one CAC's data (on a reporter, alleged offender, or child) is exposed through a security breach, it can impact the reputation of the entire network as well as jeopardize the safety of individuals whose data was accessed.

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EVALUATING READINESS

Revisit your readiness checklist. Items checked “yes” indicate areas of readiness. Items checked “no” indicate you may have work to do. This list is not intended to be exhaustive—there are many other variables that may weigh into your Chapter’s decision of whether to pursue the development of a particular training initiative at this time.

You may be wondering if there are any deal breakers—questions that, if answered “no,” mean you should not undertake this initiative at this time. Because every Chapter’s choices around training, scope, and intent of the initiative vary substantially, there is no standard answer to this question. The Guided Evaluation Questions at the end of this guide are intended to assist you in thoughtful reflection around what impact, if any, your “no” answers will have on your initiative.

If you have one or two “no” answers, your Chapter may decide to proceed with the project and work on these items along the way. If you have several “no” answers, it may be wise to delay taking on this initiative. Developing a two- to three-year work plan that will prepare you to undertake this initiative in the future is a wise, strategic decision.

Remember, your Regional CAC is here to help. If you have questions about any of the items listed, call your Regional CAC for assistance.

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GUIDED EVALUATION QUESTIONS

As we reflect on our answers to the readiness checklists, what strengths do we have that will contribute to the success of this initiative? What will our areas of challenge be?

What other information do we need to make a decision about moving forward with this initiative?

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How will we make the decision about whether or not to move forward with this initiative? Who needs to be involved in the decision-making process? Important constituencies to consider may be your board of directors, your membership, and the staff of the Chapter.

How will we communicate the decision once it has been made?

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PROCEEDING WITH THE INITIATIVE

If your Chapter has decided to proceed with the initiative, below is a suggested process for getting started. These steps may occur in a different order or simultaneously for your Chapter. Steps listed below are primarily for the pre-work that needs to occur before the initiative. For more information on implementing the initiative, reach out to your Regional CAC for guidance.

1. DEVELOP A PLAN TO WORK ON READINESS AREAS

When assessing readiness, it is not uncommon for a Chapter to realize they have three to five years of foundational work to do before implementing the MDT Enhancement Initiative. Perhaps you need to dedicate more time to governmental affairs work, or perhaps you need to develop your Chapter's capacity to deliver effective training and technical assistance.

2. BUILD YOUR TEAM

If you have decided your Chapter is ready to undertake this initiative, we recommend you establish a small team to oversee the project. You may want to include staff, representatives from several member centers, and board members to guide your process. Perhaps most important is to identify the person who will shepherd the process at your Chapter. It is important that the staff member has a passion for the CAC model and its potential to improve outcomes for children. It is also important for executive leadership to be available to the team, as the initiative should impact and extend to all of the Chapter's work.

3. GET INTENTIONAL ABOUT LANGUAGE

Developing a solid communications plan, including key messaging, will be critical for the success of the project. That communication will likely impact the way your whole Chapter staff team talks about the work of CACs. For example, you may want to change "bringing a child to CAC" to "referring the case to the team."

Messaging should be grounded in the why of the project, and you should be clear on potential pitfalls of messaging and areas of misunderstanding. Clear, intentional messaging will help CACs understand the transformative power of the initiative, and it will help them champion the initiative with their MDT.

Most Chapters that have undertaken this initiative developed one-pagers or PowerPoint presentations that CACs can use in their local communities for general and specific purposes. For example, you may want to develop an FAQ document that CACs can use with their teams, and you may want to develop a presentation for messaging around local law enforcement capacity needs to use with county governments.

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4. MESSAGE WITH YOUR MEMBERSHIP

Messaging with membership should be thoughtful, strategic, and occur over time. Allowing centers to come on board at their own pace is an important part of cultivating buy-in. You probably want to begin by discussing challenges faced in facilitating the joint MDT response in their local community. Membership understanding of the initiative will evolve over time, and you don't have to do it all at once. As early adopters experience the impact and changes of the initiative, other CACs will also begin to see the value. In addition, sharing data transparently throughout the initiative (for CACs in the initiative, as well as those considering adopting it) will help CACs see the gaps between case criteria and cases actually being seen. A spirit of non-judgment and partnership should ground all conversations.

5. GET BUY-IN FROM PARTNER AGENCIES

You will need to obtain agreement from the state- or county-level entity that oversees CPS in your state to share all intakes with your CACs. You should sign a formal agreement that delineates the type of information shared, the process for receiving the reports, etc.

In addition, you may want to start setting up one-on-one meetings with other state partners representing the MDT disciplines to garner their support for the initiative. This process will parallel what will need to happen at the CAC level, as they will also need to get buy-in from their MDT partners.

6. IDENTIFY FUNDING

Talking to funders about the immediate and potential ongoing needs of the project is critically important. Building partnerships with funders around the vision for the project and its potential impact will help you as you expand beyond the initial pilot sites.

7. IDENTIFY PILOT SITES

All three Chapters that initiated this project began with three pilot sites representing three types of centers in their state. For these states, the pilots represented small, medium, and large CACs. Pilots should have strong organizational infrastructure, strong leadership, and should not be undergoing a leadership transition. In addition, these CACs should have conversations with their board of directors, staff, and partner agencies prior to committing to the pilot. These pilots will likely become partners in championing and advocating for this initiative with the broader membership.

You likely will also want to include the state- or county-level CPS entity in the selection of the pilots, to ensure they are in support of the pilot areas. Obtaining support from local and statewide MDT partners is critical to the success of the project. We encourage you to get signed documentation, likely in the form of an addendum to the protocol, from key local MDT partners (minimally law enforcement, CPS,

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and prosecution).

These pilots may want to re-visit their protocols prior to initiation of the project and clarify their intake criteria for the team response and for all services the CAC provides (e.g., forensic interviewing, mental health, medical, victim advocacy). All three Chapters who have undertaken this initiative have discovered that CACs and MDTs struggle to clearly define intake criteria, so a significant focus and outcome is obtaining clarity on this front.

8. MAKE A SOLID PLAN, AND CARRY THAT PLAN FORWARD

Once you have a potential funding source and your pilot CACs, develop a carefully considered plan for the project. If you need help or resources developing this plan, feel free to reach out to your Regional CAC.

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CONCLUSION

As a reminder, this guide is meant to provide an assessment of when or if to engage in an MDT Enhancement Initiative. While the steps above can be a helpful guide to get started, this is not intended to be a how-to guide. We recommend creating a comprehensive plan before diving into the project. Remember, you can reach out to your Regional CAC for support.

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