

Child Advocacy Center – Multidisciplinary Team Advisory Board

Nydia Monagas, Chair
John Esmerado, Vice-Chair

June 1, 2018
2:00 p.m. – 4:00 P.M.
Capital Center Building – 2nd Floor Conference Room
50 East State Street
Trenton, NJ 08625

Minutes

In Attendance:

Christine Beyer	NJ Department of Children and Families
Jacquelynn Duron	Rutgers University
John Esmerado	Union County Prosecutor's Office
Martin Finkel	CARES Institute
Julia Glass	NJ Office of the Attorney General
Gladibel Medina	Dorothy B. Hersh Child Protection Center
Nydia Monagas	NJ Children's Alliance
Maria Vinci-Savattiere	Deirdre's House
Javier M. Toro	Hudson County Prosecutor's Office
Elahna Strom Weinflash	NJ Office of the Law Guardian

Staff:

Daniel Yale	DCF – Executive Coordinator
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Other:

Joseph Pargola	NJ Department of Children and Families
Brian Ross	NJ Department of Children and Families

I. Welcome and Introductions

The meeting was called to order and an Open Public Meetings notice was read. Each member briefly introduced themselves.

II. Approval of Minutes

The board voted to approve the minutes from the April 26, 2018 meeting with one edit:

-Page 4, number 7: Child Focused Setting – The minutes should read "...all accredited CACs," not "non-accredited CACs."

The Board discussed licensure and credentials for language interpreters. The board was informed that there is no state regulation or licensure of interpreters. There are different classifications of interpreters, depending on the need. CACs typically use bilingual staff members, court appointed interpreters, or the AT&T language line in order to communicate when a language barrier may be present.

III. New Business

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Finalization of Bylaws

The board discussed the draft of the bylaws that was provided by Joseph Pargola at DCF. Mr. Pargola explained that most of the language used was from the enabling statute. As previously requested, the officer's terms were staggered to avoid lapses in vacancies. Other items included in the bylaws were meetings being called by the chairs, voting, recusals, ethics, and designee representation. The bylaws include a section that explained which members' designees will have the ability to vote, and which members' designees will not have the ability to vote. All designees will be counted in order to establish a quorum. There is a general section regarding committees which enables the creation of committees in the future. There is also a section that discusses grants and funding. This section includes information that the board discussed at the previous meeting as well as the statutory language regarding the sources of the funding.

Dr. Finkel stated that he felt as though the stated mission of the board was too narrow and suggested that additional supplemental language should be included that would expand the scope of what is being done by this board. Examples included: guidance, development of policies, standard processes, data collection, outcome evaluation, etc. The board discussed that the Legislation was created to assist developing CACs and MDTs obtain certification. Under the legislation, this board is also responsible for completing an annual compliance review in between the accreditation. The board was created to establish a certification program, but also to ensure the developing CACs are progressing. Oversight is accomplished through an annual compliance review and reporting back to the board, allowing the board to make decisions and intervene outside of the regular certification cadence.

The legislation exists as a mechanism to ensure that there is funding and oversight / support for CACs. In order to make sure that the funding is awarded properly, applicants must meet certain eligibility and certification standards. Board members agreed that the first task of the board is to make sure that every county has a CAC – board members agreed that overextending the capacity at this point would not be productive. The board discussed that it is not necessary to pull pieces of the NCA certification to create its own certification process – the National Children's Alliance standards are extremely detailed and the recertification process can be cumbersome, often taking a year to prepare. The NCA standards are pass/fail; however, New Jersey's certification does not have to be. The centers that are already accredited should only have to prove that they are accredited and when their next certification is to be held. For centers that don't exist, the NJCA will assist in bringing them to a point where they can meet those standards. The board can create benchmarks for each individual center to allow them to receive funding. If the center does not reach that benchmark within a certain amount of time, they will not receive funding.

The board discussed that certain benchmarks already exist. The first benchmark is a functioning MDT with all necessary partners. The second benchmark is the first 5-year accreditation with the NCA. The third benchmark is the 10-year accreditation, then the 15-year accreditation. There may be a significant time gap between the first and second benchmarks; this can be where the annual compliance review would come in. NJCA currently has data on the progress of each center in NJ.

The board agreed to add language to the mission that states that the board is looking to assist, support, and encourage the growth of programs with an ultimate goal of establishing a CAC in each of the 21 counties.

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Commissioner Beyer questioned as to whether there is a readiness assessment that exists for the counties. Dr. Monagas explained that NJCA conducts a strength and needs assessment and provides each center with an action plan, guidance, and timeline. Mr. Esmerado also informed the committee that there are “boot camps” where you spend two days evaluating the standards and assessing weaknesses and opportunities to improve your county’s program.

Mr. Ross from DCF asked if the information regarding each county’s readiness is publicly available or available to the board. Dr. Monagas stated that NJCA can share their reports regarding each county’s readiness. Also, each county submits their information to NCA prior to their site visit and NCA will provide feedback if there are deficiencies. When the NCA provides feedback, NJCA will assist the county to prepare for their site visit. Once the site visit occurs, NCA will provide a report on where the county is deficient in the standards. The NCA will hold up accreditation until the deficiencies are addressed. Each county must provide specific information for their county. As the NCA site visit is very comprehensive, NJCA helps each center to prepare for that process.

Dr. Finkel asked a question about Section 9.2, Distribution on Grants. It was explained that Section 9.2 came directly from the legislation. Dr. Finkel questioned whether there should be additional details on the awarding of grants. There was a question about the phrase...”lawful distribution of funds”. The question was raised as to whether or not there should be information regarding oversight of grants or around grant management. Mr. Esmerado informed the committee that because they are in, but not of, DCF, the board is subject to the same regulations that DCF is regarding grant distribution. Mr. Pargola from DCF informed the board that this issue was discussed at the previous meeting wherein it was decided that, in order to avoid potential conflicts, DCF will solicit and review all of the grants. Mr. Ross explained that the grant process would be the Request For Proposal process in 99% of the cases. The language was used to ensure flexibility in the event that a different process would be more appropriate. Any carryover is funding-specific and would be outlined in the RFP.

The board discussed the possibility of releasing an RFP as soon as possible if the FY19 budget included the funding. Commissioner Beyer informed the board that DCF staff developed an RFP very quickly following the last meeting in hopes that it could be released prior to the end of the fiscal year. The board was informed that there are counties that are ready but are waiting for financial backing. Commissioner Beyer asked the board if there is a specific amount that the board is looking to give to each center, or if the board is looking to be more targeted in the amounts that they want to give to each county. The previous RFP was looking to give \$300,000 to each county to establish a center if they didn’t have one. There was also a certain amount of funds to renovate centers. Counties need capital funds to build centers but also need an executive director and a child advocate. The next RFP should include language stating that the funds could be used for anything that satisfied the national standards. This would allow centers that are already accredited to use funds to satisfy NCA standards. The priority should be getting centers built in counties that are ready, but are currently without a CAC.

Commissioner Beyer asked about whether there is an expectation that the RDTCs will apply to become CACs. It was explained that, although RDTCs work together with MDTs, they have different roles than the CACs. RDTCs function as defined by statute and run the medical and psychological components. There is no duplication of services. Forensic interviewing occurs at a prosecutor’s office, non-profit, or functioning CAC. NJCA is preparing a presentation for DCF.

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There was a question regarding whether the use of electronic voting can be included in the bylaws. The board was advised to adopt the bylaws with a plan to amend the objective at a later meeting so that the procedural rules are in place and the board can begin to act under the bylaws as they are written. The board can change the subject of that objective at the next meeting. Motion to adopt the bylaws was carried by a unanimous vote without abstention.

Creation of Certification Program

Dr. Monagas explained that when centers are applying for the funding, they are applying for the funding in order to work towards meeting standards. This board needs to make sure that whatever they are funding is in line with the accreditation standards. At a minimum, the board needs the ability to go to these counties and make sure that they have a functioning MDT. The certification requirement document has the basics that are needed to ensure that they are a functioning MDT that is doing well enough and are committed to moving forward. The MDT standard, MDT case review standard, and the forensic interview standard are the first benchmark.

The board discussed creating a document specific to CACs that have already been accredited by the NCA so that they will not have to go through a second certification process. This certification process would be for those counties that do not have an accredited CAC. Dr. Monagas informed the board that NJCA will have met with all 21 counties by the next meeting and will be able to provide a report to the board.

Commissioner Beyer suggested that the language in the certification document surrounding participation by DCP, law enforcement, etc. be more specific as to how often they need to attend. The board agreed that the document must have a specific requirement for meeting attendance, once per month, two times per month, etc. The board discussed adding a requirement that attendance be taken at every meeting to ensure participation by all required parties. The board should also document who should be attending the meetings and the frequency with which they need to attend.

The board discussed that the annual compliance review will allow NJCA to inform first time developers where they are in the process and give NJCA the ability to provide advice and suggestions. The next time that developer applies for funding, the process will include more comprehensive questions about their processes and each of the 10 standards. Each time the developing centers apply for funding, they will be required to show their progress on the standards they are addressing with the funding.

The board discussed that each center must have an active board of directors or a MDT-CAC Advisory board. Dr. Monagas explained that the process may look different for those centers that are prosecutor's office based rather than non-profit based. The MDT-CAC advisory board is generally made up of the assistant prosecutor and their head of law enforcement, with some guidance from DCP&P. When a CAC is applying for accreditation, they are required to have an advisory board with processes in place. Some are further along in developing this than others.

The board discussed who would be responsible for completing the annual compliance reviews for each county. A question was raised regarding whether NJCA can be designated to complete the compliance reviews and provide the data to the board for certification. Commissioner Beyer suggested that it be made a standing agenda item so that at each meeting a report will be made to the board. Dr. Monagas stated that it would also be a duplication of services if anyone else conducted the reviews because NJCA

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is already doing it. A motion was made to task NJCA with implementing the certification and reporting back to the board. Motion was carried unanimously with no abstentions.

Creation of Annual Compliance Review

Dr. Monagas explained that the legislative intent regarding annual compliance reviews was to ensure that accredited CACs continue to work towards enhancing their programs. CACs must reapply for accreditation every five years and the NCA tends to change and strengthen the standards each year, “setting the bar higher”. So NJCA wants to make sure that the accredited CACs and developing centers continue to improve to meet these new standards. The annual compliance review document will allow the NJCA to look at each of the standards with each center to determine where they are in the process and whether they are improving.

The board discussed the statistics regarding children receiving medical exams at CACs. The board discussed that in some areas of the state, Sexual Abuse Nurse Examiners (SANE) are conducting medical exams on children and making determinations regarding abuse. SANE nurses should only be collecting evidence as they are not doctors or even nurse practitioners. Sexual abuse victims can be seen by a SANE nurse, but also need to be seen at an RDTC to have their medical needs met. Dr. Finkel asked how data is captured when children are seen by a community or emergency doctor. When a prosecutor’s office is involved, they are required to refer to an RDTC. If the RDTC did not complete the initial evaluation, they will, at a minimum, review the medical records. In the best-case scenario, the child will also be seen at the RDTC for follow-up sexually transmitted disease testing. There are issues with capacity for medical services in the state that need to be addressed. Although the medical issues are outside of the purview of this board, in terms of statistics, the data can be separated regarding medical exams conducted at an RDTC, sexual abuse exams, sexual assault exams and other physical abuse exams.

The board discussed the statistics on page 2 of the Annual Compliance Review document. It was suggested that it would be interesting to obtain data on the number of referrals that DCP&P investigates. Dr. Monagas explained that when a center is attempting to become accredited, the NCA is requiring that the center is seeing 85% of the cases that they are eligible to see. This data is difficult to obtain because DCP&P collects data differently than the CACs collect data. The developing centers have been working with the DCP&P office(s) in their counties to determine how they can collect and reflect that data accurately and to ensure that the necessary cases are referred to the CAC. Mr. Ross from DCF agreed to contact the DCF Office of Performance Management and Accountability to determine if they can provide a report without violating NJSA 9:6-8.10a, regarding the confidentiality and disclosure of records of child abuse reports.

Dr. Monagas informed the board that all of the centers will be eligible to obtain funding with the first RFP. Each center will undergo a compliance review in the first year to obtain baseline data. In year two, the compliance review will become more important, as it will show where the centers are in terms of progress with meeting certification standards.

The board discussed specifying in the cultural competency section that each CAC have Spanish speaking clinicians and evaluators. Dr. Monagas informed the board that the NCA standards require CACs to work towards making sure that they are meeting the needs of their community. Each of the counties are making an effort to have each language represented but it’s a matter of having access to people that provide them. The board talked about offering TF-CBT training in Spanish for Spanish speaking

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clinicians. In order to build capacity for of Spanish speaking clinicians, state funding can be utilized and individual CACs can apply for funding as well.

IV. Adjourn