

Child Advocacy Center – Multidisciplinary Team Advisory Board

Nydia Monagas, Chair
John Esmerado, Vice-Chair

August 3, 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:

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
Debbie Riveros	Monmouth County Prosecutor's Office
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.

II. Approval of Minutes

The Board voted to approve the minutes from the June 1, 2018 meeting with the following edits:

- page 2, remove the sentence that states, "NCA has different benchmarks as well."
- page 3, second paragraph – Sentence should state that the site visit lasts 1 day.
- page 3, second to last paragraph – Remove sentence stating, "DCF should be able to release the RFP in July if the funding is available."
- page 3, second to last paragraph, the previous RFP was for \$300,000.
- page 3, last paragraph remove the word "hospitals" as forensic interviews are not held at hospitals.
- page 4, last paragraph, second sentence, NCA will provide assessment data and the Board will decide on certification.

III. New Business

Goals, Visions and Priorities of the Board

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The Board discussed what the goals and priorities of the Board would be going forward. Nydia stated that the Board has previously spoken about the initiative to have 21 county-based Child Advocacy Centers (CACs) by 2021. To realize this goal, developing CACs need to have “seed” money to develop their centers. Over time, they can continue to apply for funding for growth and achieving compliance with additional standards. Accredited centers need to be able to apply for funding associated with the 10 National Children’s Alliance (NCA) standards that lead to progress and growth.

Brian Ross informed the Board that it would be helpful to DCF for the Board to articulate the priorities for the growth of Multidisciplinary Teams (MDTs) and CACs in the State of New Jersey. The previous Request for Proposals (RFP) looked to focus on capital improvements and physical facility improvements for existing CACs and MDTs. There was a lot of discussion about the need for bilingual services and various trainings. DCF is looking for what the most critical priorities are for growing that system. The Board discussed that the first priority is to build CACs in counties that do not have them to ensure that every child has equal access. The second priority is for existing CACs to be able to use funding to satisfy any of the NCA standards. Brian informed the Board that DCF is unable to speak about hypothetical RFPs for funding and so the Board is speaking only about the priorities of the Board if funding becomes available from any source whether it is State, Federal, etc.

Dr. Finkel felt that CACs are devalued if they don’t have the most available components, medical and mental health services. When a child is brave enough to disclose, you have to get the diagnosis right when they enter the system. If you don’t get the diagnosis right when they enter the system, every other component means nothing. For CACs to be viable, they have to have people that can give the appropriate expertise. Nydia agreed that all of the components and disciplines need to be strengthened. However, the other components do not fail if there is an issue with the medical diagnosis. Mental health services are put in place even if there is a delay in medical diagnosis because they will still need trauma treatment and advocacy. The Board discussed that the medical component is significantly lacking because there is a lack of trained medical professionals. There have been attempts by CACs to have doctors onsite, but there are not enough doctors that do this type of work. Dr. Finkel felt that if the Regional Diagnostic Treatment Centers (RDTC) had the assurance of funding, they might be able to recruit doctors. John Esmerado mentioned that the statute was written to fund CACs and MDTs so it’s not clear that the CAC could subcontract with an RDTC to pay for a doctor. John felt that the discussion of funding for medical professionals may be beyond the scope of the Board. The Board also discussed the issues that New Jersey has a large population that needs Trauma Focused-Cognitive Behavior Therapy (TF-CBT) in Spanish or training for TF-CBT in Spanish.

A question was posed to the Board regarding whether there are regions that have more dire need than others do. The Board agreed that southern New Jersey has a lack of developing centers. Nydia informed the Board that New Jersey Children’s Alliance (NJCA) has met with all but one county and all of them want to move forward with developing centers and achieving compliance with NCA standards. Nydia noted that each county is very different. Some counties want to build their own building, most wanted to obtain a county building and renovate it. Maria Savattiere noted that CACs also need staff to keep them viable. Each CAC will need funds to start them off, so that they can get fundraising and grant writing in place. Maria also informed the Board that the NCA have also increased their standards, which will necessitate that CACs hire more staff. The Board was informed that the NCA standards are revised every five years based on research and best practice.

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Dr. Finkel asked if it were possible to make a requirement that a prosecutor's office commits to ongoing support. John explained that there is a Memo of Understanding (MOU) that prosecutors have to sign – an affiliation agreement, which is one of the NCA standards. In each prosecutor-based CAC that is accredited, prosecutors have agreed to a long-term commitment. According to NCA standards, these agreements must be updated every 3 years.

Brian read to the Board what he understood the priorities and order of priorities to be if there was available funding. First priority would be to build CACs in counties that do not currently have them, inclusive of the physical facilities and capital improvements, inclusive of software in those counties that do not have them, with a focus on building viable, long term sustainable programs in those counties. Second priority would be capital improvements to existing programs with a focus on maintaining the sustainability and long-term viability of those programs. Third priority would be funding to support existing CACs to meet NCA standards inclusive of staffing requirements, bilingual counselors, etc. The Board's final priority would be to facilitate access to, as well as recruitment, retention or training of qualified personnel to provide necessary services, including medical personal, mental health personnel, forensic interviewers, case reviewers and advocates.

Certification Program

Nydia informed the Board that NJCA and DCF are still in the process of establishing an MOU. The Board members were provided with a copy of a CAC-MDT certification assessment measure for developing CACs. There were two packets provided, one for Atlantic County and one for Cumberland County, to demonstrate what the assessment process entails. Board members were also provided with a brief summary, the Developing CAC Certification Assessment Summary, to give the Board an idea of their strengths and areas for development. Nydia informed the Board that this summary was not meant to be all-inclusive or exhaustive, but rather just a few areas to focus on. The expectation would be that NJCA would provide the Board with the information and the Board would decide whether the county would be certified. Based on feedback from the previous meeting, the NJCA requested a signed interagency agreement or MOU, signed by their primary partner agencies as well as sign in sheets from the previous two meetings. NJCA is also working with the counties on developing more detailed MDT protocols.

Nydia informed the Board that NJCA is currently working on assessments for four additional counties and that there are additional meetings scheduled with other counties. The accredited CACs will not have to be recertified, but they will have to provide documentation stating that they are accredited by the NCA. Regarding the developing centers, NJCA has met with seven CACs and have four CACs remaining. These will be completed by the end of September.

Nydia asked the Board if the information that was provided was sufficient to provide the Board with baseline data to be able to certify the CACs. Certified meaning that they are committed to making steps to comply with the 10 NCA standards over time and that they are eligible for funding. John asked if the Board will have access to NJCA's needs assessments. Nydia informed the Board that they create an action plan (based on all 10 standards) based on their needs assessment that will be submitted to the Board. NJCA is only providing objective information and the Board can decide how they would like to proceed regarding certification.

There was a question regarding cultural competency, as it was felt that the questions and answers in the assessments were vague. Javier Toro felt that the answers regarding translation needed to be more

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specific as a lot can be lost in translation, body language, how people say things, etc. An interviewer will gain more from interviews if they understand the language.

John asked if it were possible for the Board to be provided with a few pages of minutes and/or agendas from previous CAC meetings to determine the level of services that are being provided. Brian explained that there could be a process put into place to be able to provide those minutes with appropriate redaction.

Nydia asked if there was any other information that the Board would find helpful with respect to certifying MDTs so that they can be eligible for future funding. Dr. Finkel asked if there is any structure for outcome measures. Nydia explained that under the MDT section of the assessment, there are opportunities for the MDT to give feedback. There is also a feedback survey that is available. The expectation is that the MDTs will be given the opportunity every six months to give feedback on the MDT process, their experiences and their expectations. Nydia informed the Board that, in the future, there would also be a client feedback survey as it is an NCA requirement.

John Esmerado made a motion to accept the provided certification assessment tool for all developing CACs. The Board voted to approve the motion.

The Board reviewed a final draft of the bylaws that was provided by Joseph Pargola of DCF. The Board discussed that they are unable to hold votes by email. The Board also discussed that MDTs that opt out of the certification process are ineligible for funding through the Board. An MDT can apply for funding even if they do not have a CAC. If MDTs are applying for certification, they are committing to developing a CAC as well. The Board voted to approve the bylaws with the revisions that were presented.

Next meeting is Friday, October 5, 2018 in Trenton.

Dr. Finkel announced that on August 17, the CARES Institute will hold their next *Experts in Child Abuse* lecture series at Mercer County Community College. This lecture series will feature Dr. Harold Dubowitz, an international authority on neglected children, speaking about medical child abuse or Munchausen Syndrome by Proxy. The event is free of charge and those interested can register at www.Caresinstitute.org.

On November 13, there will be another *Experts in Child Abuse* lecture featuring Loretta Finnegan, the pediatrician who developed the Neonatal Abstinence Score. Loretta Finnegan is known as the mother of maternal substance abuse and neonatal care.

IV. Adjourn