Town of Bedford Falls -- Multidisciplinary Team Protocol

Best practices for collaborative interviews, investigation, and intervention.
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I. Introduction

The guidelines contained in this document are to be used by agencies involved in joint investigations of child abuse and/or neglect in the City of Bedford Falls. The best practices were developed with the following goals:

- Provide a clear framework for planning and conducting an investigation;
- Minimize trauma for child and family;
- Build on collaborative relationships within agencies to promote safer communities.

II. Mission of Multidisciplinary Team

The overarching purpose and goals of this team are:

- To protect child abuse victims by minimizing trauma inflicted upon them by the system involved in the investigation and prosecution of child abuse cases;
- To maximize the protection of children and community safety by maximizing interagency cooperation through valuing the expertise of each discipline;
- To improve accuracy of investigation and prosecution outcomes;
- To develop fully trained, more capable professionals;
- To remedy the existing gaps within the coordination of services in order for the child to have his/her comprehensive needs met in the most efficient manner.

III. Member Agencies of the Multidisciplinary Team

The member agencies are:

- City of Bedford Falls Department of Social Services
- Greater Bedford Falls Child Advocacy Center
- Office of the Commonwealth’s Attorney
- Office of the Commonwealth’s Attorney Victim Witness Assistance Program
- Bedford Falls City Attorney’s Office
- Bedford Falls Court Appointed Special Advocates (CASA)
- Bedford Falls Police Department
- Bedford Falls Medical Center’s Child Protection Team

The primary investigative team will include DSS, Law Enforcement, Medical Center and Child Advocacy Center. The Child Advocacy Center Coordinator will assist with the team as needed to ensure communication and best practice.
IV. Meetings for Multidisciplinary Team

Routine Case Review meetings will be held on a monthly basis on the fourth Wednesday of each month from 2:00 PM to 3:30 PM at the Child Advocacy Center. The Child Advocacy Center Coordinator will assume the responsibility for coordinating the meetings including time, member notification, preparing the agenda and providing case review minutes.

It is intended that all professionals from the various disciplines have regular interaction concerning their cases in order to share information, exchange ideas, coordinate services, and eliminate duplication of effort. Cases requiring additional Case Review will be held as needed on the second Wednesday of the month from 2:00 PM to 3:00 PM at the Child Advocacy Center. Please see Appendix Document #3 for the full protocol regarding Case Re-Review.

If it is deemed necessary by an MDT agency that a recorded videotape might be viewed by a non-MDT member for purposes other than prosecution of abuse allegations, the CAC Coordinator will be notified immediately. The CAC Coordinator may convene an emergency staffing, MDT Re-review, and/or add the case to the upcoming MDT Case Review Agenda to discuss the dissemination of the information.

V. Cases Served by Multidisciplinary Team

The cases that will be served by the multidisciplinary team are:
- Child sexual abuse
- Severe child physical abuse
- Severe neglect

VI. Confidentiality

Routine sharing of case information among team members is an essential part of the multidisciplinary approach. Visiting professionals such as mental health providers will also be subject to a Confidentiality Agreement. All signed agreements will be kept at the Child Advocacy Center by the Child Advocacy Center Coordinator.

CPS will notify law enforcement and the Commonwealth’s Attorneys Office of all information obtained during their investigation. Virginia Code Section 63.2-1503(K) allows for the local department of social services to develop multidisciplinary teams to provide consultation to the local department during the investigation of selected cases involving child abuse or neglect, and to make recommendations regarding the prosecution of such cases, and any information exchanged for the purpose of such consultation shall not be considered a violation of § 63.2-102, 63.2-104, or 63.2-105.

MDT agencies subject to Health Information Portability and Accountability Act (HIPAA) shall engage in information sharing while remaining in full compliance with HIPAA.
regulations. Please see mental health and medical standards for further explanation and procedures related to HIPAA compliance.

VII. Roles and Responsibilities

The role of Department of Social Services/Child Protective Services is to:

- Investigate reports of suspected abuse and/or neglect (physical abuse, physical neglect, mental abuse, medical neglect, sexual abuse and substance-exposed infants) of children up to age 18 years by a parent or caretaker, from the public and professionals mandated to report;
- Interview parents, caretakers, alleged abuser, all children in the home and other relevant parties to assess immediate danger, determine whether abuse/neglect occurred and plan appropriate services;
- Preserve the family when possible by enhancing the parent’s ability to provide adequate care;
- Formulate goals and strategies; identify appropriate resources; counsel clients and makes referrals;
- Coordinate services provided by other agencies, such as individual or family counseling, educational programs, medical care, mental health care, dental care, foster care placement, legal counsel, substance abuse treatment programs, emergency assistance and law enforcement intervention;
- Prepare, review, interpret and execute court orders regarding removal, placement, and other related matters; attends professional meetings;
- Transport clients to placements to ensure their welfare or facilitate the delivery of appropriate services;
- Supervise cases, monitor progress and compliance with court orders, and ensure safety and well being of clients;
- Establish and maintain individual case records; document intervention with clients, including visits, meetings, referrals, contacts, actions, and plans; establish case histories; observe federal, state and local guidelines;
- Maintain specialized database (OASIS); input, retrieve, and analyze data; review reports to ensure that data is current and accurate; generate reports;
- Assist in the preparation of legal documents; initiate legal actions, such as petitions and hearings; testify in court and provide written reports, and other documents for judicial or administrative review;
- Perform CPS On-Call duties on assigned weekends (Friday 5:00 p.m. – Monday 8:00 a.m.).
The role of Commonwealth’s Attorney is to:
-Prosecute criminal cases;
-Respond to cases at the Emergency Room when practicable upon notification by the ER, the detective, or CPS;
-Work with the detective while the case is being investigated to determine charging decisions;
-Be available for the arraignment and bond motions;
-Determine if prosecution needs to be delayed while the child recovers sufficiently to testify;

The role of Law Enforcement is to:
-Respond to incidents and make appropriate notifications to other team members in cases of actual and possible child abuse;
-Respond to cases at the Emergency Room when practicable upon notification;
-Work closely with the Medical Team and CPS/Social Services to identify and further investigate cases of actual and possible child abuse;
-Identify, locate, and/or coordinate the arrest of offenders;
-Work closely with the Commonwealth Attorney’s Office while the case is being investigated to determine appropriate criminal charge decisions;
-Assist in the prosecution of criminal cases;

The role of Medical Team is to:
-Assess the safety of the child; identify any injury or infection and to diagnose and treat medical conditions resulting from abuse.
-Perform forensic medical examination;
-Conduct medical evaluations including utilizing Physical Evidence Recovery Kit (PERK), radiological studies and laboratory tests;
-Preserve any physical evidence and/or photographs;
-Provide information and interpret findings to the team.

The role of the City of Bedford Falls Office of City Attorney is to:
-Prosecute the civil abuse and neglect petitions;
-Seek appropriate court orders for the protection of the child;
-Work with CPS during the investigation and prosecution of petitions;
-Assist in identifying cases where forensic interviews may be used as evidence in civil petitions;
-Provide proper procedures for admission of video tape interviews into evidence when appropriate;
-Coordinate with CPS, CA, Bedford Falls City Police and CAC.
The role of CASA is to:
- Assure the safety of their clients;
- Represent their clients’ needs in court and other appropriate meetings;
- Communicate with other service providers to assure best practices are occurring;
- Provide information to team.

The role of Mental Health is to:
- Provide crisis intervention services to child and/or family;
- Provide ongoing therapeutic services to child and/or family;
- Report to team of child and/or family’s emotional and mental well-being;
- Complete assessments to assure no danger to self or others is present;
- Refer child to appropriate mental health services if needs cannot be met at the Child Advocacy Center (location, long-term needs, insurance requirements, prior therapeutic relationships);
- Participate in team meetings to provide treatment recommendations;
- Educate team on child development, trauma and its effects, family dynamics, human behavior and other related topics.

The role of Victim Witness Assistance Program is to:
- Assist client and family with understanding the criminal justice system;
- Assist family in securing victim’s compensation and accessing other community resources as appropriate;
- Assist in preparing child for trial;
- Provide quarterly contact to child and non-offending caregiver to discuss ongoing criminal legal proceedings.

The role of Child Advocacy Center Coordinator is to:
- Assist Medical Team with scheduling client interviews and medical exams at the Child Protection Clinic at Bedford Falls Medical Center
- Schedule MDT meeting date and time;
- Communicate meeting to all team members;
- Create agenda with input from all team members;
- Maintain current multidisciplinary team roster;
- Facilitate meeting;
- Take minutes (or assign duty) and disseminate to members;
- Maintain case roster;
- Maintain statistics of children’s cases referred to the multidisciplinary team
- Explore sources of funding to train and enhance multidisciplinary team;
- Coordinate trainings for team as appropriate;
- Receive regular feedback regarding team functioning and address issues as needed;
- Review and update protocol;
VIII. Case Initiation

When the initial report of child abuse/neglect is received by the City of Bedford Falls Department of Social Services, it is entered into the information system to obtain a referral number. An information system search is made to determine if the family is known to the agency and if there is an open case. The referral is given to the supervisor to determine if it is an emergency or priority. If the referral is determined an emergency it is responded to within 30 minutes of the worker receiving the case. If it is determined a priority it is responded to the next business day. All other referrals are responded to within 72 hours.

The CPS worker assigned to the case is responsible for notifying the Commonwealth Attorney's Office and City of Bedford Falls Police of suspected child sexual abuse, severe physical abuse and severe neglect. This is done by completing the "Team Investigation/Service Referral for Child Protective Services" and forwarding to the appropriate persons.

If a referral is received during the night, weekend hours, or holidays the CPS worker will decide with the assistance of the on-call supervisor when to contact the City of Bedford Falls Police and Commonwealth Attorney's Office. Each case will be assessed individually.

When the initial report of child abuse/neglect is received by the City of Bedford Falls Police Department, the field officer responds to the initial call and obtains preliminary information to determine if a criminal investigation is needed. The field officer will also determine the immediate safety needs of the child victim. The field officer will contact his/her immediate supervisor who will assess the need to contact the on duty Youth and Family Crime Team detective or the team supervisor if after hours.

The Youth and Family Crime Team (YFCT) supervisor will determine if an immediate response is necessary. If so, a YFCT detective will be immediately assigned to the case and instructed to respond accordingly. If an immediate response is not required, the case will be assigned to a YFCT detective as soon as practical. A member of the Commonwealth Attorney’s Office will be contacted in the early stages of the investigation by the assigned detective. If the alleged abuser meets the Social Services definition of a caretaker, Child Protective Services will be contacted and a joint investigation between the Bedford Falls Police Department and Bedford Falls Social Services will be conducted.

When the initial report of child abuse/neglect is received by the medical team, the team conducts a preliminary interview to determine if suspicion of abuse and/or neglect exists. If suspicion is there, the team will notify the Department of Social Services by calling the local hotline number, 1-800-552-7096. The team will also call 911 or the police’s non-
emergency number to notify law enforcement. The medical needs of the child will be addressed immediately if necessary.

IX. Coordinated Response

Initial Case Assignment and Referral

When a child’s case is initially assigned to either police or child protective services, the assigned investigator shall forward the CAC Case Referral form to all other members of the primary investigative team within 24 hours. Agencies included in the primary investigative team are…

- Bedford Falls Police
- Bedford Falls Child Protective Services
- The SCAN Children’s Advocacy Center
- The Bedford Falls Medical Center Child Protection Team

Child Protective Services and The Bedford Falls Child Protection Team should be notified regarding all new referrals, so that they can assess indications for their involvement.

For all agencies which are not within the city’s secure e-mail network, Case Referral Forms should be sent via facsimile. Agencies permitted to receive referrals via e-mail attachment include RPD, CPS, and the Bedford Falls Commonwealth’s Attorneys’ Office. Agencies to whom referrals must be faxed include the CAC and Bedford Falls Child Protection Team. Facsimile numbers are as follows:

- Bedford Falls Medical Center Child Protection Team: 555-5555
- Child Advocacy Center: 555-0000

Scheduling of Forensic Interviews

The CAC / MDT will make every effort for child forensic interviews to be held as swiftly as possible and no longer than five business days of the initial case assignment. If a minimal fact-finding interview is indicated, this shall be conducted per police and CPS policies and procedures.

The CAC Coordinator is the individual responsible for coordinating communication among MDT partners to schedule forensic interviews at the CAC. Unless otherwise agreed to among investigators, the CAC is responsible for ensuring that the non-offending family has directions to the CAC and is aware of the date and time of the appointment.

The scheduling of interviews should be done through e-mail to maximize expediency and transparency. To uphold strict standards for confidentiality, e-mails should avoid use of
identifying client information. Use of initials is acceptable. Additional case documents may be shared among MDT partners as appropriate.

Dates and times identified for holding forensic interviews are to be considered tentative until all parties among the primary investigative team and non-offending family members are confirmed for the appointment.

In cases where specialized services are needed, such as foreign language interpreters, coordination should take place jointly among members of the primary investigative team, including law enforcement, child protective services, medical professionals, and CAC staff. The CAC Coordinator is responsible for requesting foreign language speaking or hearing impaired interpreter services and typically draws from a pool of experienced and preferred providers. When foreign language speaking or hearing impaired interpreters are needed for child forensic interviews, they must be court certified. When assistance is needed with foreign language speaking non-offending caregivers at the CAC, CPS’s contracted language line can be used to accommodate such clients. For Spanish-speaking caregivers, staff from the Bedford Falls Hispanic Liaison office are available to assist.

Once the case is assigned to members of the multidisciplinary team, every effort will be taken to coordinate the necessary contacts with the children. Often, a minimal facts assessment will need to be conducted in the field, either by CPS and/or law enforcement to ensure the child’s safety in the immediate and to assess the needs of the case situation. Investigative authorities must use professional discretion in their needs assessment of a case as it emerges in the field. For example, in extreme cases, a worker might assess that allowing a full interview in the field is necessary for allowing for the child’s safety. In these cases, the case should still be referred to the MDT so that the child has the benefit of interagency collaborative reviews.

Child forensic interviews conducted at the CAC will include Law Enforcement, Child Protective Services, and the Medical Team. A member of the MDT who has been trained as a forensic interviewer will conduct the interview. This collaborative effort will ensure that interviews are legally sound. The coordination will occur by the agency that was the point of entry for the victim. Members of the core investigative team are urged to do all in their power to attend the CAC interview. When circumstances cannot allow this, team members will make every effort to send a substitute party to attend in their place. If CAC staff are to conduct the interview, then at least one member of the core investigative team must be on site. In cases where one investigator cannot be present, the CAC Coordinator ensures that the investigator absent receives a copy of the forensic interview recording.

The interview will take place at the Child Advocacy Center when appropriate and available. The Coordinator can assist in assembling the team and scheduling the interview time once the CAC has been notified of the case. The Center will assure that there is a developmentally appropriate child friendly interview room available as well as a monitoring room for the other members of the team. CAC Coordinator will ensure that assigned investigators have an appropriate physical space to conduct pre- and post-
interview conferencing, both with family members as appropriate and amongst core investigators.

During the pre-interview conference, core investigators will brief all team members present so that all are updated regarding the current status of the case. Decisions about who will conduct the interview will be based on training level, child’s comfort level with interviewer as male/female, level of rapport, and other factors. Post-interview conferencing involves assuring safety, planning next steps for the investigation, and consulting Commonwealth Attorney’s office. It is also an opportunity, as appropriate, to brief non-offending caregivers regarding status of the case and next steps forward.

All forensic interviews will be conducted by a trained forensic interviewer in a culturally competent manner. A court certified interpreter will be available if the child does not use English as his/her primary language. The CAC Coordinator is responsible for requesting foreign language speaking or hearing impaired interpreter services and typically draws from a pool of experienced and preferred providers. When foreign language speaking or hearing impaired interpreters are needed for child forensic interviews, they must be court certified. When assistance is needed with foreign language speaking non-offending caregivers at the CAC, CPS’s contracted language line can be used to accommodate such clients. Video and audio recording equipment will be available at the CAC for the team to utilize. It is considered best practice to record interviews to decrease the number of interviews a child is subject to and to provide documentation of interview. These recordings will become evidence and will be kept by Law Enforcement, Commonwealth Attorney’s Office, Child Protective Services, and the City Attorney’s Office.

The CAC MDT subscribes to the RATAC© interviewing model endorsed by Child First and CornerHouse. This includes the use of anatomically correct drawings and dolls. Drawings are utilized from Child First training and anatomically correct detailed dolls used are from Teach A Bodies. Some interviewers have participated in trainings for other models and may incorporate techniques from other models within their scope of experience. If questions arise about certain interviewing techniques, other members of the MDT may be consulted (e.g., prosecutor consulted regarding whether to use Truth Lie assessment within the interview).

Interviews are conducted in an interviewing room which utilizes a video camera and microphone. Co-investigators monitor from a nearby monitoring room within the CAC. The interviewer may wear an earpiece which will allow the team members to communicate questions and concerns. Interviewers are encouraged to leave the interview room to check in with co-investigators in person prior to the conclusion of the interview.

CAC staff are responsible for ensuring that monitoring room attendance forms as well as chain of custody forms for all taking possession of the interviews are completed.

The number of interviews conducted for a child, including the minimal facts assessment, is tracked and documented at MDT case review meetings.
**Medical Evaluation**

In most cases a medical exam will need to be conducted. All after hours and weekend medical exams will occur at Bedford Falls Medical Center. All medical exams, not to include PERK kits acute injury cases, scheduled for Monday – Friday between the hours of 8:30 – 4:30 should occur at the CPT clinic. Medical exams excluding PERK kits and acute injuries should be scheduled with the CPT clinic.

Medical evaluations are performed to obtain a medical history; assess the safety of the child; to identify injury or infection and to diagnose and treat any medical condition result from abuse. In addition, forensic evidence is collected when indicated. Examinations are to be conducted by qualified medical personnel and should occur when physical or sexual abuse is alleged. The medical team consists of two pediatric nurse practitioners and a physician. Details from the forensic interview can provide guidance to the medical team. As a rule, the medical team will not perform an evaluation until there is law enforcement and/or CPS involvement.

Assessment for indication or contraindication for a medical examination should occur for every child where there is a suspicion that “hands-on” sexual abuse has occurred. Physical evidence should be collected and a medical evaluation should be performed by the medical team as soon as possible utilizing the Physical Evidence Recovery Kit (PERK). The PERK should be done within 72-hours of a vaginal assault. In cases of oral and/or anal assault, physical evidence should only be collected if the assault occurred within the past 24 hours. If the sexual assault took place more than 72 hours prior to the report the victim should be scheduled for a medical evaluation at the Child Protection Clinic at Bedford Falls Medical Center.

A medical evaluation for physical abuse may be required when abuse is alleged and there is little or no history available, as with infants or when the injury is inconsistent with the history given. The evaluation for physical abuse may require the use of radiological studies and laboratory tests depending on the location and nature of the injuries in question. If a child requires extensive testing, the medical team may evaluate the child in the emergency department at the Bedford Falls Medical Center at the team’s discretion. Photographs of the injuries can supplement written descriptions and diagrams of the child’s injury or condition. Any child with severe or life-threatening injuries should be referred to the Emergency Department. The medical team should be notified of any child admitted to the hospital for suspected child abuse.

Medical evaluation and treatment is provided for victims of child abuse and neglect regardless of ability to pay status. Bedford Falls Health Systems accepts private insurance, Medicaid, and seeks payment from the Victim Compensation Fund to cover the cost of all medical expenses incurred as a result of sexual/physical abuse.
X. Case Recommendations

Members of the core investigative team are urged to be in collaboration / communication before, during and interview the child forensic interview. This discussion includes information about evidence, victim’s statements, the interview itself, corroborating evidence, statements of witnesses, behavioral indicators, and alleged perpetrator’s statements. Decisions regarding each agency’s role are not open for discussion and all agencies will respect and defer to each agency’s independent responsibilities and judgment.

As appropriate, in any time during a child’s “case life,” MDT partners are urged to consult in order to respond effectively to the unique needs or problems that may emerge in the child’s case.

All members of the multidisciplinary team must agree to recommendations from the team regarding child and family. The best interest of the child will be the overriding concern if and when any interagency conflict exists.

XI. Case Resolution

Child Protective Services:

When the investigation is complete, the Child Protective Services’ worker will determine if the report is Founded, Unfounded or referred for Assessment and services. The report is Unfounded if the investigation reveals a lack of preponderance of evidence that abuse or neglect did not occur. Unless the client desires services, the local social services department will no longer be involved with the family. A record of the investigative findings will be kept for one year and purged unless there are subsequent reports concerning the same child or alleged abuser within that year. The record may, upon request, be kept for up to two additional years.

The report is Founded if the investigation reveals, by a preponderance of evidence, that abuse or neglect occurred. Section 63.2-514 of the Code of Virginia requires that records of Founded reports are kept by the local social services department and the State Child Abuse and Neglect Central Registry. Records are kept for 3, 7, or 18 years depending upon the seriousness of the situation. An appeal process is in place for client’s who object to a Founded report. A Founded case may include that the CPS worker petition the court for an Emergency Removal Order, a Protective Order or a Removal Order. CPS will also refer client and family to appropriate ongoing services to assist in family reunification if that goal remains.
Police Department:

The YFCU Detective will develop the facts and circumstances and present findings to a representative of the Commonwealth’s Attorneys Office or a Magistrate for a determination of probable cause for an arrest, based upon the evidence. The YFCU Detective is also responsible for coordinating the arrest of offenders for which probable cause or an arrest warrant exists.

Commonwealth’s Attorneys Office:
Prosecution will consult with the police regarding investigation techniques and charging of cases and to present the evidence to the proper court when a charge of sexual abuse or physical abuse has been placed. A case is resolved when it has been fully adjudicated or the Commonwealth’s Attorney has declined to prosecute the matter.

Victim Witness:
Victim Advocacy will be provided to all victims in terms of education regarding investigation, prosecution, and treatment, crime victim’s rights and local services for crime victims, and access to on-going support throughout the investigation and prosecution including crisis services. Resolution will occur when the case has been fully adjudicated.

Mental Health Services:
Mental Health Services will be provided by a licensed practitioner at the Child Advocacy Center for the child and his/her family. If the treatment provider is not licensed, they must practice under the clinical supervision of the Mental Health Coordinator. The Child Advocacy Center will seek third party reimbursement. However, no client will be denied access to mental health services based on inability to pay. The case will be closed upon completion of therapy services, when services are declined, or after the CAC Mental Health Program has assisted the client with referral to another treatment provider.

Medical Services:
Medical services will be provided to all children who require ongoing treatment. Referrals will be made as appropriate.

The multidisciplinary team will close a case after there has been a resolution to the case, when there is no further evidence after 6 months, or when the victim has moved from the area.
XII. Case Tracking

A database will be utilized by the CAC Coordinator that will include demographic information including age, ethnicity, disability, and gender for all children that are seen at the CAC. The database will track case outcomes and other pertinent information. The CAC Coordinator will be responsible for maintaining the data and providing reports to team members.

XIII. Advocacy

Comprehensive advocacy services are provided by representatives from multiple MDT agencies, to ensure that children and families are supported throughout the investigation process. The CAC Coordinator provides onsite advocacy services on the day of the child forensic interview by providing nonoffending caregivers with resource information including victims’ rights, victim compensation, local resources, and local resources such as the Victim Witness Assistance program and available mental health services.

Immediately following the forensic interview, the CAC Coordinator refers the child and family to the Victim/Witness Assistance Program, and to the CAC Mental Health Coordinator. The Victim Witness representative then makes contact with the family to offer services and to provide orientation. For children whose cases will proceed through the prosecution process, they remain active clients of Victim Witness throughout, receiving services including resources referral, education regarding victim rights, assistance with the Criminal Injuries Compensation Fund, court preparation, and court accompaniment.

For CAC clients involved with Child Protective Services, Stabilization, and Foster Care, advocacy services are performed by agency representatives from the Bedford Falls Department of Social Services and CASA. These services include preparation for family court, monitoring services delivery, and advising court officials as to recommendation regarding the child’s best interest.

XIV. Cultural Competency

The Greater Bedford Falls SCAN CAC / MDT is dedicated to supporting the improvement of cultural competencies among all MDT members. Refining and developing sensitivity to the myriad of cultural groups in the Greater Bedford Falls area further improves our responsiveness to our client children and families. Included in this effort are the following goals and plans.

- Continued information sharing regarding cultural competency training opportunities
Continued information sharing of training materials
Continued refining of the CAC’s physical environment to maximize its accommodation of children and families from a variety of cultural groups represented in the Greater Bedford Falls area
Advancing of cultural competencies relevant to team members’ roles on the MDT, including investigation, enforcement, mental health, and advocacy
Researching additional training authorities specializing in cultural competencies, and acquiring training material on an ongoing basis
Development of a comprehensive cultural competency plan
Implementation of the plan
Evaluation of the plan

Protocols to ensure that all services are provided in a culturally competent manner include the following:

**Investigation:**
- Cultural or linguistic issues identified at the referral level;
- Needs assessment communicated to relevant team members;
- Onsite or offsite research conducted as necessary;
- Culturally competent anatomically correct dolls/drawings available as needed;
- Interpreters contracted and involved as indicated;
- Facility culturally competent in décor and playroom activities;
- Pre and post interview conferencing to assess:
  - Elicit relevant history
  - Understand the family’s perception of the abuse
  - Understand the family’s comprehension of laws
  - Address cultural beliefs which may affect disclosure
  - Impact of prior experience on the “system”
- Cultural issues addressed for every child discussed during case review
- Special designation given to cases with unique circumstances

**Intervention/Case Management Process:**
- Maintain referral list for special accommodations, including foreign language speaking mental health providers, faith-based mental health providers, LGBTQ mental health providers, etc.
- Maintain professional affiliations with organizations that advocate for underserved populations, such as the Bedford Falls City Hispanic Liaison’s Office and Bedford Falls Organization for Sexual Minority Youth (ROSMY);
- Mental health information and advocacy materials provided to clients in Spanish;
- Maintain culturally diverse materials in the CAC’s therapy office;
- MDT members brought in to assist with translation;
- Advocacy information provided regarding rights for individuals with disabilities;
- Most intake/case management forms available in English and Spanish.
Please refer to appendix to see complete Cultural Competency Plan.

XV. CAC / MDT Work Group

The CAC Work Group was formed in December of 2007 to improve and update Bedford Falls SCAN’s CAC / MDT protocols and practices and to support maximal adherence to NCA standards. The group is comprised of members from the Multidisciplinary Team. Members volunteer their participation. If members are unable to attend meetings, they are encouraged to make arrangements for a substitute from their agency. The Work Group reviews membership on a periodic basis.

Activities of the Work Group are based in reviewing areas in need of protocol development, with particular focus on those areas identified by the MDT and MDT Leadership. The group is consensus-based in its decision-making practices. Individual members volunteer to lead the group by drafting individual protocols.

The CAC Coordinator is responsible for developing and disseminating periodic surveys to all MDT members to solicit feedback in multiple areas of the project, including protocols, team functioning, and training needs. Results of these surveys are reviewed by the MDT Work Group so that suggestions for improvement are appropriately addressed.

Leadership Team

The MDT Leadership Team meets quarterly and is typically comprised of MDT agency supervisors and administrators who are recognized as key decision makers from their home agencies. MDT Leadership Team serves as the advisory committee to the MDT.

After drafted protocols are agreed upon by Work Group members, they are advanced to the Quarterly Leadership Team, who may approve them or call for further revision. Once approved by the Leadership Team, they are added to the CAC / MDT “Best Practices…” document on a quarterly basis. This document is then disseminated to MDT members. Leadership Team members are asked to re-sign the “Best Practices…” document in December of each year. Please see Appendix Document #1: “CAC / MDT Work Group” to review the entire Work Group Protocol.

The MDT Leadership Team also serves as an open forum in which all in attendance are encouraged to provide feedback regarding strengths of the project as well as areas for improvement.

XVI. CAC Visitor Policy

In an effort to enhance collaboration and to educate others about CAC practices and procedures, MDT members have occasionally requested to bring co-workers and student interns as visitors to the CAC for interviews, medical exams and MDT Case Review
meetings. Visitors who are affiliated with MDT agencies (CA, CAC, CASA, RDSS, RPD, Bedford Falls Medical Center, VW) are welcome to join these meetings after they have reviewed and signed the CAC / MDT Confidentiality Agreement.

If an MDT member would like to invite an individual that is not directly affiliated with an MDT agency, they must contact the CAC Coordinator and request to bring the visitor(s). The CAC Coordinator may approve the request or may contact members of MDT Leadership for their input. If the visitor request is approved, the CAC Coordinator will meet with the visitor prior to the meeting or appointment, to review the CAC / MDT Confidentiality Agreement and obtain the visitor’s signature. The Coordinator will also review parameters of confidentiality and restrictions regarding written case materials.

The CAC Coordinator may also permit professionals to MDT Case Review meetings who are relevant to a particular case that is scheduled for review. These professionals will sign the CAC / MDT Confidentiality Agreement and will attend the MDT meeting only during the time frame their case is being reviewed. All MDT members have the prerogative to excuse a visitor if they deem that this is indicated, such as in an unforeseen conflict of interest circumstance.

XVII. **Multidisciplinary Team Peer Review of Forensic Interviews**

The Bedford Falls MDT holds Peer Review meetings monthly on the first Wednesday of each month. The CAC Coordinator also alerts MDT members regarding additional regional peer review meetings. Investigators who conduct interviews are expected to attend at least two peer review meetings per year.

Included in the peer review process are MDT members who wish to participate in review and evaluation of taped forensic interviews done at the CAC. The person who conducted the interview should be present during the review. MDT members may request that visitors attend the review. Approval of visitors is at the discretion of the MDT and may attend only if space constraints permit. Visitors are required to sign a confidentiality agreement.

Forensic interviews will be identified by the interviewer at the time of the interview as appropriate for peer review. Also, any forensic interviewer may request that a forensic interview that they have conducted be reviewed. If someone other than the interviewer wishes to have an interview reviewed, they should contact the interviewer and obtain permission to have the recording included for peer review. In this case, the interviewer should be urged to attend and should make every effort to attend the peer review meeting. Notification to MDT members as to which interviews will be reviewed will be made at MDT Case Review Meetings, via e-mail correspondences, or other means.

All or part of the interview will be viewed at the discretion of the interviewer and group discussion will follow. An evaluation tool will be provided with appropriate questions to discuss in order to facilitate the evaluation process. Persons attending the peer review
will sign a log which will be maintained by the CAC Coordinator in order to document attendance for purposes of future educational and training requirements.

At Peer Review meetings, CAC staff disseminate research on emerging issues affecting forensic interviewing practice, including how children disclose, memory, language, process of disclosure, etc.

**XVIII. Training**

The CAC Coordinator is administratively responsible for the coordination and documentation of training activities for all MDT members relevant to the project. This may include organizing and submitting team applications for forensic interviewing training, seeking special funding for team-based training opportunities, and alerting team members to training opportunities on an ongoing basis. MDT members may attend trainings outside of the CAC Coordinator’s work. Sometimes, in-services trainings and MDT retreats are organized for the benefit of MDT members.

Additional funds for training of MDT members were added to the public grant that the SCAN CAC was awarded for Fiscal Year 2009. Funds available for MDT members amount to approximately $8,100 for FY 2009 and may be renewed for FY 2010. CAC Staff requested that the MDT Work Group accept the responsibility for reviewing MDT members’ requests for reimbursements for training and administering these funds appropriately, a process which began in July 2008. The guidelines that follow were developed by the Work Group so that procedures for requesting reimbursement are clear to MDT Members.

Requests for reimbursement for training events are made directly to the SCAN CAC. Funding of training opportunities will take place as needed and as funds are available. Requests for reimbursements are reviewed at monthly MDT Work Group meetings. Guidelines for Work Group decision-making include the availability of funding, perceived need for the specific training and an assessment of what would benefit the MDT as a whole. MDT Members who identify a training opportunity that relates to the mission of the CAC model should notify the CAC Coordinator regarding the request. An application form and directions page were developed by Work Group members to clarify procedures further.

As a general guideline, most training events must be sponsored or endorsed by The National Children’s Alliance (NCA), Southern Regional CACs (SRCAC), or Children’s Advocacy Centers of Virginia (CACVA). Some exceptions are noted, such as Finding Words Virginia and the Improving Investigation and Prosecution of Child Abuse Conferences, both of which are coordinated by the Department of Criminal Justice Services (DCJS).
**XIX. Bedford Falls MDT Leadership Team**

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<tr>
<th>Bedford Falls Child Protective Services</th>
<th>Bedford Falls Police Youth and Family Crimes</th>
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<tr>
<td>Greater Bedford Falls CAC</td>
<td>Bedford Falls Medical Center/Child Protection Team</td>
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<td>Bedford Falls Victim/Witness Program</td>
<td>CAC Mental Health Program Coordinator</td>
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<td>Bedford Falls City Attorney’s Office</td>
<td>Commonwealth’s Atty’s Office: Bedford Falls</td>
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<td>Bedford Falls CASA</td>
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