

SS Peds CAC overview 2018 recording

1. SS Peds CAC overview 2018

1.1 Pediatric SANE/SART Course



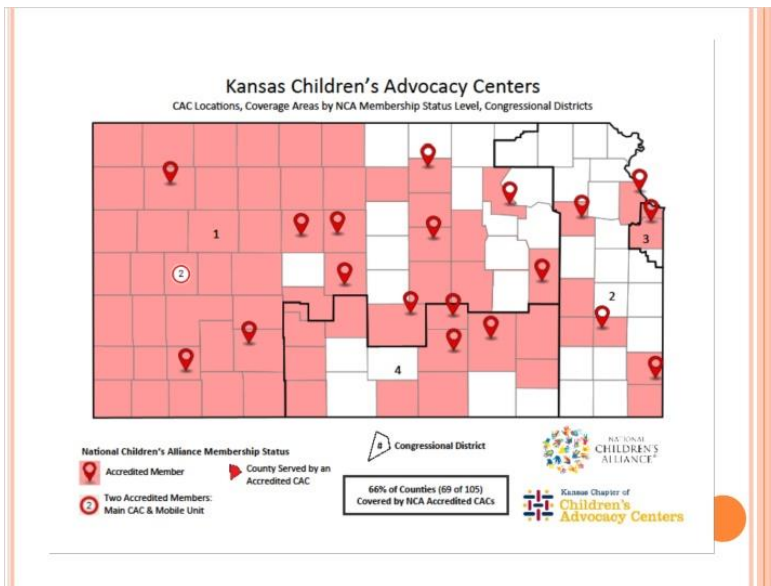
1.2 NCA



1.3 Untitled Slide

- NCA Mission
 - To promote and support communities in providing a coordinated investigation and comprehensive response to child victims of abuse through child advocacy centers and multidisciplinary teams
 - Network of more than 800 CAC's nation wide

1.4 Untitled Slide



1.5 Untitled Slide

- “A **children’s advocacy center** is a child-focused, facility-based program in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, **child advocacy**, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of **child abuse** cases.”
(NCA Website)

1.6 NCA Standards

NCA STANDARDS

- Accreditation process
- Re-accreditation every 5 years
- Intention of accreditation
 - Consistency
 - Evidence based interventions
 - Help children heal from abuse

1.7 Multidisciplinary team (MDT) partners of the CAC

MULTIDISCIPLINARY TEAM (MDT) PARTNERS OF THE CAC

- Law enforcement
- Child protective services (DCF)
- Prosecution
- Mental health
- Medical
- Victim advocacy
- Others

1.8 Overall CAC concept

OVERALL CAC CONCEPT

- Bringing together dedicated professionals to provide a place of safety and consistency for children and their families.
- Multidisciplinary/interdisciplinary team enhancements – **Regular MDT Meetings**
- Improved communication
- Room for improvement and growth

1.9 CAC location

CAC LOCATION

- CAC employees
- Partner agencies
- Co-location
- Utilization of CAC building to conduct interviews
- Forensic interviews
 - Forensic interviewers

1.10 Benefits

BENEFITS

- Child friendly environment and interview area
- Victim access to services
- Enhancing communication
- MDT meetings
- Medical model
- Therapy referrals/access
- Common expectations
- Data tracking

1.11 NCA Accreditation 2017 –

NCA ACCREDITATION 2017 – MEDICAL EVALUATION STANDARD

- Purpose – specialized medical evaluations and treatment are available to all CAC clients and coordinated as part of the MDT
- Criteria – Essential Component (not optional)

1.12 Specific training – at least one of the following:

SPECIFIC TRAINING – AT LEAST ONE OF THE FOLLOWING:

- Child Abuse Pediatrics Sub-board eligibility or certification
- Physician, Advanced Practice Nurse, and Physician Assistants
 - Minimum 16 hours formal didactic training
- SANEs (RN)
 - Minimum 40 hours coursework followed by demonstrated competency based clinical preceptorship

1.13 Medical Director (physician or advanced practice nurse)

MEDICAL DIRECTOR (PHYSICIAN OR ADVANCED PRACTICE NURSE)

- Required for non-advanced practice nurses
 - Develop practice protocols
 - Treatment needs
 - Referrals process – medical or mental health

1.14 Continuous Quality Improvement (CQI)

CONTINUOUS QUALITY IMPROVEMENT (CQI)

- Knowledgeable recent research and practices
- All medical professionals providing services at a CAC must
 - Demonstrate continuing education in the field of child abuse – minimum of 8 contact hours every 2 years
 - Share this information with the CAC – records keeping

1.15 50% of abnormal or “diagnostic” trauma findings must be reviewed

50% OF ABNORMAL OR “DIAGNOSTIC” TRAUMA FINDINGS MUST BE REVIEWED

- Expert review
 - “advanced medical consultant”
 - Recommend 100% but must demonstrate 50%
- “advanced medical consultant”
 - Child Abuse Pediatrician
 - Physician or advanced practice nurse with
 - minimum training standards
 - Performed at least 100 CSA examinations
 - Current in CQI requirements

1.16 Tracking

TRACKING

- Required to track de-identified case information
- 50% positive findings

1.19 Protocol and Documentation

PROTOCOL AND DOCUMENTATION

- Guidelines for why an exam should be completed
- Documentation
 - Written AND Photo



1.20 Education

EDUCATION

- Training provided to MDT
 - Purpose of examination
 - Examination process



1.21 Sharing of information

SHARING OF INFORMATION

- Expectation to share information with MDT in a timely and meaningful manner



1.22 If you don't have a CAC in your community?

IF YOU DON'T HAVE A CAC IN YOUR COMMUNITY?

- Recommend still following standards
- Standard of care



1.23 State Chapters

STATE CHAPTERS

- Kansas Chapter of Child Advocacy Centers
 - www.kscac.org
- Regional Chapters
 - Education
 - Technical support

1.24 Kansas NCA Statistics (approximate)

KANSAS NCA STATISTICS (APPROXIMATE)

- More than 4,500 children served in CAC's annually
- Gender
 - 65% female
 - 35% male
- Age of children
 - 0-6 30%
 - 7-12 35%
 - 13-18 35%

1.25 Kansas NCA Statistics (approximate)

KANSAS NCA STATISTICS (APPROXIMATE)

- Offenders 3,500
- Relationship to child:
 - Parent 25%
 - Stepparent 10%
 - Other relative 20%
 - Parent's boyfriend/girlfriend 5%
 - Other known person 30%
 - Unknown 10%
- Age of offender
 - Under 13 10%
 - 13-17 15%
 - 18+ 60%
 - Unknown 15%

1.26 What is an advocate?


WHAT IS AN ADVOCATE?

- Someone (or a group of people) who promotes a specific solution to a public issue through words and actions.

- 3 Essential Pieces to Advocacy


1.27 1. Education

1. EDUCATION

- 1:4 girls, 1:6 boys before the age of 18 will experience sexual abuse
 - Physical abuse, runaways and internet crimes
 - Kansas CAC's will come into contact with thousands of children each year
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1.28 2. Motivation


2. MOTIVATION

- Why should you care?
 - Children deserve to grow up in a harm free environment, when abuse occurs they ought to have an environment that is supportive, accessible and focused on the needs of children
 - “Child First Doctrine”
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1.29 3. Activation

3. ACTIVATION

- CAC's are committed to joining the community in an effort to serve children across the state of Kansas
- What can you do?
 - Learn about child abuse and its effects
 - Participate
 - Educate
 - Speak up
 - Vote
 - Act
- **Be a part of a solution**



1.30 Untitled Slide

○? Questions



1.31 Diana Schunn

