Taking Services Beyond Boundaries:

How the Western Kansas Child Advocacy Center is using Mobile CACs to Improve Care for Underserved Children and their Families
Taking Services
Beyond Boundaries

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I. INTRODUCTION

This manual explores how mobile child advocacy centers (Mobile CACs) can be used to increase the availability of services and resources for underserved children and families who have been victimized by sexual abuse. By reviewing the experience of the Western Kansas Child Advocacy Center (WKCAC), this manual seeks to provide communities with information and guidance about the development, operation, and potential value of Mobile CACs. It also seeks to share some of the “lessons learned” by WKCAC Mobile CAC program, including:

- Enticing funders to support your Mobile CAC
- Utilizing a multidisciplinary approach to child abuse cases to ensure positive outcomes for the case and the child
- Encouraging staff to serve multiple roles on the Mobile CAC
- Explaining to and reminding community leaders that all children will benefit from the Mobile CACs services, especially those residing in underserved areas

Benefits of Mobile CACs

Mobile CACs increase services to underserved child victims of sexual and physical abuse as well as their families, by:

- Reducing a child’s trauma
- Providing services that are more available and more easily accessible to all community members
- Ensuring that children do not have to travel far to receive services
- Sparing law enforcement agencies with limited personnel the expense and time of escorting a child to a forensic interview
- Providing prompt and ongoing services that are tailored to a child’s needs and family situation
- Empowering non-offending parents to protect and support their children throughout the intervention process and beyond
- Holding more offenders accountable by coordinating investigative and interview procedures
- Providing additional specialized mental health treatment resources
- Investigating allegations of abuse more thoroughly and producing more usable information
- Processing cases in the court system more quickly
- Educating the community about the problem of child abuse and the appropriate response methods
- Allowing for easier prosecution, because specially trained forensic interviewers conduct neutral and defensible interviews

The only services that benefit a family are the services that they can access. The best access is when the help they need is in their own community.

-David Fyler
II. OVERVIEW OF THE WESTERN KANSAS APPROACH

The Western Kansas Child Advocacy Center (WKCAC) was founded in 2004 by a group of providers serving child victims of sexual abuse in western Kansas. It was established with a goal to stop child abuse; with a mission to heal the trauma of children and families of child abuse through prevention, support, and services; and with a vision to ensure that every child has access to a child advocacy center in his/her community.

Currently, the WKCAC has three strategically placed, stand-alone child advocacy centers located in the North, Central, and Southern regions of western Kansas. In addition, WKCAC has introduced a new, innovative approach to serving child victims in any given community the Mobile Child Advocacy Center (Mobile CAC).

Building upon the premise that the only services that benefit children and families are the services they can access, WKCAC developed the Mobile CAC approach in order to better to serve all communities, regardless of their resources.

Through its stand-alone locations, the WKCAC found that many counties continued to struggle to access and utilize remote services. Once the Mobile CAC was available, these counties began to take ownership of the resources and more children and families received needed care.

A. HISTORY OF THE WESTERN KANSAS CHILD ADVOCACY CENTER (WKCAC)

The idea of the Western Kansas Child Advocacy Center (WKCAC) was created out of passion and necessity to help underserved child victims of abuse in the rural areas of western Kansas. In 2003, a diverse group of providers in these communities sought to establish a new collaboration to forensically interview child victims using a multidisciplinary approach consistent with the CAC model. This group, which included medical and mental health professionals, prosecutors, special investigators, law enforcement, social services and victim advocacy groups, developed and presented a proposal to the Haskell County Attorney and Satanta District Hospital Board of Directors to forge a partnership and create a new child advocacy center. With the support of both entities, WKCAC officially opened its doors in January 2004 at Satanta District Hospital in Satanta, KS (Haskell County). The hospital provided the physical space needed and the county attorney provided the recording equipment.
Once established, WKCAC grew quickly. By October 2005, WKCAC had moved to a larger, stand-alone site with a comfortable environment in Sublette, KS (Haskell County). A second center in Scott City, KS (Scott County) was also developed at this time, expanding services to families further north into the west-central parts of the state. In February 2006, after many requests for services in Northwestern Kansas, a center was opened in Colby, KS (Thomas County) (See Figure 1).

Despite the development of these strategically placed centers throughout western Kansas, families and multidisciplinary team members in our frontier counties were often required to travel significant distances (i.e., three or more hours by car) in order to access WKCAC services. This meant that many communities still did not have routine, regular access to care.

WKCAC addressed this problem by purchasing a 38-foot recreational vehicle and transforming it into a Mobile Child Advocacy Center (Mobile CAC). The WKCAC is now able to travel to families in outlying counties, rather than have them travel to one of the stand-alone centers. When the WKCAC Mobile CAC was first developed it was only one of two in existence in the country. It has now become a national model for other communities needing specialized services in resource-deprived or hard-to-serve areas.
The WKCAC Mobile CAC consists of a 38-foot, specially designed and equipped motor home with state-of-the-art recording equipment, a forensic interview room, a multidisciplinary team (MDT) room, and a child- and family-friendly waiting area. A full diagram of the WKCAC Mobile CAC is included as Appendix A.

Storage for additional chairs, supplies, and equipment is located in the undercarriage of the motor home. There is also a bathroom facility on-board, as well as a small refrigerator. The motor home was purchased in 2007 with funds from the Kansas Department of Commerce Community Service Program.

Families and children who enter the Mobile CAC come into the family waiting room, which is decorated in warm, neutral colors; two of the walls have animal murals on them, designed by a local artist (See Figure 2). Family seating is available in this area and there is a play space for children (See Figures 3-4).
Moving toward the rear of the motor home and through a set of doors, the Mobile CAC has a child-friendly interview room, which features a specially made “L”-shaped bench for the child and interviewer to sit on during the interview (See Figure 5). There are two cameras in the ceiling of the interview room along with a hanging microphone system (See Figure 6). There is an additional flat-screen monitor that is used for Closed-Circuit Testimony to transmit the court room proceedings back into the interview room.

The multidisciplinary team (MDT) room is located at the front of the Mobile CAC and is entered from the family waiting room. The MDT room includes state-of-the-art recording, television, and dubbing equipment. Up to six people can be accommodated in this area, with four chairs built in, and space for two folding chairs. (See Figures 7-9). There is the capacity with the CCTV-fiber optic technology to move the MDT to a remote location should there be more members than space permits or if there is a member who
is unable to be on the Mobile CAC during the interview.

The MDT actively participates in the forensic interview through the use of real-time recording equipment displayed through a television. MDT members in the MDT room can control both interview room globe cameras to zoom, pan, and tilt. They also can use a split-screen option to allow for two separate views of the child and interviewer. The MDT members can communicate with the interviewer directly through an “ear bug” and microphone system. They are able to hear the interview through personal earphones. This allows each team member to control their own volume level, and helps with confidentiality (people in the waiting area cannot hear the interview). Recordings of the forensic interview are given to MDT members as requested.

On its exterior, the Mobile CAC features an animal theme to be distinctive, while also remaining discreet (See Figure 10).
When traveling to a community, the WKCAC Mobile CAC sets up in the most convenient location for the family and attending agencies. These locations may be local parks, schools, rural home settings, government buildings, or law enforcement centers. Some communities have installed power connections so the Mobile CAC can operate without using its on-board generator.

C. SERVICES OFFERED BY THE WKCAC MOBILE CAC

WKCAC offers an array of services for children and families through its Mobile CAC, including:

- **Forensic Interviewing.** The Mobile CAC provides a community-based location for forensic interviews that is legally sound, non-duplicative, non-leading, and neutral. Law enforcement and/or Child Protective Services (CPS) are present during all forensic interviews conducted on the Mobile CAC. If other members of the MDT, such as mental health providers or the school, have pertinent information that would help in the investigation piece, they are also asked to be present during the forensic interview.

  As an extension of the WKCAC, the Mobile CAC staff use the CornerHouse RATAC® protocols in their forensic interviews. MDT members participate in the interview process through a microphone/ear bug system and interviews are recorded. These measures help to avoid duplicative interviewing of the child.

- **Extended Forensic Evaluation.** The WKCAC Mobile CAC staff also conducts extended forensic evaluation (EFE), a multi-session assessment and fact-finding model for children who are potentially victims or witnesses of child abuse or other violent behaviors.

  EFE is appropriate for children for whom the results of a single interview are inconclusive or there are serious concerns about the child’s ability to participate in a single-session forensic interview. Such children might be very young, a child with developmental delays or cognitive disabilities, or an extremely traumatized child. Cultural considerations might also indicate a need for an EFE.
rather than a single-session interview. The EFE is sensitive to child development, the impact of trauma on memory and development, and the dynamics of child abuse. The EFE Model is grounded in research of empirically based forensic principles.

- **Trauma Focused Therapy.** The Mobile CAC allows WKCAC staff to provide free therapy to those individuals who would otherwise not receive it, and to provide specialized therapy services to child victims with an on-staff therapist.

  Western Kansas is a “mental health provider shortage area” where children often wait as long as three months to get an initial appointment with a provider. Many providers in the area do not specialize in trauma focused therapy. Further, many local families lack insurance coverage for mental health care.

- **Closed-Circuit Television (CCTV).** The WKCAC Mobile CAC includes CCTV technology. This technology allows child witnesses to testify live from a safe, familiar environment rather than taking the stand in open court while facing the perpetrator. When appropriate, the Mobile CAC can be connected via fiber optic cable to a local court room. The transmission of audio and video for the CCTV is “two-way,” meaning the child’s testimony is transmitted “live” to the courtroom where it is seen and heard by the judge, jury, defendant, and others as it is given. Simultaneously, the proceedings in the courtroom are transmitted to the room where the child is, so the child and attorneys can see and hear court proceedings as they occur. Figures 13-14 depict how the Mobile CAC’s CCTV can be utilized.

![Figure 13. “Two-Way” CCTV technology](image-url)
Figure 14. Diagram of WKCAC Mobile CAC CCTV Connection
• **Child and Family Advocacy.** The Mobile CAC’s Child/Family Advocates help children and families by collecting relevant family history to assist with the forensic interview; educating the child victim and family about the criminal justice and protection systems; providing a specialized medical and therapeutic referral list to the families; and locating community resources, including crime victim compensation, protective orders, housing, public assistance, domestic violence intervention, and transportation.

The Mobile CAC Child/Family Advocates also assist with court preparation for the child and the family, working directly with the local County Attorney. In some instances, the Child/Family Advocate may be the only comfort person in the court room for the child when they testify. When assistance is required for the family to get to court – such as transportation or explaining to employers why the person is missing so much work – the Child/Family Advocate serves as the liaison. The Child/Family Advocate stays in contact with the family throughout the investigation and keeps the MDT informed on concerns the family may have. They will also follow up with the family to encourage the use of referrals, services and therapy appointments.

III. **DETERMINING IF A MOBILE CAC IS RIGHT FOR YOUR COMMUNITY**

Even if a Mobile CAC in your area would only help one child, we believe that it is needed and would be feasible to develop. So, how do you determine the need and feasibility of a Mobile CAC to serve a small, rural, or hard-to-serve population? Financially, it is more cost-effective to develop a Mobile CAC which can effectively serve many counties than it is to develop several stand-alone sites. This is true even when setting aside the personnel costs. Some specific factors to consider when exploring the possibility of establishing a Mobile CAC program, include:

• **Rural isolation.** Most counties in the west of the United States are classified as “frontier counties,” defined as having six or fewer people per square mile (See Figure 15).
In many of these areas, it simply would not be feasible to establish stand-alone CACs. A Mobile CAC, however, has a multiplier effect with the ability to serve multiple counties, each of which feel ownership and all of which can access services without having to travel to another jurisdiction. The WKCAC Mobile CAC has seen proof of this with its program. Although a stand-alone center was located just 30 miles and one county away, certain communities never utilized it. Once the Mobile CAC was available, these communities accessed services numerous times and the county and city governments donated funds.

- **Time and expense to travel.** Although stand-alone CACs can be developed in strategically placed areas, travel and expense can still be an issue for those needing to access services and resources. In rural communities, there often are only one or two officers on duty at a time; some communities only have one “town cop.” It is unrealistic for the community to lose their only officer or to pay overtime for the officer to travel to one of the stand-alone centers. Likewise, it can be impractical for many CPS offices to send social workers more than one to two hours each way to participate in an interview. Many parents also cannot afford to take an entire day off work to allow for travel time, and children may not be able to miss an entire day of school. A Mobile CAC addresses these
**Lack of experience.** In many parts of the country, particularly in rural and other hard-to-serve areas, officials do not have the expertise needed to appropriately handle specialty cases. There often is not a large quantity of cases to allow for the local workers to gain experience in managing these types of cases. Most have not had any training in child sexual abuse cases, and few have handled a child sexual abuse case previously. The Mobile CAC alleviates these challenges by bringing experienced professionals into local communities.

**Lack of specialized services.** Scores of communities are lacking in specialized services such as mental health, advocacy, and medical care. Many areas are considered “mental health provider shortage areas”; as well as being underserved or resource-poor areas. Therefore, the likelihood of finding a mental health provider at all, let alone one who specializes in trauma focused therapies, would quite certainly be next to impossible.

Medical providers who are trained in and have experience in providing SANE exams also are rare, as are advocates who have appropriate training in crisis intervention. These services demand a high level of skill and practice, without which it could be very detrimental to the well-being of the case and more importantly, the child. Mobile CACs allow the experts to be shared across communities that are lacking in specialized services or experienced workers.

*Increased Mental Health Services*

WKCAC collected data showing that in 2004, only 30% of children who disclosed abuse received some type of mental health services in their communities. With the services available through the Mobile CAC, these figures rose to 62% in 2005 and to an astounding rate of 89% in 2006. Mental health rates slightly decreased to 85% for 2007, due in large part to an increase in “frontier” areas served by the WKCAC, adding three new counties to the service area, and an even larger shortage of mental health providers in western Kansas than in recent years.
IV. COSTS ASSOCIATED WITH A MOBILE CAC

There are a number of cost considerations associated with the development of Mobile CAC program, including both start-up and operational costs.

- **Start-up Costs.** Originally, WKCAC was going to buy a new, customized motor home directly from the factory. The cost of such a purchase would have been $129,000, not including the needed electronics for recording interviews. After conducting some additional research, WKCAC opted to purchase a used motor home (one with 15,000 miles on it) for just $60,000. The costs associated with remodeling and equipping the used motor home (detailed below) totaled $50,434, meaning the final costs associated with the Mobile CAC was $110,434.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Home</td>
<td>$60,000</td>
</tr>
<tr>
<td>Remodel</td>
<td>$7,000</td>
</tr>
<tr>
<td>Carpet</td>
<td>$1,034</td>
</tr>
<tr>
<td>Upgrade to larger generator</td>
<td>$5,000</td>
</tr>
<tr>
<td>Recording equipment, cameras, audio, etc.</td>
<td>$4,400</td>
</tr>
<tr>
<td>8 new tires</td>
<td>$3,000</td>
</tr>
<tr>
<td>40 x 40 garage (for Mobile CAC when not in use)</td>
<td>$30,000</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>$110,434</strong></td>
</tr>
</tbody>
</table>
• **Operating Costs: Costs for the Mobile CAC in a Typical Year.** The portion of expenses related directly to running the Mobile CAC is minimal. Based on an average mileage total of 17,500 miles per year, the following figures are averages for 12-month expenses for the Mobile CAC:

<table>
<thead>
<tr>
<th>Expense</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuel (Range of fuel price: $1.90 to $4.00)</td>
<td>$ 7,800</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>$ 2,700</td>
</tr>
<tr>
<td>Insurance for Mobile CAC</td>
<td>$ 1,780</td>
</tr>
<tr>
<td>Tires</td>
<td>$ 1,500</td>
</tr>
<tr>
<td>Tags</td>
<td>$  90</td>
</tr>
<tr>
<td>Security</td>
<td>$  360</td>
</tr>
<tr>
<td>Utilities for storage garage</td>
<td>$  840</td>
</tr>
<tr>
<td>Insurance for storage garage</td>
<td>$  150</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>$15,220</strong></td>
</tr>
</tbody>
</table>

**Dollars Spent Wisely Per Child**

When one considers that the Mobile CAC serves an average of 110 children per year, the following cost calculations can be made:

- **Based on 110 children:** Cost per child $ 138.00
- **Based on 12 months:** Cost per month $ 1,268.00
- **Based on 17,500 miles:** Cost per mile $ 0.87
V. LESSONS LEARNED FROM THE DEVELOPMENT OF THE MOBILE CAC

Through the development of this initiative many lessons were learned:

- Access to services makes all the difference in the world. You can have all the best services to offer, but if they are not accessible to workers and families, they are no good to anyone.
- Even with centers less than 30 miles away, MDT members had difficulty accessing the services needed for their cases; families were unable to travel, and there appeared to be no ownership of the center for the out-of-town teams utilizing them.

With the development of the Mobile CAC, there was an incredible 158% increase over 3 years in forensic interviews. It is questionable whether all of those children would have ever received services without the Mobile CAC.

Likewise, the number of signed Interagency Agreements soared from three agreements to 23 Interagency Agreements with the development of the Mobile CAC. MDTs began to take ownership of the child advocacy center. Local organizations and governments also took notice and began donating money toward the cause, where they had not before.

Increases in forensic interviews and Interagency Agreements also brought about an increase in needed mental health services for families. The new Mobile Therapy Unit was developed to help serve families needing specialized trauma focused therapy resources. It also allows for the recording of Extended Forensic Evaluations. The new Mobile Therapy Unit will also serve to help with the increase in cases as a back-up unit for forensic interviewing and CCTV.

- **Funding (initial support to equipment start up).** The WK CAC was fortunate to be awarded Department of Commerce Tax Credit funds in which people received tax breaks in exchange for donations to the project. Demonstration grants were also awarded for different services available through the Mobile CAC. Funding is never

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**County Buy-In**

*Many county and city leaders as well as private foundations were impressed that the Mobile CAC was already serving their communities without funding from them. One leader commented, “This is refreshing, usually people come to us with things they are going to do, if we fund them – you came to us and said, this is what we are already doing and will continue to do even if you don’t help fund us.”*
an easy feat. One lesson learned, especially in regards to the Mobile CAC was “if you build it – they will come!”

A Mobile CAC helps with this greatly because there is buy-in from each community the Mobile CAC serves, not just one population where the stand-alone centers are located. So instead of receiving funds from one county, you have the opportunity to potentially receive funds from multiple counties and even more city governments. Your vast coverage area will also open up doors to foundations that only fund in specific areas.

The Mobile CAC has also benefitted from the community it serves. It received on-going donations from community members (such as quilts for the child victims and witnesses). The paintings throughout the mobile unit were also provided for free by a local artist.

- **Building a Multidisciplinary Team.** A multidisciplinary approach to the investigation of child abuse is crucial for positive outcomes, not only for the case but for the child. The Mobile CAC approach has been paramount in establishing precedence for the development of strong, working MDTs.

  The Multidisciplinary Team (MDT)/Case Review Initiative began in August, 2003. These teams consist of: law enforcement, prosecutor, child protective services, medical providers, mental health professionals, advocacy, and child advocacy center staff. The teams develop protocols specific to their own county’s strengths and needs. These professionals work together to investigate child abuse cases thoroughly and assure the child’s well-being is top priority. Case reviews are conducted as needed to assure each member of the team is doing their part and the child does not “slip through the cracks.”

  Through this initiative, team members have learned about other members’ duties, responsibilities, and limitations. Initially, there was strain between different departments due to a lack of understanding of each person’s roles. For example, law enforcement was frustrated with the prosecutors for not prosecuting more cases, while the prosecutors were irritated with law
enforcement for not collecting evidence needed to make stronger cases. After facilitating needed discussion and following a developed protocol and case reviews, many problems have been eliminated, allowing for better case outcomes.

Case Review Teams (CRT) are an important part of the overall CAC concept. This can be challenging when working in a large geographical area or with agencies that do not have the resources to devote time away from their agency. WKCAC started with three CRT meetings monthly in one of our stand-alone CACs. The attendance was mainly from within the CAC’s county. With the development of the mobile services, the county monthly CRT meetings increased from three to seven, mainly because of direct requests from the counties.

In the other counties that do not have a regularly scheduled monthly CRT, WKCAC looked at alternative ways to deliver the services. We often invite professionals to attend a CRT that is located close to them by personal invitation. If they have an active case they often will attend.

It is important that the agency’s case is reviewed first so they can leave earlier if needed. In several counties, CRTs developed after an outside agency attended a meeting and saw what a benefit they can be. In the smaller counties that do not have many cases (one to two cases a year), the WKCAC will set up a CRT meeting as needed. A few times we have arranged phone conference calls, and the web meeting format could easily be adapted for CRT meetings.

- **Embracing Flexible Staffing Roles.** One key to our success is that all of our staff serve multiple roles on the Mobile CAC. We have no purely administrative positions. Our Executive Director and Program Director are both Forensic Interviewers and Licensed Family Therapists. Everyone is trained to drive the 38 foot. motor home that serves as the CAC. Our third Forensic Interviewer is the MDT coordinator. Our two Child and Family Advocates also do documentation work, keeping statistics and entering data by being able to access our computer server from the Mobile CAC while they travel. This arrangement allows for the greatest flexibility in being able to meet the needs of such a large area.

- **Developing Community Support.** We, as a community, must never forget that we are working with a child, not a case. We are all responsible for the safety and care of all children no matter what our role is. When speaking to your community
VI.  FUTURE NEEDS AND IDEAS

Plans in recruiting students for mental health internships are underway. WKCAC is applying for status as a site for interns. Students from Friends University’s Marriage and Family Therapy program can provide services under supervision of our on-staff therapist. Strong recruitment efforts will encourage students to return to western Kansas to practice after they graduate.

The Mobile CAC has also brought about ideas for expanded services such as a Mobile SANE unit (a reality as of 2010), a visitation exchange program and even serving families of victims of homicide. These services could easily be added on to the services provided through the Mobile CAC and Therapy Units.
STEPS FOR CREATING A MOBILE UNIT

A Mobile CAC can help you reach children who would otherwise not have access to the services they need. Mobile CACs can travel to rural areas, the suburbs, or to large cities. The RV may need special features to travel in a given area (e.g., four wheel drive; equipped to travel in winter on mountain roads). Every child victim can be reached with the appropriate equipment.

Sources for Mobile CAC units

1. **New:** Most motor home manufacturers have a commercial division that can manufacture an RV to your specifications.

2. **Sales:** Look at new motor home closeout sales for the previous year’s models.

3. **Repossessions:** Check with banks, other lending institutions, and do a web search under ‘RV repossessions’ or ‘motor home repossession’s.

3. **Auctions:** Research on-line and RV dealer auctions.

4. **Donations:** Access on-line RV forums to find retirees willing to donate their motor homes.

5. **Forfeits:** State or local law enforcement may have a motor home from forfeiture.

Retrofitting Motor Homes for Mobile CAC

1. **Retrofitters:** RV dealers normally will have staff that repairs RVs when they have been damaged or wrecked; these people possess the skills needed to retrofit the Mobile CAC. Also look into local carpenters and cabinet builders to help with the remodeling.

2. **Other Sources for Retrofitters:** Many talented carpenters and cabinet builders also possess the skills needed to transform a pleasure motor home into a Mobile CAC.
3. **Layout:** For larger RVs, you should have three separate rooms: interview room, family waiting room, and observation room. This may require the construction of a wall.

4. **Sound proofing:** Doors and wall sound proofing is necessary between all compartments.

5. **Wiring:** Wiring for electronic recording equipment is basic and can be contracted from a security systems firm or someone who installs audio or video systems, if someone on your team does not possess these skills.

**Storage of Mobile CAC**

1. **Storage:** Rent, buy, or have indoor storage donated. This is important, because the elements can affect your RV (the sun is hard on tires and the roof, deicing is time consuming, etc.).
APPENDIX 1: Diagram of the WKCAC Mobile CAC
APPENDIX 2: EQUIPMENT RESOURCES AND ESTIMATED COSTS

DSP-1200 Color Screen Splitter
(Compu-Video Systems Inc.)
www.compuvideosystems.com

$525.00

Spectra III PTZ color camera, surface indoor  2 x $1,202.00 = $2,404.00 SD53TCSMWO Pan Tilt Zoom Camera
www.cctvhardware.com

Matrix control keyboard w/3 axis

Variable speed joystick for PTZ control KBD300A
www.cctvhardware.com

$582.00

Keyboard/Multiplex Wiring Kit
KBDKIT
www.cctvhardware.com

$15.00

50ft. Custom Siamese video & power  2cables x 29.50 = $ 59.00 Cable with BNC connectors/0.59 per foot
www.cctvhardware.com

Indoor multiple camera supply. 120/230 VAC input
4 fused 24 VAC outputs, total 48vA, MCS4-2
www.cctvhardware.com

$63.00

Louroe Electronics ASK-4 KIT #101
Audio Monitoring Kit
www.cctvproducts.com

$258.00

Louroe Electronics VERIFACT B Microphone
www.cctvproducts.com

$100.00

Sony 32” LCD TV KDL32S3000
Best Buy

$900.00

UPCONVERT DVD Recorder 10801  2 x 180.00 $360.00
Best Buy
<table>
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<th>Description</th>
<th>Price</th>
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<tbody>
<tr>
<td>200 Wireless Personal Monitor System</td>
<td>$599.00</td>
</tr>
<tr>
<td>SHR P2TRE2</td>
<td>$60.00</td>
</tr>
<tr>
<td><a href="http://www.audiogear.com">www.audiogear.com</a></td>
<td></td>
</tr>
<tr>
<td>Peavey PVi 2XLR Dynamic Vocal Microphone</td>
<td>$10.00</td>
</tr>
<tr>
<td>CBI Low Z XLR Microphone Cable</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.americanmusical.com">www.americanmusical.com</a></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous cords and adapters</td>
<td>$150.00</td>
</tr>
</tbody>
</table>
APPENDIX 3: SAMPLE CONFIDENTIALITY AGREEMENT FOR PROFESSIONALS

During this MDT or peer review you may have access to information, which is confidential and may not be disclosed, except as permitted or required by law and by the attending agencies policies and procedures.

Confidential information includes but is not limited to:

1. Medical and certain other personal information about the children.
2. Client records and team's decisions made relative to specific cases.

By signing this Confidentiality Agreement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable policies and procedures of attending agencies.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with MDT and/or peer review.
3. Impermissible disclosure of confidential information about a person may result in legal actions being taken against you, by or on behalf of that person.
4. You have read and understood this Confidentiality Agreement.

_________________________________________  _________________________
Signature                                      Date

_________________________________________
Print Name
APPENDIX 4: SAMPLE INTERAGENCY AGREEMENT

Interagency Agreement

County

In order to undertake a unified approach to child abuse cases arising in County, Kansas, the parties agree as follows:

1. Each party agrees to support the concept and philosophy of using a neutral, child-friendly site promoting the multi-disciplinary team approach to investigating child abuse cases.

2. It is recognized that a team approach is more conducive to the resolution of the problems presented by these cases than an individual agency approach.

3. A collaborative effort will be encouraged, with input from, and the assistance of: law enforcement, the county attorney, SRS social worker, mental health provider, SANE nurse, WKCAC staff, and/or other professionals deemed appropriate by the members of the Multi Disciplinary Team (MDT).

4. Each party agrees that all efforts will be made to coordinate each step of the investigative process to minimize the number and length of interviews to which the child is subjected.

5. Each party agrees to devote sufficient staff and resources to maintain a team whose goals are to facilitate the recovery of the child victim and further the prosecution of offenders on a case-by-case basis.

6. Each party agrees that forensic interviews of children will be conducted by a professional that has received the appropriate training in the Finding Words approach or other nationally recognized child interview protocol.

7. Each party whose cases are scheduled for case review team meetings agrees to attend.

8. Information shared by the parties is hereby deemed as necessary to the fulfillment of the role of each party and shall not be disclosed to the public subject to the Public Records Law of Kansas. All confidential information acquired by any party shall remain confidential.

9. Each party agrees, in accordance to their individual agency’s policies to participate in ongoing training in the field of child sexual abuse.
10. The parties recognize the fact that each of them has a different role and specific responsibilities for the interviewing, investigation, treatment, prosecution, and support services in the handling of these cases. Those roles are generally understood as, but not limited to:

a. Law Enforcement will investigate and determine whether or not a crime has been committed and present information to the proper authorities for prosecution.
b. Social and Rehabilitation Services (SRS) social workers will provide protection of children from harm by parents or other caretakers. SRS will conduct a civil investigation to determine the degree of risk to children, to ensure safety and to inform of rehabilitation services for the family.
c. The County Attorney will assess the legal aspects of the case in accordance with their prosecutorial role.
d. Medical professionals will provide expert medical evaluations and consultations.
e. Mental Health professionals will offer specialized mental health services to child abuse victims and their non-offending family members.
f. The Child/Family Advocate will assist in reducing trauma and secondary victimization for children by providing support and needed services during an investigation and ensuing prosecution.
g. The Forensic Interviewer, trained in a nationally recognized protocol, will conduct child sensitive, legally defensible interviews.
h. WKCAC will assist families in securing needed services, and coordinate case-related communications among agency professionals.

In witness whereof, we have signed our names to this Interagency Agreement as part of our ongoing commitment to each other to ensure the best interest and protection of the children we will serve.

________________________________________________________________________

Sheriff Date

________________________________________________________________________

County Attorney/Prosecutor Date

________________________________________________________________________

Chief of Police Date

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<table>
<thead>
<tr>
<th>Role</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection/Social Services</td>
<td></td>
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<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Forensic Interviewer</td>
<td></td>
</tr>
<tr>
<td>Child/Family Advocate</td>
<td></td>
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<tr>
<td>SANE /Medical</td>
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<tr>
<td>School Representative</td>
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</tbody>
</table>
APPENDIX 5: SAMPLE MULTIDISCIPLINARY TEAM PROTOCOLS

1. MULTIDISCIPLINARY CHILD ABUSE RESPONSE

PURPOSE OF THE PROTOCOL

This protocol serves as a model for handling child abuse cases within the service area. It is intended to provide guidelines and a reference source for interagency cooperation in the investigation, prosecution, and management of child abuse cases. It also serves to:

- Clarify each agency’s role, responsibilities, and “best practice” standards.
- Establish guidelines that limit the number of interviews of the child victim or witness.
- Promote a consistent and efficient approach to the investigation, prosecution, and management of child abuse cases.

The guidelines set forth in this protocol are subject to modification as each agency’s internal policies and procedures may require. They are also subject to case-by-case modifications as circumstances may require.

TEAM MEMBERS BY DISCIPLINE AND GOALS

SRS (CPS) - The SRS worker’s primary responsibility is the protection of children from abuse, neglect, and exploitation by their parents or caretakers. This responsibility is achieved through initial safety assessments, crisis intervention, and support services through contractors or court intervention, to at-risk children and their parents. Following a risk assessment, the SRS worker determines what services are needed and whether the child can remain safely in the home. If safety cannot be assured, Juvenile Court proceedings are initiated.

LAW ENFORCEMENT - The law enforcement officer’s primary goal is to conduct criminal investigations of alleged crimes that impact the safety of the community and the well-being of any child who may have been victimized. This responsibility includes interviewing the child, family, offender, and other witnesses; gathering evidence for the prosecution; recommending whether and when to arrest the offender; and providing protection during the intervention process.

COUNTY ATTORNEY - The County Attorney’s office prosecutes all child abuse crimes committed by juveniles and adults in the county. This includes sexual abuse, physical abuse, neglect, and homicide. One of the County Attorney’s primary responsibilities is to decide whether or not to prosecute a criminal case. The County Attorney’s office also decides whether or not to prosecute child in need of care or juvenile offender cases. In both adult and juvenile cases, the County Attorney is responsible for processing and reviewing child abuse and neglect
investigations submitted by law enforcement departments and/or child protection agencies, and making filing decisions for each case submitted.

SEXUAL ASSAULT NURSE EXAMINER (SANE) - The SANE’s primary goal is to ensure the physical health of the child victim and to promote his or her emotional wellness. Secondarily, the SANE seeks to locate and preserve forensic evidence of abuse. These goals are accomplished through a comprehensive medical evaluation that addresses the child’s well being while protecting existing forensic evidence that may be used in the investigation and prosecution of a case.

THERAPIST - The therapist’s primary goal is to facilitate the emotional healing of the child who has been victimized, and may include working with family members to negotiate changes in the child’s environment. Secondarily, the therapist may assist in minimizing re-traumatization and maximizing effectiveness of the child as a witness during the legal process.

SCHOOL PERSONNEL – School personnel may include the school counselor, the child’s teacher, principal or other person at the school who is involved with the child throughout the school day. School personnel can provide the team with any past history or information that may be of importance to the case. School personnel may monitor the child’s progress at school to include any learning difficulties or difficulties with social skills. They can alert parents or caretakers of any concerns they may have. They may be the first reporters of alleged abuse and may also help the child in readjusting back to their usual routines after a trauma has occurred.

CHILD/FAMILY ADVOCATE / SUPPORT SERVICES - The child/family advocate’s primary goal is to assist in reducing trauma and secondary victimization of child victims. Working with the child victim and often the family, the child advocate ensures that abuse victims receive the most sensitive and humane care during the investigation and prosecution of their cases. Child/family advocates may refer families to local resources in their communities, mental health care and assist the family in filing for victim’s compensation as deemed necessary. Child/family advocates ensure families are kept informed of the progress of their case and primarily act as a support role for the child victim and their family.

FORENSIC INTERVIEWER - The forensic interviewer’s primary goal is to conduct forensically sound interviews in a child-friendly environment using the “finding words” model of interviewing. Any member of the multidisciplinary team may also serve as the forensic interviewer, if they have been through the finding words or similarly approved training. The Forensic Interviewer may gain input from other team members during the interview via an earpiece. This ensures a collaborative effort in the interviewing process, eliminating the need for multiple interviews of the child victims, thus preserving the validity of the interview and reducing the stress and fear of the child victim.
2. REFERRAL CRITERIA

Alleged child victims of sexual abuse, serious physical abuse, or those children who have witnessed a violent crime may be referred by SRS or law enforcement to the WKCAC for forensic and advocacy services. The following criteria define more specifically those children who SRS or law enforcement may refer:

- Children who have previously disclosed alleged sexual or serious physical abuse. Law enforcement officers and SRS workers may also schedule a forensic interview when investigators from another jurisdiction request a courtesy interview of a child.
- Children, who have not made an abuse disclosure, but whom investigative authorities suspect have been sexually or seriously physically abused (medical abuse findings, sexual acting out behaviors, etc.)
- Adults who are developmentally disabled and who have made an allegation of sexual assault/abuse or who may have been severely physically abused.
- Children who may have been a witness to a sibling’s abuse.
- Children who may have been a witness to a violent family crime or a homicide.
- Children who have been previously interviewed at WKCAC but law enforcement officer or an SRS worker feels that a second interview may be helpful.

While standard referral criteria are listed above, law enforcement officers and SRS workers may exercise discretion in special cases as they deem appropriate.

3. INITIAL REPORT AND TEAM NOTIFICATION

Comprehensive child abuse investigations require a joint response from law enforcement officers and SRS workers. Together these professionals determine an investigation strategy and direction. Upon receiving a case for investigation, the investigating officer should immediately contact SRS to determine the agency’s involvement. Likewise, the SRS worker, in sexual abuse or serious physical abuse cases with alleged perpetrators age ten or above, should immediately inform the law enforcement agency with jurisdiction of the report. If the location of the alleged abuse is unknown, the jurisdiction will be established by the home address of the child.

During the initial contacts, both the SRS social worker and law enforcement officer are responsible for verifying the validity of the child abuse referral, and determining the child’s immediate needs and the appropriateness of a referral to WKCAC. The law enforcement officer may request that an SRS worker proceed with collecting basic information necessary to determine the need for police involvement in the case. During this assessment, the SRS worker and the law enforcement officer should take care to minimize the number of times children are interviewed. The best case scenario would be one forensic interview with the child with all involved agencies present and working together in a multidisciplinary fashion.
Once a decision is made for the child to be forensically interviewed, the WKCAC will be notified and a time and location for the interview will be arranged. Agencies involved in this initial phase will assure other involved MDT members are notified for participation.

4. MEDICAL EXAMINATION

It is the WKCAC policy to refer child victims of abuse for a medical exam under the following situations:

- The reported abuse has occurred within three days of the interview.
- The allegations involved any type of penetration
- The alleged abuse is chronic
- The child has physical injuries
- At the discretion of the MDT

Medical examinations will be conducted by a Sexual Assault Nurse Examiner (SANE) specially trained in techniques appropriate to the age of the victim. The immediate goals of the medical exam include the following:

- Insuring the health and safety of the child by conducting an exam using the SANE/SART program.
- Collecting and securing forensic evidence
- Documenting forensically significant findings

At the time of the forensic interview, if a medical examination has not been conducted or scheduled, MDT members may assess the need for a medical examination. If a medical examination is needed, the MDT will present the SANE with a brief description of the circumstances leading up to the exam to prevent repeated questioning of the victim while providing the necessary information to the examiner.

5. FORENSIC INTERVIEWS

LOCATION – Whenever possible efforts should be made to interview children at the on of the three WKCAC stand alone centers or the Mobile CAC. If this is not possible, the team members should make every effort to choose an alternate location that is a neutral and child-friendly environment.

PRE-INTERVIEW BRIEFING - Prior to conducting a forensic interview, the interviewer should meet with the MDT. A purpose of this staffing is to prepare both the interview specialist and the child advocate for meeting with the child and family. In this staffing, the following information should be sought:
- When the case was brought to the referring agency’s attention.
- What contacts investigating professionals have made with the child?
- What information exists about child, family, and perpetrator?
- What interventions the referring agency has provided.
- What prior reports, if any, were made regarding this child, family, or alleged perpetrator?

FORENSIC INTERVIEW

The forensic interviewer will be trained in the “finding words” model or a similar model of forensic interviewing. The forensic interview will follow the guidelines set forth in the said protocols.

Translators will be provided when appropriate, so that children may be interviewed in their language of choice.

Team participation is essential for a forensically sound interview which meets each agencies needs. MDT members participate in the interviewing process via remote sound equipment between team members and the interviewer throughout the interview process.

The interview will be videotaped and when age appropriate the child will be informed that they are being taped.

POST-INTERVIEW BRIEFING

- After the interview, the child advocate will reunite the child with his/her parent or guardian, when appropriate.
- The team will discuss the interview and the next steps in the investigation, then will provide the parent/guardian with answers to their questions or concerns.
- The child advocate, together with the team, will make the necessary referrals.
- The MDT will determine what information may be shared with the non-offending caregiver. If the investigative team has reason to believe the child was abused, it needs to know if this parent is able and willing to protect the child, and how this will be accomplished.
6. MENTAL HEALTH

Child abuse represents a crisis for the child and the family. The need for mental health services as well as other sources of learning, coping and social support arises from this crisis. The role of mental health professionals is to safeguard the child’s safety and to promote the child and family’s understanding of the abuse experience. The professional works to restore the child’s pre-crisis functioning and, if possible, promote healthy further development.

Therefore, each victim and their family will receive an appropriate mental health referral at the time of the forensic interview. The child advocate will discuss the mental health process with the victim’s non-offending caregiver.

The progress of the child victim will be discussed at the Case Review Team meeting if deemed appropriate by the mental health professional.

Extended Evaluation- Referral for extended evaluations may be made at any point in the investigative or case review process. In cases where the investigative team wishes to refer for extended evaluation with a mental health therapist, the parent should be informed and the purpose of the extended evaluation process explained.

7. CASE REVIEW

Case Review Team – A case review team meeting will be scheduled as determined by the MDT. Locations will vary by team. Representatives from the following agencies are encouraged to attend this monthly meeting.

- Law Enforcement
- SRS
- Mental Health
- Medical Health
- County Attorney’s Office
- Victim Advocacy
- Western Kansas Child Advocacy Center

Case Review Process – The agenda for case review team meetings would commonly include, but not be limited to, the following:

- Facts of the case
- Protection issues
- Referrals
- Extended evaluation
- Treatment issues
- Medical examinations
- Legal and evidentiary issues
- Victim services
- Mental health issues

In order to better coordinate services and intervention, consistent case reviews are necessary. Any cases that have special concern of an investigative member should be reviewed by the MDT as soon as possible.

8. CASE TRACKING

Case tracking information is compiled through the WKCAC intake form, SRS reports, law enforcement forms and other material provided by MDT members. A comprehensive database on cases is kept and routinely updated by the Child and Family Advocate and is available to MDT members upon request. The following data is collected on cases:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Custody</th>
<th>Who received copies of the taped interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Interview</td>
<td>Who brought the child</td>
<td>Who has the drawings the child made</td>
</tr>
<tr>
<td>CAC Location</td>
<td>MDT members present during the interview</td>
<td>County of Incident</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Others present during the interview (counselor, guardian ad litem, etc)</td>
<td>County Reported In</td>
</tr>
<tr>
<td>Age at time of interview</td>
<td>Which agency requested the interview</td>
<td>Number of times the child was interviewed</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Who performed the interview</td>
<td>Who performed additional interviews</td>
</tr>
<tr>
<td>Gender</td>
<td>Whether or not there was a disclosure</td>
<td>Date of occurrence of abuse</td>
</tr>
<tr>
<td>Address</td>
<td>Type of abuse, if any, disclosed (sexual, physical, other)</td>
<td>Date of first disclosure</td>
</tr>
<tr>
<td>Phone</td>
<td>Sexual assault medical exam date/outcome of the exam</td>
<td>Who the child initially disclosed to</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Perpetrator demographics (age, gender, ethnicity)</td>
<td>Charges filed/outcome</td>
</tr>
<tr>
<td>Relationship of Perpetrator to Child</td>
<td>Victim Compensation</td>
<td>Charges pled to/ outcome</td>
</tr>
<tr>
<td>SRS Findings</td>
<td>Disability</td>
<td>Extended Evaluation</td>
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</table>