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Children's Advocacy Center Overview and Effectiveness

2023-2024 Annual Report

Required by:

22 §4019 (10); PL 2013, c. 364, §1

Submitted by:
Maine Department of Health and Human Services
Office of Child and Family Services

Introduction



Maine law requires that the Maine Department of Health and Human Services (DHHS) report annually to the Joint Standing Committee on Health and Human Services on the number of Children’s Advocacy Centers (CACs), an overview of the protocols adopted by CACs, the effectiveness of the centers in coordinating both the investigation and prosecution of child sexual abuse, and the number of referrals of victims of child sexual abuse for treatment.¹ Maine began the statewide development of CACs in 2013 pursuant to 22 M.R.S. § 4019, which states that CACs represent a response to child sexual abuse and assault that is nationally recognized and uses evidence-based best practices. **CACs are child-focused, facility-based programs in which professionals from multiple disciplines, including law enforcement, child protection, prosecution, mental health, medicine, victim advocacy, and**

child advocacy, work together to conduct interviews and make strategic decisions. Increased prosecution rates and more effective services for children and family members are examples of the benefits created by CACs’ innovative approach to responding to child sexual abuse.²

The CAC model has been found to be an effective intervention for children and families involved in child sexual abuse investigations.

The Maine Department of Health and Human Services (DHHS) has collaborated with the Maine Network of Children’s Advocacy Centers (the Network), a program of the Maine Coalition Against Sexual Assault (MECASA), since its inception in 2013. The goals of this shared initiative include:

- Working with existing CACs to help obtain and maintain national accreditation standards and standardize policies across CACs;
- Developing and reviewing policies, screening tools, and caseworker training to identify and respond to Commercial Sexual Exploitation of Children (CSEC) victims; and
- Supporting efforts to develop and establish CACs to serve children and families in all parts of the state.

In FY23 and FY24, CACs throughout Maine engaged in several efforts related to the goals outlined above to ensure relevant and appropriate services for clients utilizing the CACs. The following report highlights the CACs’ successes and challenges in 2023 and 2024 and demonstrates the importance of CACs in Maine’s advocacy and investigatory systems.

The Children’s Advocacy Center (CAC) Model

How does the model work?

About half of calls to sexual assault support centers’ statewide helpline are from or about children under 18. Child sexual abuse is a crime that involves complex dynamics, and its impacts can have lifelong consequences for victims and their caregivers. Child sexual abuse investigations require the collaboration of multiple agencies and disciplines, which can be confusing and retraumatizing for children and their families. CACs aim to coordinate

¹ Title 22: HEALTH AND WELFARE; Subtitle 3: INCOME SUPPLEMENTATION; Part 3: CHILDREN; Chapter 1071: CHILD AND FAMILY SERVICES AND CHILD PROTECTION ACT; Subchapter 2: REPORTING OF ABUSE OR NEGLECT; <http://legislature.maine.gov/statutes/22/title22sec4019.html>

² Westphaln, K. K., Regoezi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Walsh, W. (2020). Outcomes and outputs affiliated with Children’s Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect*. doi:10.1016/j.chiabu.2020.104828

and streamline investigation, referrals, and follow up. This effort ensures that the intervention and response is timely, trauma- and evidence-informed, and victim-centered.

In the CAC model, when a mandated report or allegation of child sexual abuse is received, a member of law enforcement or Child Protective Services (CPS) will make a referral to the local CAC. CAC staff are responsible for coordinating the appointment at the CAC with

investigators (including law enforcement and CPS), the District Attorney's office, the child, and the non-offending caregiver. Once the child and their non-offending caregiver arrive at the CAC, a specially trained forensic interviewer (the person conducting the child's interview) meets with the investigators and the child's caregiver to discuss what is known about the case. Then, the forensic interviewer interviews the child using a developmentally appropriate, legally sound protocol, while other team members watch via closed-circuit television or another HIPAA-compliant video platform. The team members can unobtrusively alert the interviewer if they have additional questions as necessary. This process helps to ensure that each investigator gets the information they need from the interview while reducing the number of interviews for the child.

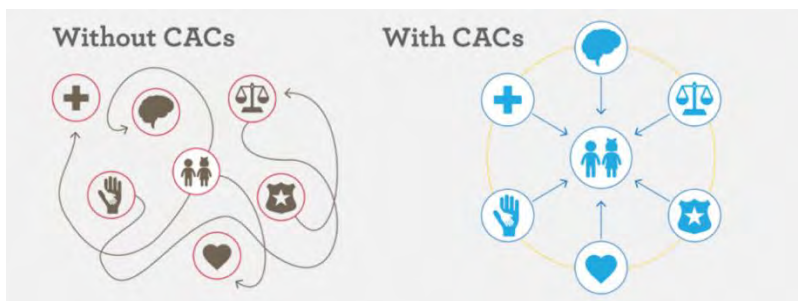
During the child's interview, a family advocate meets with the non-offending caregiver to provide additional resources and referrals, answer questions, and talk about next steps. This wrap-around approach brings services and support to families instead of requiring families to navigate the systems alone. The family advocate can provide support during the forensic interview and can make referrals to a sexual assault advocate for ongoing support as the case progresses.

Multidisciplinary Teams

In addition to the streamlined forensic interview and family advocacy services, an essential function of the CAC includes the establishment of a collaborative and comprehensive Multidisciplinary Team (MDT), which includes local law enforcement, child protective services, prosecution, and other key disciplines. The MDT and CAC work together to establish policies and protocols that help CACs provide the best possible services to child sexual abuse survivors and their non-offending caregivers. Each CAC's policies and protocols are established in alignment with standards set by the National Children's Alliance (NCA).

MDT members conduct a unified investigation of allegations of child sexual abuse and make strategic decisions, thereby increasing prosecution rates and providing more effective services and supports for children and family members who have been impacted by child sexual abuse.³ In a 2008 national study, the CAC model was found to be the most effective intervention for children and families involved in child sexual abuse investigations.⁴

The investigation and prosecution of child sexual abuse is extremely challenging for everyone involved, including the child who experienced abuse, their non-offending caregivers, and the various professionals who are a part of the systemic response. The coordination that happens because of CACs is not only effective, but also child-friendly and trauma-informed. Having resources and expertise offered as a cohesive service helps limit additional trauma that a child may experience from disclosing child sexual abuse and interacting with a disconnected set of systems. Additionally, this streamlined model provides built-in support and connection for professionals working



3 Westphal, K. K., Regoezi, W., Masotya, M., Vazquez-Westphal, B., Lounsbury, K., McDavid, L., Walsh, W. (2020). Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect*. doi:10.1016/j.chiabu.2020.104828

4 Cross, T.P., Jones, L.M., Walsh, W.A., Simone, M., Kolko, D.J., Szczepanski, J., et.al. (2008). *Evaluating children's advocacy centers' response to child Sexual abuse*. Bulletin. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, Department of Justice. August 2008.

to support children and families. The CAC model assists in reducing burnout by giving the professionals involved a reliable team to depend on during cases.

Research shows that survivors of sexual violence may face social and emotional challenges and economic effects, such as increased medical costs and lower lifetime earnings.^{5,6} The coordinated response to child sexual abuse is imperative to mitigate some of the negative consequences of trauma that survivors will face after experiencing sexual violence.

CAC Effectiveness in Coordinating the Investigation and Prosecution of Child Sexual Abuse

1. **CACs recognize and respond to the unique needs of child sexual abuse victims.** Child sexual abuse victims who receive services at CACs are twice as likely to receive specialized medical exams⁷ and more likely than those who are not engaged with a CAC to receive referrals for specialized mental health treatment.⁸
2. **CACs better meet the needs of non-offending caregivers.** In a 2008 University of New Hampshire study, non-offending caregivers whose children were engaged in CAC services indicated higher rates of satisfaction in the process than caregivers of children whose cases were investigated outside of the CAC system.⁹
3. **Coordinated investigations are more efficient, effective, and economical.** A 2006 national cost-benefit analysis demonstrated that traditional investigations cost 36% more than CAC-coordinated investigations.¹⁰ Streamlining the investigation process can save systems as much as \$1,000 per case.^{11,12}
4. **CAC case coordination and MDT participation are correlated with higher rates of child sexual abuse prosecutions.** In a Texas A&M University analysis of 553 cases of alleged child sexual abuse, logistic regression was used to evaluate the use of CAC case coordination and MDTs among law enforcement and CPS as they relate to prosecutorial decisions. The number of these participants at MDT meetings was directly correlated with an increase in prosecutorial acceptance rates of approximately 30%. The inclusion of the prosecutor in MDT meetings was correlated with an increase in case acceptance rates of approximately 80%.¹³

5 Fang, X., Brown, D.S., Florence, C.S., & Mercy J.A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention*. *Child Abuse and Neglect*, 36(2), 156-165.

6 Currie, J. & Widom, C.S. (2010). *Long term consequences of child abuse and neglect on adult economic well-being*. *Child Maltreatment*, 15(2), 111-120.

7 Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M. & Davison, K.S. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse and Neglect*, 31(10): 1053-1068.

Smith, D.W., Witte, T.H., & Fricker-Elhai, A.E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment*, 11(4): 354-60.

Edinburgh, L., Saewyc, E., Levitt, C., (2008). Caring for young adolescent sexual abuse victims in a hospital-based children's advocacy center. *Child Abuse & Neglect* 32(12): 1119-112.

8 Ibid.

9 Jones, L.M., Cross, T.P., Maurice, D.M., & Davison, K.S. (2008). How long to prosecute child sexual abuse for a community using a children's advocacy center and two comparison communities? *Child Maltreatment*, 13(1), 3-13.

Herbert, J. L., & Bromfield, L. M. (2020). A quasi-experimental study of the Multi-Agency Investigation & Support Team (MIST): A collaborative response to child sexual abuse. *Child Abuse & Neglect*. Online ahead of print. <https://doi.org/10.1016/j.chiabu.2020.104827>

10 Formby, J., Shadoin, A.L., Shao, L., Magnuson, S.N., & Overman, L.B. (2006). *Cost-benefit analysis of community responses to child maltreatment: a comparison of communities with and without child advocacy centers*. Research Report No. 06-3, National Children's Advocacy Center, Huntsville, AL.

11 Ibid.

12 https://www.bls.gov/data/inflation_calculator.htm

13 Bracewell, T. E. (2018). Multidisciplinary team involvement and prosecutorial decisions in child sexual abuse cases. *Child and Adolescent Social Work Journal*, 35(6), 567-576.

Measuring the effectiveness of CACs is a shared goal at the local and national levels. For that reason, the National Children's Alliance has established the national Outcome Measurement System (OMS). The system includes tools to measure the effectiveness and impact of CAC services as well as the effectiveness of the MDTs, which form the backbone of the local CACs. The OMS provides a standardized way for both teams and CACs to identify their areas of strength as well as those in need of improvement; CACs use the OMS data to ensure that services are of the highest quality.

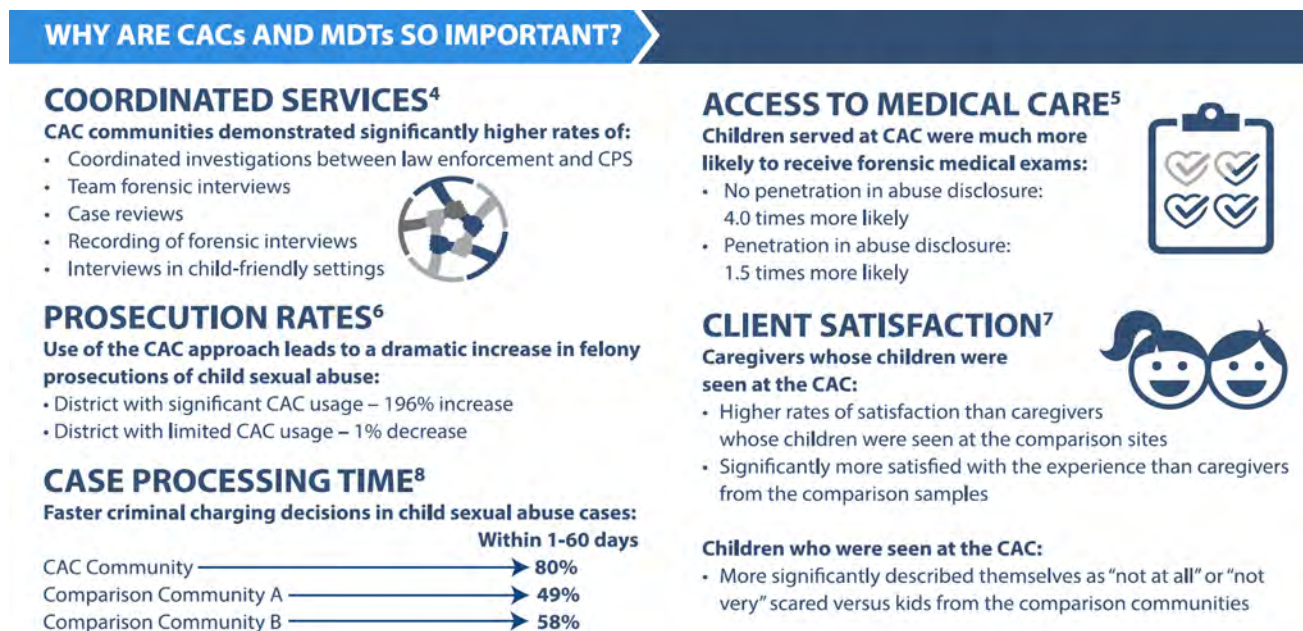


Figure 1. This infographic is courtesy of the National Children's Advocacy Center.¹⁴

CACs in Maine

Since its inception in 2013, the Maine Department of Health and Human Services (DHHS) has collaborated with the Maine Network of Children's Advocacy Centers (the Network), a program of the Maine Coalition Against Sexual Assault (MECASA). The goals of this shared initiative include:

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Where Are Maine's CACs located, and which communities do they serve?

Maine has eight operational CACs which provide statewide coverage, six of which are nationally accredited by the National Children's Alliance (NCA). The Penquis Children's Advocacy Center received their accreditation in January 2024. The Downeast Children's Advocacy Center is now operational and serves Washington and

¹⁴ National Children's Advocacy Centers. (2019). *Efficacy of the Child Advocacy Center Model*. Retrieved from <https://calio.org/wp-content/uploads/2019/05/efficacy-cac-model.pdf>

Hancock Counties. All operational CACs maintain rigorous standards for forensic interviewing and advocacy and continue to build their MDT's capacity and increase community buy-in.

The nationally accredited centers include:

1. The Children's Advocacy Center of Androscoggin, Franklin, and Oxford Counties;
2. The Children's Advocacy Center of Kennebec and Somerset Counties;
3. The Aroostook County Children's Advocacy Center;
4. The Cumberland County Children's Advocacy Center;
5. The Children's Advocacy Center of York County; and
6. The Penquis Children's Advocacy Center (serving Penobscot and Piscataquis Counties).

The other centers include:

7. The Midcoast Children's Advocacy Center (serving Lincoln, Knox, Waldo, and Sagadahoc Counties);
and
8. The Downeast Children's Advocacy Center (serving Washington and Hancock Counties).

Both Midcoast and Downeast CACs are currently working toward national accreditation with the support of the Network.

The CAC of Androscoggin, Franklin, and Oxford Counties was the first CAC in Maine and began to offer services in 2008. This program was instrumental in the widespread adoption of the CAC model, which began in earnest in 2013 with the passage of 22 M.R.S. §4019. Formed in support of implementing the law, the Network set the goal of promoting the development, growth, and utilization of CACs and MDTs to provide support to Maine's sexually abused children and their families. The Network became a nationally accredited Chapter by the NCA in 2014, reaccredited in 2020, and is preparing for the 2025 reaccreditation process. The Network provides support for Maine's CACs through resource sharing, training, technical assistance, public policy advocacy, and statewide communication efforts.

Maine CACs in Federal Fiscal Year 2023 and 2024

Admissibility of Forensic Interviews

With the strong partnership of the Maine Prosecutors Association, the Maine Coalition Against Sexual Assault (MECASA) advocated to make essential changes to the laws regarding forensic interviews in Maine. In Spring 2023, LD 765, An Act to Establish an Exception to the Hearsay Rule for Forensic Interviews of a Protected Person, was signed into law by the Governor. This new law changes the way forensic interview recordings are accessed and used in court proceedings.

Prior to the passage of LD 765, forensic interview recordings could only be consistently accessed in criminal and child protective cases and were only consistently admissible as evidence in child protective proceedings. As a result, this valuable source of information for judges and juries was often not being made available in court proceedings such as Protection from Abuse and family matter proceedings. In addition, children who had already told their story at the CAC were required to tell their story again, sometimes multiple times, in open court.

LD 765 lays out a process for courts to make a forensic interview available in criminal and civil matters while maintaining certain protections due to the sensitive and confidential nature of the recordings. For example, in family law cases, the judge will review the interview before determining if any parties will be allowed to see the interview. If admitted, the recording will only be admitted under seal, meaning it will not be part of the public record of the case.

Youth with Problematic Sexual Behavior

Many of Maine's CACs have worked with children and youth engaging in problematic sexual behaviors (PSB) that are harmful to themselves or others. Particularly in cases involving sibling sexual abuse, many CACs and MDT partners have identified needing training and resources to adequately support youth, survivors, and families. Additionally, the 2023 MECASA Annual Needs Assessment captured that 75% of Children's Advocacy Center staff would prioritize increased resources and training around Youth with Problematic Sexual Behavior (YPSB).

To address these needs, MECASA committed NCA grant funding to host both in-person and virtual training opportunities. Trainers from the National Center on Sexual Behavior of Youth, a program of the University of Oklahoma, provided training for CAC staff and MDT partners to build skills around working with youth and families impacted by PSB. Trainees learned how to utilize the CAC model and trauma-informed practices when responding to cases of PSB. Training emphasized the importance of balancing the needs of the survivor, the family, and the youth who engaged in PSB. Over seventy people from throughout the state received this training and have engaged in ongoing YPSB training.

Turnover and Wages

Workplace sustainability is an important factor in providing optimal support for CAC clients. The quality and consistency of staff who support families impacts a family's experiences and the efficacy of the MDTs.

These programs are experiencing high rates of turnover. According to the 2024 MECASA Needs Assessment, 38% of CAC staff identified plans to leave or that they were considering leaving their workplace in the next two years. Sixty-four percent (64%) of respondents reported low wages as their top reason for leaving. In fact, nearly half of staff at CACs turned over statewide in the past year. Rising costs of goods and services and competing pay and benefits in other industries are impacting decisions by staff to leave their workplaces.

High turnover means that existing staff who may have little management experience are becoming supervisors of their teams. High quality supervision is a core factor in sustainability, particularly in the CAC field where vicarious trauma is real and there are high stakes for the quality of services. In recognition of these dynamics, MECASA began offering a Supervisor Learning Cohort to serve as a collaborative and skill-building space for discussion of supervision tools and practices for CAC and other supervisors. The cohort offers continuing education in trauma-informed and effective supervision through topical, facilitated discussions, and occasional training from outside experts.

MECASA continues to offer ongoing training opportunities to support the sustainability of CACs including training on racial equity, building trauma-informed organizations, and addressing workplace conflict. Despite these efforts, CACs are concerned that without increased resources, they will struggle to retain the expert staff they need to best serve Maine families.

VOCA Funding for CACs

CACs are heavily funded through Victims of Crime Act (VOCA) grants. As the availability of VOCA funding nationally continues to decline, CAC programming continues to be at risk of major cuts to programing and staffing. These cuts will lead to decreased ability to provide timely forensic interviews and specialized CAC-based family advocacy services, among others. In addition, the collaborative and comprehensive systemic response CACs provide will be severely limited and delayed, impacting law enforcement and child protective investigations and putting children at greater risk of further harm. Without a plan for continued funding, children may be delayed or unable to receive the services they need to heal and receive justice. One-time funding through LD 2214 (The Supplemental Budget, Public Law 2023, chapter 643) was passed and stabilized VOCA funding for FY2025. Without ongoing funding however, VOCA funded programs including CACs remain at risk.

Forensic Interviewer Witness Prep Training

Since the passing of LD 765, forensic interviewers are spending more time in court. Interviewers are being called to testify as fact witnesses and to provide expert testimony. Interviewers testify as fact witnesses when they are called to testify to the interview they conducted. Interviewers providing expert testimony often testify about specific topics related to forensic interviewing or child sexual abuse, like delayed disclosure or the validity of the CAC model.

MECASA has been providing support for the interviewers through dedicated forensic interviewer peer forums, comprehensive training offerings, and individual support. In FY23 MECASA partnered with an experienced forensic interviewer, prosecutor, and civil attorney to share best practices for preparing to testify in court. The trainers provided a mock demonstration of direct and cross examination and engaged in group discussion and feedback. MECASA has also partnered with Zero Abuse Project to provide joint training with forensic interviewers and prosecutors around practicing giving testimony as both fact and expert witness that took place in October 2024. Feedback from the training has been overwhelmingly positive and comments included: “the demo was extremely helpful to be walked through how direct, cross, and re-direct could play out” and “(t)his was an exceptional training! I learned so much and the mock testimony was incredibly helpful”. MECASA continues to field requests for future training that include multi-disciplinary trainings specific for CAC staff, MDT partners, and prosecutors.

Commercial Sexual Exploitation of Children

In FY23 Maine’s CACs served 72 children who either are suspected of or have disclosed experiencing commercial sexual exploitation (CSEC), and 69 children in FY24. Maine CACs saw a number of trends related to commercial sexual exploitation of children in the past year, including seeing an uptick in online cases.

The CAC Network is working closely with the Department to collect better referral data about commercial sexual exploitation of children (CSEC). The Maine Sex Trafficking and Exploitation Network (STEN) Provider Council met to focus on connecting youth providers and victim advocates to help them better serve CSEC survivors. Additionally, an ad hoc committee was established by the legislature to identify CSEC needs in Maine and gaps in services. The Department, MECASA, and a comprehensive group of systems partners have collaborated on this project, and recommendations will be presented to the legislature in January 2025.

Training for CACs

In addition to the above trainings, Maine CACs received a variety of other trainings this year including de-escalation and conflict resolution, victim advocacy and the Children’s Advocacy Center Model, and sex work harm reduction, including a specific half-day session exclusively on working with youth.

Training on the CAC Model

In FY23, the CAC Network was invited to train on child sexual assault and the Children’s Advocacy Center at the statewide Educator Summit. Attendees to this training included teachers, school resource officers, administrators, and bus drivers.

The updated curriculum for School Resource Officers includes a section on the CAC model. As a result, new School Resource Officers receive several hours of training on child sexual abuse, the CAC model, and Title IX investigations of sexual violence at schools. The Network also facilitates training on the CAC model at the Maine State Criminal Justice Academy and as part of the Sexual Assault Forensic Examiner (SAFE) nurses training.

iRecord Cloud Storage

Maine CACs began utilizing iRecord software in 2017 to record forensic interviews. All of Maine's CACs have transitioned to storing interviews recordings on iRecord cloud storage software as a means of streamlining sharing interviews with MDT partners. Prior to using this cloud storage, interviews were burned onto DVDs and given to investigators, who secured and stored them per their agency policies. iRecord cloud storage software is designed with government-level encryption and is used and vetted by the Federal Bureau of Investigation. Security measures include two-factor authentication, automatic virus scans, download limitations, expiration date links sent for access, and password protection. Other features include accessible transcripts of the interviews and a detailed log of who has accessed and downloaded the video.

Policy Development

Maine Children's Advocacy Centers have been working on developing practices on a range of topics in the coming year including record retention, releases of information, responding to subpoenas, suicidality screening and response, and working with justice involved youth. The Maine Network of CACs supports centers in collaborating to ensure that model policies are developed with the best expertise from around the state while also ensuring that local teams have solutions that fit their needs.

Center Updates

In January 2024, Penquis Children's Advocacy Center received full NCA accreditation. To receive accreditation, CACs must engage in a comprehensive review process and prove they meet the 10 individual standards set by the NCA.

The Downeast CAC Ellsworth location is open and accepting referrals. Downeast CAC now has two locations, one in Marshfield and one in Ellsworth. Having two locations allows the CAC to best serve the children and families in the community and continue to build strong relationships with MDT members.

Outcome Measurement System

The Outcome Measurement System (OMS) was established by the NCA to measure and evaluate the efficacy of CAC and MDTs. The OMS provides a standardized way for CACs and MDTs to ensure the highest quality of services to their communities by identifying strengths and potential areas of improvement. Maine's CACs use the OMS to gather feedback from the families and children they serve, which supports CAC staff in defining successes and planning for improvements with the services they offered.

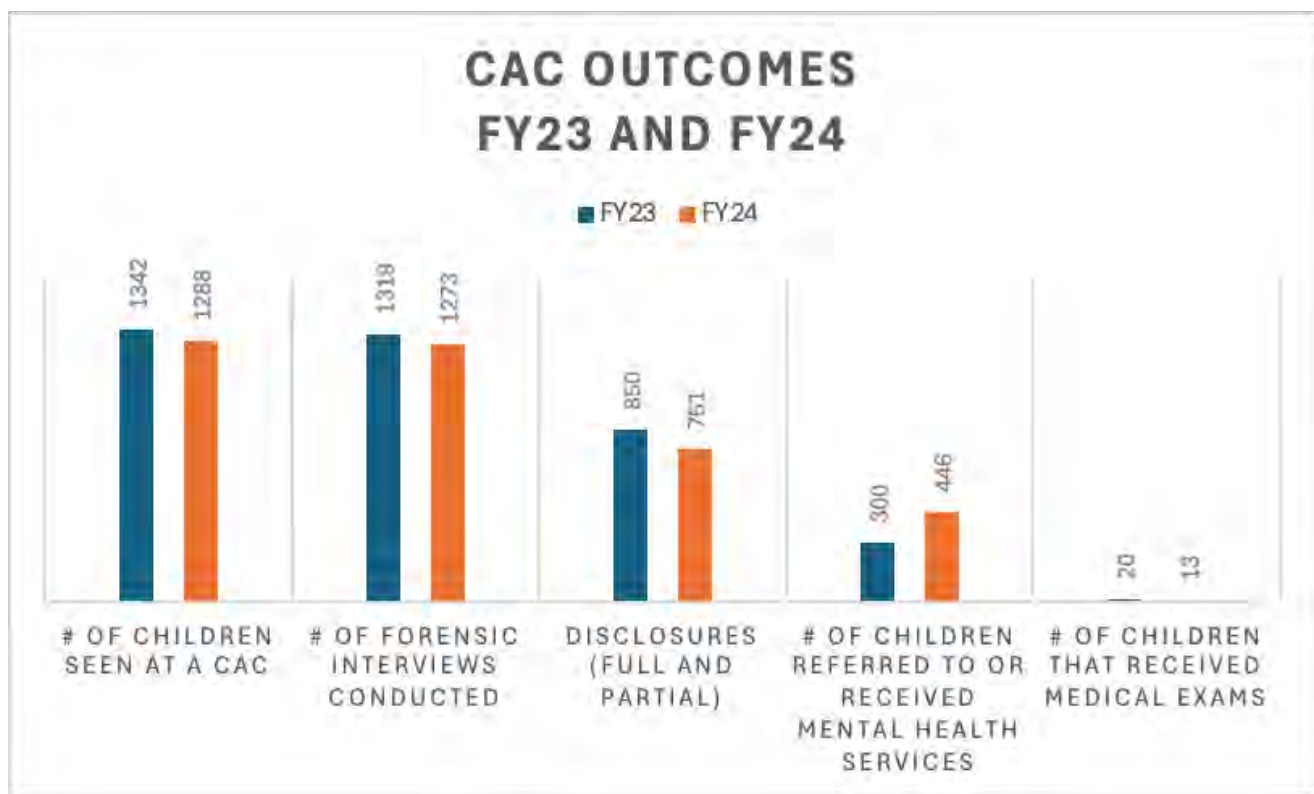
In FY23 and FY24, 662 surveys were completed by families visiting the CACs. Responses to questions about experiences and staff were overwhelmingly positive. Regarding perceptions of safety, 90% of respondents strongly agreed that they believed their child felt safe at the CAC. CACs work to be a trauma-informed space, not only for children but also for their non-offending caregivers. In response to this effort, 95% of respondents strongly agreed that the interview process was clearly explained to them. Recognizing the complex needs of survivors in the immediate aftermath of child sexual abuse, 92% of respondents strongly agreed that the CAC provided them with resources to support their child and responded to their needs in the days and weeks after their interview. Regarding the atmosphere created by CAC staff, 99% of respondents strongly agreed that the CAC staff members they encountered were friendly and pleasant. Comments provided anonymously by caregivers included: "My daughter said she really felt safe here."; "Very great staff, friendly and professional".

Youth are also offered the opportunity to give feedback about their experience at the CAC. Ensuring children feel safe is the top priority of CACs, and 93% of youth reported staff were helpful or very helpful in helping them feel safe. Anonymous feedback from youth included: "They are super kind people I can trust, and I feel safe around them"; "Everyone was helpful and made it apparent I was cared for."

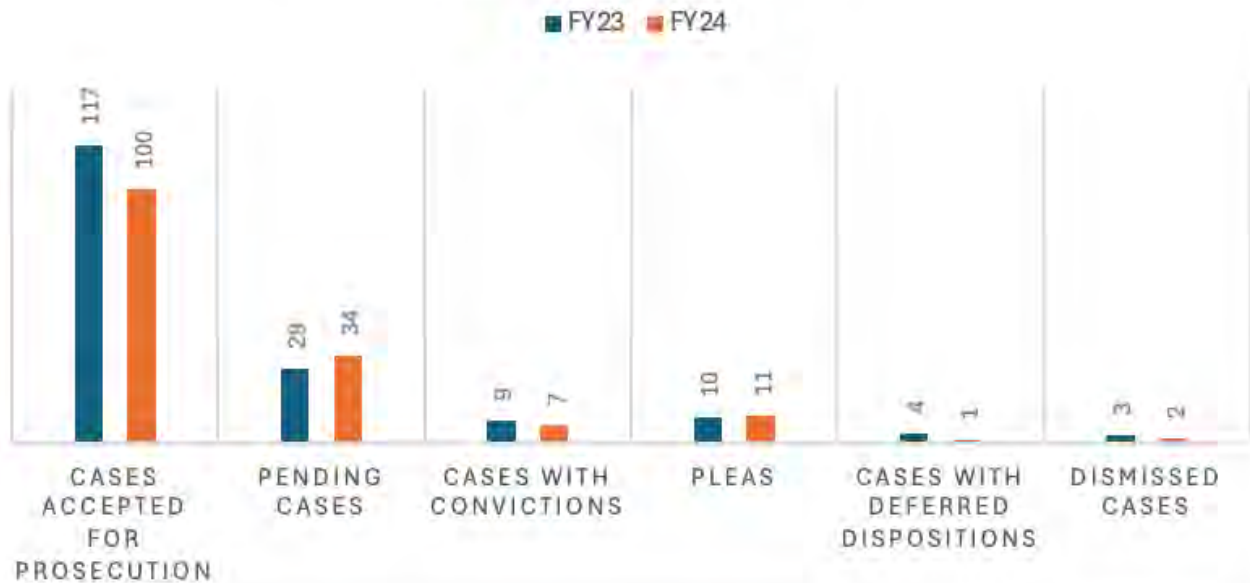
Outcomes for CACs

In FY23, 1342 children were seen at a CAC, and 1319 forensic interviews were conducted. In FY24, 1288 children were seen, and 1273 forensic interviews were conducted. Case outcomes are carefully tracked and reported by MDTs and CACs throughout the life of the case. Potential outcomes include:

- Disclosures: the number of cases in which a child disclosed sexual abuse. This includes both full or partial disclosures and might also include disclosures of other forms of abuse or neglect.
- Cases of Charges Filed: the number of cases where criminal charges were filed by the prosecutor's office.
- Pending decisions: the number of cases pending at the prosecutor's office.
- Deferred dispositions: these are cases where the alleged offender has suspended sentencing as part of the resolution of the case.
- Pleas: the number of cases an alleged offender plead to charges as part of the resolution of the case
- Convictions: the number of cases where the alleged offender was convicted.
- Referred to or Received Mental Health Services: the number of cases where a child was referred to or received mental health services. This does not include cases where children already had mental health services or pending referrals prior to receiving services at the CAC.
- Received Medical Exams: the number of cases in which a medical exam was conducted by a specialized child abuse pediatrician.



CAC PROSECUTION OUTCOMES FY23 AND FY24



**To learn more about Maine’s Children’s Advocacy Centers and the Network
please visit cacmaine.org.**

Appendix A: Maine Children's Advocacy Centers Catchment Area Map

