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Children's Advocacy Centers 2019 Annual Report

Prepared by:
Maine Department of Health and Human Services
Office of Child and Family Services
and the
Maine Network of Children's Advocacy Centers

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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September 4, 2020

Senator Geoff Gratwick, Chair
Representative Patty Hymanson, Chair
Members, Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta, ME 04333-0100

Dear Senator Gratwick, Representative Hymanson, Members of the Joint Standing Committee on Health and Human Services:

Pursuant to 22 MRSA, Ch. 1071, §4019, The Department of Health and Human Services (DHHS) is required to report annually on the establishment, organization, and duties of the Children's Advocacy Centers.

Over the past year, DHHS has worked with Maine's Network of Children's Advocacy Centers to support and monitor the work of the Children's Advocacy Centers located throughout the State. The attached report provides an overview of the current efforts of these centers in 2019.

This report was developed in May of this year but delayed in finalization and transmission due to the Administration's focus on responding to the COVID-19 pandemic. We appreciate your patience.

If you have questions please contact Todd Landry, Director of the Office of Child and Family Services at (207) 624-7957.

Sincerely,

A handwritten signature in blue ink that reads "Jeanne M. Lambrew".

Jeanne M. Lambrew, Ph.D.
Commissioner

JML/klv

Attachment

The Maine Network of Children’s Advocacy Centers (CACs) Legislative Report Executive Summary

The Maine Department of Health and Human Services (DHHS) must annually report 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, and their effectiveness of the centers in coordinating both the investigation and prosecution of child sexual abuse, as well as the referrals of victims of child sexual abuse for treatment.¹ The following 2019 report is an opportunity to showcase the CACs most recent successes and highlight the importance of CACs in Maine’s advocacy and legal systems.

In FFY 2019, 1326 forensic interviews, totaling 2163 hours, were completed. The family advocates spent 2765 hours assisting families and connecting them to community resources.

Maine began the statewide development of CACs in 2013 pursuant to 22 MRSA §4019. CACs represent a response to child sexual abuse and assault that is nationally recognized and evidence-based best practice. CACs are child-focused, facility-based programs in which professionals from many disciplines, including law enforcement, child protection, prosecution, mental health, medical,

victim advocacy, and child advocacy work together to conduct interviews and make strategic decisions. These decisions include planning around current investigation, treatment, management, and prosecution of child sexual abuse cases while always integrating the empowerment of survivors and their supportive, non-offending family members.

Increased prosecution rates and more effective services for children and family members are just some of the benefits created by the CACs’ innovative approach to responding to child sexual abuse.²

The Maine’s CACs provide services in 14 of 16 counties with hopes of continued expansion in 2020.

Maine currently has seven operational CACs, four of which are nationally accredited.

The accredited centers include the Children’s Advocacy Center of Androscoggin, Franklin, and Oxford

Counties; the Children’s Advocacy Center of Kennebec and Somerset Counties; the Cumberland County Children’s Advocacy Center, and the newly accredited Children’s Advocacy Center of York County. The other centers are the Penquis Children’s Advocacy Center (serving Penobscot and Piscataquis Counties) which began seeing children in December of 2016; Midcoast Children’s Advocacy Center which began seeing children in November of 2017; and the Aroostook CAC which began seeing children in September of 2018. These three CACs are all

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 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.

currently working toward national accreditation with the support of the Maine Children’s Advocacy Network, a program of the Maine Coalition Against Sexual Assault.

The CAC model has been found to be the most effective intervention for children and families involved in child sexual abuse investigations. As the CAC model increasingly becomes standard practice for child protective and law enforcement investigations, they anticipate the need for additional resources. Some of the more longstanding CACs are at full capacity with their current staffing structures. They are also aware that the shortened investigation timelines will impact the CAC’s ability to provide services within the recommended time frame.

The CAC Model in Maine

Child sexual abuse is a crime that involves complex dynamics and its impact can have lifelong consequences for victims and their caregivers. Child sexual abuse investigations require the involvement of multiple agencies and disciplines, which can be confusing for children and their families. CACs aim to coordinate and streamline the investigation, necessary referrals, and follow up. This 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 made, a member of law enforcement or Child Protective Services will make a referral to the CAC. CAC staff are responsible for coordinating the appointment at the CAC with investigators, the District Attorney’s office, and the supportive caregiver. Once at the CAC, a specially trained forensic interviewer (the person conducting the child’s interview) will meet with the investigators and the child’s supportive caregiver to discuss what is known about the case. Next, the forensic interviewer interviews the child using a developmentally-appropriate, legally sound protocol, while other team members watch via closed-circuit television. The team members can send questions to the interviewer, as necessary or appropriate. This process helps to ensure that each discipline gets the information it needs from the interview, while reducing the number of interviews for the child.

To further support these services for children and families, The Maine Network of CACs trained over 70 professionals in responding to children with problematic sexual behaviors and partnered with Northeast Regional Children’s Advocacy Center to provide vicarious trauma training to CAC MDTs across the state.

During the child’s interview, a family advocate meets with the supportive caregiver(s) to provide additional resources and referrals, answer questions, and talk about next steps. This wrap-around approach helps bring the systems to families instead of requiring families to navigate the systems alone. It is also not uncommon that the supportive caregiver has their own history of sexual violence. 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. This service is critical in minimizing the

impact of the caregiver’s own trauma history on the child’s healing.

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, which includes local law enforcement, Child Protective Services, prosecution, and other key disciplines. Together, they establish specific policies and protocols which help CACs, as both agencies and teams, provide the best possible service to child sexual abuse victims and their supportive caregivers. Each CAC's policies and protocols are connected to the National Children's Alliance (NCA) which outlines many of the areas of focus for these policies and protocols, and connects them with national accreditation standards, related to:

- Multidisciplinary collaboration
- Cultural competency and diversity
- Forensic interviews
- Victim support and advocacy
- Medical evaluation
- Mental health
- Case review
- Case tracking
- Organizational capacity
- Child-focused setting

"All staff are excellent at what they do. The CAC continues to provide peace of mind and a helping hand to victims and victim families as well as aiding in a thorough investigation and saving law enforcement a substantial amount of time. I have learned from every interview I have monitored. I look forward to working with the CAC in the future." MDT Member

Though some CAC services have been offered in Maine since 2008 when the Androscoggin CAC began to deliver services, the widespread adoption of the model in Maine did not begin until 2013, with the passage of 22 MRSA §4019. The Maine Network of Children's Advocacy Centers, a program of the Maine Coalition Against Sexual Assault, also formed at that time with the goal of promoting the development, growth, and utilization of CACs and multi-disciplinary teams to more effectively respond to Maine's sexually abused children and their families. The Network, nationally accredited by the NCA in 2014, provides statewide representation and support for Maine's local CACs through resource sharing and mentoring, technical assistance, public policy advocacy, and statewide communication efforts. Now fourteen of Maine's sixteen counties have access to a local CAC.

The Maine Department of Health and Human Services has collaborated with the Network since its inception in 2013. The goals of this shared initiative include: working with existing CACs to help them obtain and maintain national accreditation standards; standardizing policies across CACs; developing and reviewing policies and screening tools to identify and respond to Commercial Sexual Exploitation Children (CSEC) victims; and supporting efforts to develop CACs in all parts of the state.

CACs: A Proven Practice

Maine's Children's Advocacy Centers are built on a national model that has seen over 30 years of success, with over 800 accredited CACs in the United States to date. These programs have been shown to have better outcomes for children, their supportive caregivers, and the criminal

justice and child protection systems. National research demonstrates that CACs save money, hold offenders accountable, help children heal from sexual abuse, and support non-abusing caregivers.

- Coordinated investigations are more efficient, effective, and save money. A cost-benefit analysis demonstrated that traditional investigations cost 36% more than CAC-coordinated investigations.³ By streamlining the investigation process, CACs can save as much as \$1,000 per child abuse case.⁴
- By increasing the effectiveness of investigations, the use of CACs and multidisciplinary teams have resulted in an increase in successful prosecutions of child abuse offenders. A recent study compared two large urban districts over a period of ten years and found that, in the district where the use of CACs increased significantly, felony prosecutions of child sexual abuse doubled.⁵ Additionally, research shows that defendants convicted of sex crimes against children were sentenced to longer prison terms when they had been investigated using the CAC-multidisciplinary model.⁶
- CACs recognize and respond to the specialized needs of child abuse victims, and what will help them to heal. Child sexual abuse victims who receive services at CACs are twice as likely to receive specialized medical exams⁷ and more likely to receive referrals for specialized mental health treatment.⁸
- According to recent national research, 97% of supportive caregivers agree that CACs provide them with resources to support their children. 98% of team members believe clients benefit from the collaborative approach of the Multidisciplinary Team (MDT). If caregivers knew anyone else who was dealing with a situation like the one their family faced, 97% would tell that person about the center.

“Everyone took the time to make the whole family feel comfortable & safe.” Caregiver

Measuring the effectiveness of this initiative 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 or OMS. The system includes tools to measure the effectiveness and impact of services as well as the effectiveness of the multidisciplinary teams themselves, which form the backbone of the local CACs. The OMS provides a standardized way for both

³ 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.

⁴ Ibid.

⁵ Miller, A. & Rubin, D. (2009). The contribution of children’s advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse and Neglect*, 33, 12-18.

⁶ 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.

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.

teams and CACs to identify their areas of strengths and their gaps as well as to ensure that services are of the highest quality.

Maine CAC and Network Outcomes

The Maine Network of CACs measure effectiveness of this initiative across several areas:

- the establishment of protocols and services which align with national standards for CAC accreditation.
- the effectiveness of services in supporting the safety and healing of families served at the CACs.
- the effectiveness of the multidisciplinary teams and their perception of the improvement of local systems, protocols, and practice.
- the services and outcomes of the Maine Network of Children’s Advocacy Centers, the accredited statewide association which provides training, technical assistance, resource development, funding, and regulation to local CACs and MDTs.

Policies, Protocols, and Accreditation: Maine’s seven CACs have all adopted protocols and policies that outline service provision, referrals, follow up, case review and tracking, peer review, and information sharing. All member agencies of local MDTs have signed a Memorandum of Understanding (MOU) that commits each agency to follow these protocols and policies. Additionally, CAC programs have developed conflict resolution policies to address challenges and cultural competency plans to ensure that all members of the community are aware of the services available at a center. All protocols and policies are developed with the input of the MDT and are revised on a regular basis. They are available should the Committee wish to see them.

Effectiveness of Services: In FFY 2019 Maine CACs provided over 2,163 hours of forensic interviews. Additionally, CACs provided referrals, advocacy, and follow up support services to children and their non-offending caregivers. Every non-offending caregiver is offered an opportunity to provide feedback at the time of their visit to the CAC or during a follow up phone call, using the national OMS system. In addition to OMS, all CACs in Maine use a database to track demographics of clients, service statistics, and case-specific referrals and outcomes. In the last year, CAC clients overwhelmingly expressed that Maine’s CACs facilitate healing for their families:

- 90% of caregivers felt that the CAC provided them with resources to support their child and respond to their needs in the days and weeks ahead.
- 94% of caregivers agree the process for interviewing their children at the center was clearly explained to them.
- 74% of children received referrals for medical, mental health or advocacy services as a result of their visit to the CAC.

“Everyone was very friendly and made myself and my child feel comfortable and they explained everything.” Supportive Caregiver

Effectiveness of the Team: Members of the local multidisciplinary teams are essential stakeholders in the development and management of CACs. Each year, CACs conduct a team survey as part of the national OMS to assess the effectiveness of the teams and the impact of the CAC on systems within which they work. Members of Maine MDTs speak highly of the work of the initiative. 94% of MDT members believe the clients served through the CAC process benefit from the collaborative approach of the team.

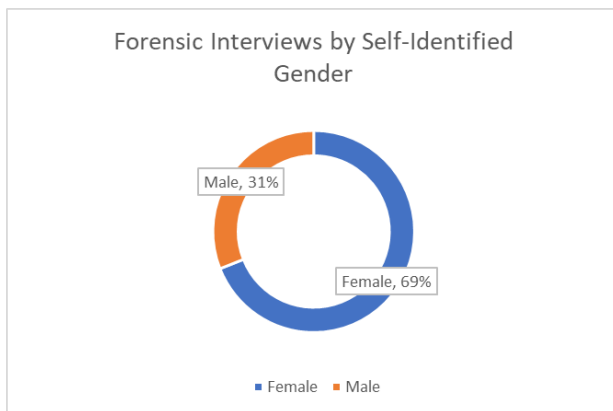
“The CAC is always very helpful. It is very useful with the ongoing investigation. From not having the CAC early in my career to having it now is so helpful. The CAC is always willing to help as much as they can.” MDT Member

Effectiveness of the Maine Network of Children’s Advocacy Centers: Each year, the Network conducts an annual needs assessment of all the local CACs and MDTs to identify statewide gaps and to ensure their efforts are informed by the needs of the teams on the ground. In 2019, the Network continued several initiatives to be responsive to the needs of local teams. First, the Network organizes and facilitates quarterly, forensic interviewer Peer Review. This is an opportunity for forensic interviewers from across the state to build a professional network and ensure best practice; it has been deeply appreciated by the local CACs and MDTs.

“I appreciate how the Network of Maine CACs is always offering support to member centers, informing us of the latest research, topics of interest and upcoming professional development opportunities. Additionally, whenever I have a question or need clarification such as interpreting specific language within a quality assurance standard, the network is quick to respond and assist! I appreciate that the Network has a pulse on what’s going on with other centers in the state as well as having connections with the other regions of CACs across the country, which helps to keep us informed of best practices.” CAC Provider

District Updates

District 1 – York County: In October of 2015, with support of the Maine Network of Children’s Advocacy Centers and the Northeast Regional Children’s Advocacy Center (NRCAC), a CAC 101 training and community forum was held for interested parties.



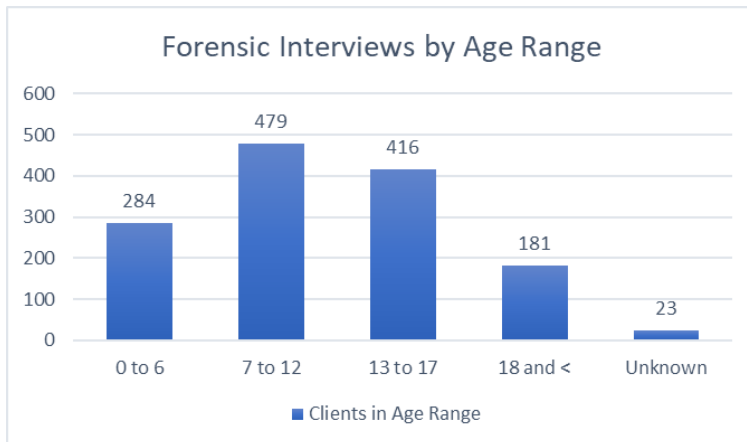
In November of 2015, the MDT began holding monthly meetings that included representatives from law enforcement, Child Protective Services, prosecutors, mental health providers, medical providers, and advocates. With the support of the Network, the MDT Coordinator conducted a needs assessment and feasibility study in early 2016. The MDT met monthly over the next 18 months and opened in May of 2017. The CAC of York County became accredited by the National Children’s Alliance (NCA) in October 2019.

District 2—Cumberland County: In April of 2013, a community forum was held to explore the CAC model. Following the forum, in May of 2013, a committee convened to begin assessing the needs and feasibility of a CAC in Cumberland County. The group continued to meet every four to six weeks for the next two years. In the summer of 2015, the Cumberland County CAC (CCCAC) began serving children and families. The CCCAC was fully accredited by NCA in December of 2016. The CAC is a collaboration of a Forensic Interviewer/Multidisciplinary Team Coordinator funded by Spurwink, back up forensic interviewer from the Portland Police Department, a Family Advocate funded by Cumberland County’s Sexual Assault Response Services of Southern Maine, and Portland Defending Childhood, an initiative that focuses on promoting safe and thriving communities by raising awareness and providing services to break the cycle of violence. In April of 2019 the CCCAC was awarded a grant from the National Children's Alliance to hire a coordinator that manages cases of youth who are being trafficked. Since starting this program, the CCCAC has coordinated 30 cases involving child survivors of sex trafficking. The CCCAC has applied for 2 more grants to sustain this program, of which they were recently awarded.

District 3—Franklin, Androscoggin, and Oxford Counties: After years of community input and development, the Androscoggin Children’s Advocacy Center (now the Children’s Advocacy Center of Androscoggin, Franklin and Oxford Counties since 2016 (CACAF0)) began accepting referrals and interviewing children in October of 2008 and has continued to grow.

In August of 2014, with the assistance of United Way funding, an office in Franklin County was opened. Additional funds from the Department of Health and Human Services have allowed the CACAF0 to comprehensively serve the tri-county area and to significantly increase the number of forensic interviews provided. In 2019 CACAF0 received their NCA re-accreditation, while opening a new site in Oxford County where an additional part time Forensic Interviewer and a full time Family Advocate were hired to support the additional needs of that region. In 2019, the CACAF0 served 277 children, the majority being female survivors referred from DHHS.

District 4—Sagadahoc, Knox, and Waldo Counties: This past November, the Midcoast Children's Advocacy Center (MCAC) celebrated its 2nd operational year. In 2019, the MCAC served 153 child clients, in 383 separate contacts over a total of 600 hours. 44 of the families seen were connected to a trained advocate from Sexual Assault Support Services of Midcoast Maine.



In the last two years, each of the 140 families who walked through their doors was greeted by a friendly, trained advocate who gave them a tour of their child-centered space. Each of these 268 children was interviewed in a trauma-informed way while their caregiver(s) met with a trained advocate who provided emotional support and resources. Every family was offered referrals to services such as mental

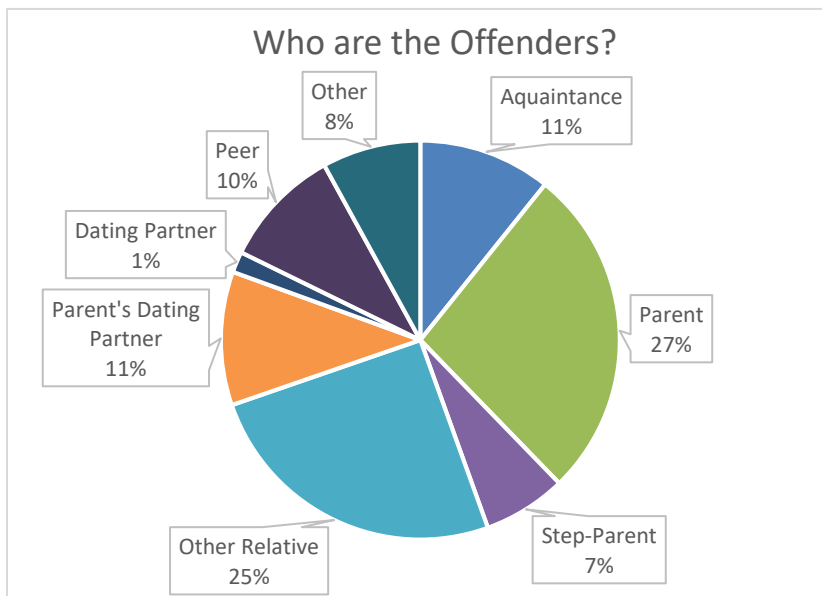
health, forensic medical exams, civil legal aid, and sexual assault support, and advocacy. The MCAC team is going through a staff turnover and transition, but once they are fully staffed again, they hope to increase services and to eventually expand to establish a third MCAC location in the Belfast Area.

District 5—Somerset and Kennebec Counties: In October 2018 the Kennebec and Somerset CAC (KS CAC) was re-accredited by the NCA. In November 2019, The KS CAC, had an open house and ribbon cutting ceremony at the newly remodeled and expanded Winthrop location on the 4th floor of the Winthrop Commerce Center. Also, in 2019, the KS CAC was awarded a grant, which will allow the center to start piloting a cloud-based video management and archiving system, called Vidanyx, to enhance the security of forensic interviews by tracking the chain of custody and helping enhance archiving potential to best serve the needs of children, law enforcement, the justice system and CACs.

The KS CAC is participating in a comprehensive mental health training project through the NCA, called the Enhanced Early Engagement project. This training project will enhance CAC staff's ability to better serve children and families through mental health screening tools and language around explaining trauma informed counseling and services.

District 6—Penquis and Penobscot Counties: In 2014, Rape Response Services (RRS) and Network staff participated in a preliminary meeting of key stakeholders interested in the CAC model. The development process continued throughout 2015 and 2016 and the Penquis CAC (PCAC) began seeing children in December of 2016. The PCAC is staffed by a full-time Family Advocate and full-time Forensic Interviewer and the number of children served at the PCAC has

steadily grown. In 2019 the PCAC applied for and became an Associate Developing Member of the NCA.



The PCAC is working with their MDT to develop protocols specifically for child commercial sexual exploitation cases (CSEC) to help the PCAC and MDT best respond to the unique concerns in these cases. In September of 2019, six MDT members representing Courage Lives, St. Joseph Hospital, Partners for Peace,

and staff from the PCAC attended a four-day hands on training in Burlington, Vermont specific to how an MDT responds to child sex trafficking cases. As part of the training, the attendees from the PCAC began developing CSEC protocols to take back and discuss with other MDT members, especially those who were unable to attend the training in Vermont. The PCAC plans to have finalized protocols in place within the next year.

The PCAC continues to take referrals from Washington and Hancock Counties as their CAC is in the development stages. In addition to serving families, the PCAC has helped to engage several of those counties' newer MDT partners in the CAC process.

District 7— Washington and Hancock Counties: In April 2019 an individual was hired to coordinate the development efforts of the Washington and Hancock CAC. This individual has spent time building relationships with local community partners and searching for a physical space. They are assessing what further staffing would look like given the geographical distance from each site and if further space options would become more readily available and affordable for a satellite site.

District 8—Aroostook County: The Aroostook Children's Advocacy Center (ACAC) has been open for 1 year. Over this past year the ACAC have continued have monthly Multi-Disciplinary Team meetings. The ACAC is working toward all the necessary accreditation standards to complete the formal application to the NCA. This year they were able to send their Family Services Advocate to the annual advocate training in Huntsville, Alabama thanks to training funds provided by DHHS. Additionally, their Forensic Interviewers also received the Advanced Forensic Interviewer Training this past year to further aid them when conducting interviews.