



ANALYSIS OF SERVICE REFERRAL PROCESS

Collaboration between the Children's Advocacy Center,
Crime Victim Center, and other committed stakeholders to
serve child abuse victims and families

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Historical Context and Synopsis of Problem

The Crime Victim Center (CVC) and Bradley Foulk Children's Advocacy Center (CAC) have been at the forefront of helping victims of rape, sexual assault, and other crimes in Erie County through advocacy services and educational outreach efforts. The CVC has served well over 100,000 individuals since the agency's inception in 1973, providing direct victim services, hospital accompaniment, crisis counseling, court advocacy, outreach and community education. The CAC has been dedicated to the prevention of child abuse since their doors opened in 2001. Forensic interviewing, child abuse prevention education, family care coordination, and mandated reporter trainings are offered throughout the community to agencies and other organizations. While the two agencies have a storied history of serving Erie County, their efforts are aligned by having similar missions. The relationship between the two agencies is long and historic, as their partnerships have helped countless victims and families recover from trauma stemming from abuse.

The primary focus of their interaction and partnership are in cases of child abuse. Once abuse is reported, some families and their children are referred to the CAC for services, often leading to completion of a forensic interview. Once scheduled, families are educated on the upcoming process and the potential outcomes they may witness after the forensic interview is completed. In most cases, the CAC refers the families to the CVC for crisis counseling and other services that may benefit them, whether the outcome of the forensic interview leads to charges being filed or not.

The relationship between these agencies, as well as coinciding involvement from law enforcement and medical facilities, is paramount to effectively engaging the families and assuring they receive services to deal with the traumatic experiences in question. While currently strong and collaborative, the dynamic has ebbed and flowed over the past years for various reasons. Personnel, policies, and other situations have led to a breakdown in the collaborative process at various times. The previous lack of collaboration has been noted as a primary contributor to a low rate of families accepting follow-up services post-forensic interview. From July 2018 through June 2019, the CAC referred 215 clients to the CVC. Of these, only 14 CAC-referred clients completed intake with the CVC during this time period. However, in recent years, collaboration has strengthened and a renewed focus of working together has been restored. In fact, the current CVC director serves on the board of directors for the CAC. Despite the improved dynamic, the effort by CAC staff referring clients to the CVC for services does not translate into a significant number of families utilizing needed services. The desire to increase the number of families using services is shared by both parties.

Addressing the Issue

In order to take steps to increase the number of families engaging in continued services, the Crime Victim Center and Children's Advocacy Center requested funding from the PA Commission on Crime and Delinquency (PCCD) to analyze the collaborative nature between the two agencies, specifically looking at points in the process where families are referred to counseling and supportive services post-forensic interview, and how the roles of all agencies involved could be improved upon. While efforts for connection have been put forth by agencies, multiple factors lead families to choose not to receive services for counseling, court advocacy, and victim rights services. PCCD awarded funding in December of 2019 to begin this process. The initial request would allow the two agencies to hire paid consultants, representing victim services agencies and child advocacy centers in other counties, to examine the current relationships and observe the operational processes in place. The final outcome of the analysis would include recommendations that could be adopted to improve overall services to the children of Erie County.

Unfortunately, shortly after the funding was awarded, the COVID-19 pandemic took hold of the country. Business as usual was longer possible. Organizations needed to focus on survival and keeping their doors open, as opposed to conducting process evaluations for systemic improvements. Even as business operations became a bit more normal, travel and in-person work remained significantly restricted. The administrators of the grant also found it difficult to identify interested persons from other children advocacy centers and victim services organizations willing to participate in the process during this time period.

In mid-2021, CVC staff contacted the Mercyhurst University Civic Institute (MCI) regarding their ability to assist in completing the assessment. While the agency does not have expertise in victim services or children's advocacy, they have a long history of conducting process evaluations and collaboration-building in Erie County. The MCI agreed to contract with the CVC to facilitate core stakeholder interviews and information gathering to conduct a process evaluation that would identify systemic issues impacting the referral and engagement of clients between the two agencies. In addition, the roles of other participating agencies would be examined. The process was scheduled to begin in the fall of 2021 and to be completed within PCCD grant guidelines.

Process Evaluation Components and Results

The process evaluation commenced with MCI staff meeting with Jaime Stoeger of the CVC to discuss the outcomes identified in the grant and the most logical ways to move forward with the initiative. As agency staffing had changed since the grant was written and submitted, the current agency representatives and MCI staff would need to reimagine some of the original components and decide the best way to achieve what was intended. It was pointed out that at the time the grant was written and submitted, there was less communication and interaction between the CVC and CAC. Since that time, however, administration of each agency had begun to discuss how to better engage with each other and form more effective partnerships. Both parties understood the importance of enhancing collaboration to better serve the families and victims. The addition of newer staff also contributed to a more agreeable work environment between the two agencies. As noted in the previous section, the pandemic created a roadblock for bringing in outside consultants. However, it did provide an opportunity for local stakeholders and agency staff to address many of the issues that had contributed to the low follow-through rate on their own. As much of the 'process' has worked itself out, other issues could be examined that could create a better performing collaborative effort. It should be noted that the system in discussion also includes the District Attorney's office, CARE Center at UPMC, Erie County Office of Children and Youth, and various law enforcement agencies. While these are not the primary sources of referrals between the CAC and CVC, their involvement in and knowledge of the process are influencers of how the family chooses to move forward. Representatives from these agencies would be invited to participate in the process evaluation as well.

A follow-up conversation between MCI staff and Chrissy Fortin of the CVC was held to discuss next steps. It was decided to begin by surveying key stakeholders of the agencies involved. This survey was created in Google Forms during the winter of 21.22, which contained 21 qualitative questions allowing for input and feedback on agency relationships/interaction and the client referral process. Those asked to complete the survey were identified as being knowledgeable and understanding of the referral process and subsequent services that are offered to families. The purposes of the survey were to identify strengths and weaknesses in how the current system is designed, gaps that prevent families from following through for services, as well as interactions and relationships between agencies involved. The following is a summary of feedback provided for each question. Five individuals responded to the survey.

Summary of Agency Relationship/Interaction Questions:

Overview of the working relationship between the Children's Advocacy Center and the Crime Victim Center:

- The two agencies work closely together to serve alleged victims of child abuse in Erie County. Families that participate in forensic interviews at the CAC are subsequently referred to the CVC for follow-up counseling, advocacy services, and/or court accompaniment, if appropriate. Many of the referrals seen at the CAC originate with calls from Office of Children and Youth or local law enforcement agencies. These two services are also key participants in the process.

Additional agencies that are instrumental to the process:

- Respondents noted law enforcement, Office of Children and Youth, the CARE clinic, and the District Attorney's office all have significant involvement. Law enforcement officers and OCY caseworkers are often the originators of the referrals. Millcreek and Erie Police Departments tend to be the most active.

Primary responsibilities of parties involved:

- While each individual partner agency has different roles, the overall focus is to provide the best possible services and advocacy for families and victims. Information sharing and communication between all parties are imperative for the partnerships to work well.

Effectiveness of involved parties:

- Respondents all agreed that the parties involved are effective at the roles where they engage clients. Some parties are better at working with or attempting to work with families regardless of the outcome of the investigation. It was also noted that communication can be improved upon.

Primary issues preventing effective and efficient referral of services:

- The primary issues revolve around the client and family. Some families feel that there is a stigma in receiving services, or they lack appreciation of the needs of their children and how the services of the CVC can help. Agencies involved in the process are doing their part to encourage the families to engage in follow-up services. Too frequently, the families are not responsive.

Communication regarding services:

- Overall communication is good, and the multi-disciplinary team meetings allow for open exchange of information. The primary issue is with connecting families with the CVC for services. One of the ways the latter is being addressed is, when available, a CVC intake

worker will be at the CAC at the time of the forensic interview; this 'warm handoff' approach allows for CVC-family engagement to take place immediately.

Specific goals and outcomes within the referral process:

- The overarching goal is to gather as much information on the client as possible and foster a relationship so that clients will seek services at the CVC. Each partner agency has their own guiding principles which impact their roles, as well.

Differences in goals and objectives among agencies:

- The goals of the CAC and CVC are aligned, and the institutional goals of OCY and law enforcement are addressing families having their needs met. However, differences in approaches and internal objectives may have a negative impact on the process.

Recognizable agency conflicts:

- There were no issues or conflicts identified that are impacting the process.

Staffing availability:

- While there is adequate staffing to complete the referral and interview process, there are opportunities with personnel that could improve services. One suggestion is a liaison from the CVC to the CAC. Turnover can also cause issues, as retraining staff takes time.

Staff needs:

- Staff is not lacking, and the agencies are doing well in providing training to their staff on topics when needed. One suggestion was to work with the investigators to have a better appreciation of the assistance CAC and CVC can offer the families.

Resource sharing:

- Information is readily shared, and the newly implemented 'warm hand off' tactic has encouraged working together more effectively. Multi-disciplinary meetings also allow for conveying information in an open format. Other than information, no examples of resource sharing were noted.

Summary of Client Referral Process Questions:

Client referral:

- Referrals often come from law enforcement personnel or caseworkers at OCY. Forensic interviews are scheduled based on availability of the family and all parties involved. During the interview, the Family Care Coordinator from CAC will work with the family to gather information and suggest support services. Post interview follow-up calls are made

to engage the family. One piece that would be helpful is for the CVC to have authorization to make direct contact with families, as opposed to having to wait until families contact them.

Moving clients forward:

- CAC staff provide information to the families regarding supports as well as the effects of abuse. Families are given contact information for the CVC, medical, and mental health providers. The CVC is available to advocate for any client in victim meetings or court appearances. Victims are encouraged to seek out those services.

Reasons families do not follow through:

- Families have a tendency to disengage if, after the forensic interview, maltreatment is not found and the case does not proceed. There are also issues regarding stigma of abuse. Families may also feel overwhelmed, and often lack confidence that the agencies involved can help them. Issues such as transportation, work schedules and receiving other services also are barriers to families engaging.

External systemic gaps:

- Some of the families involved use all of their energies on day-to-day living and seeking out services is not their primary concern.

What is lacking in the process to encourage families to seek out services:

- Respondents feel that the 'warm hand off' approach that has recently been implemented will make a difference. Having CVC involved earlier in the process will allow for trust to be built and clients to see that CVC can offer them assistance.

Empowerment of clients:

- All respondents feel that agencies advocate for the families and empower them to engage with services to assist them.

Follow-ups with families:

- Calls are made within 48 hours after a forensic interview, and subsequently at 1 to 2 weeks after, and again 1 to 2 months after to encourage engagement. Calls are made by CAC staff; CVC staff contacts families only if the family reached out or came into the center seeking assistance. Many families, however, will not answer calls or return messages for reasons noted prior.

Client services:

- Respondents feel that clients are receiving, or have access to, the best level of services possible. Given limited contact and time spent with families, there is a tremendous

amount of information and assistance offered. If services are not there for a family, it is typically their own choice.

The Appendix of this document contains a table with the questions as well as answers provided to each statement.

A follow-up meeting was held on February 22, 2022 via Zoom. The purpose of the meeting was to discuss the results of the initial survey, the overall referral process, and how to improve family engagement. Attendees of the meeting included: Chrissy Fortin and Jaime Stoeger (Crime Victim Center), Michael Gaines and John Mang (Children's Advocacy Center), and Lynn Putt (UPMC CARE Clinic). The meeting was facilitated by George Fickenworth of the Mercyhurst Civic Institute. Several others were invited to participate; however, they were not able to attend for various reasons.

The conversation began with discussion on how the process has been working since CVC has begun to have a staff member stationed at the CAC at times of the forensic interviews. Overwhelmingly, those on the video call noted that the process seems to be working as intended. When the CAC was founded in 2001, the CVC was at every forensic interview; however, it was not an efficient use of time then, as many people would no-show for interviews, or the cases were found to be not credible. Leadership of the agencies at that time discussed the issue of 'deadtime' due to no-shows, and the implementation of remote work processes allowed for this to be less of a problem. The decision was made to pull back on this approach. More recently it was recognized that there should be a more balanced approach, and it was suggested to again have staff of the CVC on site again. Having the CVC staff on-hand has made personal interaction with clients more frequent. Trust between the families and parties involved is easier to build. Ideally it would be beneficial to have CVC stationed at the CAC more frequently, not just on Thursdays. Currently John at the CAC is doing a thorough, effective job screening for more appropriate interviews, so CVC staff could be on call for the cases that are more likely to move forward. John noted that in order to be more efficient, he attempts to conduct a preliminary call to families prior to them coming in for the interview; an initial assessment of needs, per se. Identifying these needs allows for the agencies involved to lessen the burden of the family feeling overwhelmed during the acute phase. Many families already have services in place with providers in the community. For those families, there is less of a need to recommend them for said referrals. Once the interviews are finished, the family would then be walked down to meet CVC staff and further discuss services.

The discussion moved on to why families choose not to engage the CVC for continued services. Currently, there is use of a 'sign-off' form for the families to allow CVC to contact them directly. There was a process in place for the CVC to call families to schedule services; however, this was identified as being somewhat risky as the possibility exists of putting someone in a worse situation if the alleged perpetrator is nearby. It is difficult to pinpoint the optimal time for the CVC to meet with families. Families have been found to be less responsive if charges do not

move forward. Some families engage with other service providers in the community, and there is no way to identify if this is occurring. There may also be issues with transportation, work and school schedules, families feeling overwhelmed, and not believing that the providers are able to offer help.

Follow-up calls are made by staff of the CAC at various intervals if families are unresponsive to receiving further assistance. CVC will attempt to call only if the client has first reached out to them for services. Based on history, staff of the programs usually have a sense of which families will respond.

Law enforcement is also at the table and imperative to the forensic interview and referral process. Many of the referrals that find their way to the CAC are made by law enforcement agencies in the county. There are strong relationships with many of these departments, as Erie Police Department, Millcreek Police Department, and the PA State Police are frequently involved with cases. The Erie Police Department has staff who are stationed at the CAC. Millcreek police officers are available almost at all times for forensic interviews. Both of these departments have dedicated officers that focus on child abuse cases. The state police, while frequently involved, tend to be less engaged with families and the other agencies. State police do utilize and appreciate the services that are available; however, they tend to be more focused on gathering information they need and moving on. One practice to better engage police officers is to have CAC staff meet the officers 'at the door' prior to a forensic interview. CAC staff and the officer will 'pre-game' prior to the interview to assure the officer's needs will be addressed. Because of the nature of their positions, some law enforcement partners do not have the same 'big picture' views taken by others. It was mentioned that there are officers who do not quite understand the importance of follow-up services. The goal is to help the family and child throughout their ordeal; some officers in the interviews tend to feel that the role ends after the interview is completed. It was suggested that since there have been recent revisions to the child abuse protocol, it may be beneficial for the DA to review them with various police chiefs to assure that the officers are aware of the changes. Several years ago staff of the programs would visit police departments to discuss the importance of the process and build trust with the officers. For this to reoccur, the DA's office would likely need to make a recommendation in order to get buy-in. In addition to Erie, Millcreek and State police, there are several smaller police departments which may be involved. The involvement of these departments is much lesser as they do not have dedicated staff. Providing useful information to the police departments was discussed as well. Cop-car cards have been used for various purposes, providing resource phone numbers that officers can utilize or distribute on calls. It is important to not overwhelm officers with a large amount of information, making it difficult to decide who should be contacted. These will be looked at in an attempt to coordinate relevant needed information. It may be possible to poll the officers to see what information would be most beneficial. Participants in the call feel that the smaller law enforcement departments need more education on the process than the larger ones do.

The conversation moved to focus on agencies that may not be at the table but could provide some input or benefit. It was noted that many of the families that come through and participate in a forensic interview may be involved with other service providers in the community; specifically, those that work with youth such as Family Services, Achievement Center, etc. Administration of current partner agencies have tried to engage Erie County Care Management in the past, but they are unsure of how to bring them into the fold and what role they could play. There is also the issue of how to reimburse partner agencies for services, given that CAC and CVC services for the families is gratis. The accreditation body of the CAC recommends that mental health concerns of their clients should be addressed; their current staff are not trained mental health professionals. Having a mental health presence could fill this void. At the minimum, having these outside agencies participate at some level would assist in building relationships. There are also issues with families not accepting the counseling and court prep services even when they are available. Many families do not understand that they are going to have a CVC representative assigned to them should the case move forward, and it would be more beneficial for them to engage earlier to begin building the relationship. Some agencies do participate in the Multi-Disciplinary Team meetings. Attendance does rise when the current District Attorney attends. It was said that she is very influential in terms of getting people involved and is also still very engaged with juvenile cases.

The conversation turned to discuss barriers to family participation. All respondents agreed that participation in services relies on the family's discretion and decision making. The involved agencies are doing a significant amount of outreach to encourage further family participation, but there are reasons beyond the control of the agencies that lend themselves to families not taking part. It is widely accepted that the majority of those who do not follow through likely have services elsewhere in the community. Some teenagers may also be in juvenile placement. A big predictor of whether or not a family will engage in services is whether or not charges will be filed. If the case is dismissed, it is most probable that families will not take part. The use of incentives to engage families is prohibited, as well. The CVC will provide bus passes if a family says that transportation is an issue. During the discussion, attendees felt that since telehealth has been widely adopted, the teenage population may be more accepting of continuing services in this manner. While the providers do a good job educating the families, there was agreement that they may want to explore how to better educate the community as a whole. While there have been efforts to interact with the community schools, there has been reluctance to have the CAC come in and address the students. Some school districts have contractual obligations with various service providers and are limited to who can come in to present various topics.

Participants were asked what they feel can be done internally within their agencies to better engage families in the referral process. One suggestion was better coordination of all agencies involved on the days of the forensic interviews. If they could create a 'one stop shop' concept for the families, it could make the process less overwhelming in the long run. Instead of spreading the steps out over multiple days, everything could be completed within a few hours.

Families would only need to schedule on one day, as opposed to missing school, work or other engagements on multiple days. Based on further discussion, the most difficult part of this suggestion would be broadening the availability of medical interviews.

The issue of better community education was brought up again. There are opportunities to address both law enforcement agencies and OCY workers on the importance of the services provided. Participants stated that it is often difficult to 'get in front of' the right people. With the District Attorney's encouragement, some agencies may be open to this conversation. If this opportunity comes about, having the correct people involved is paramount. Many groups respond better when the information is delivered from someone with their own credentials and background.

One final issue that was mentioned was how to better educate newer, younger workers. Many of them do not have a sense of the magnitude of the process and what is all involved. There is also an issue with some of the newer workers having been through the system themselves when they were younger. For them, this is 'normal,' but the communication to families cannot normalize what they are going through.

Conclusion and Recommendations:

As identified in the grant application, the purpose of the process was to identify mechanisms to increase the number of families who engage in services when a referral is made from the CAC to the CVC. Throughout both facets of the analysis, it was evident that the participating agencies are working with the families on the importance of engaging in services. No matter the efforts, the choice lies with the family. The predominant reasons for not engaging include:

- *Frustration that charges are not being filed*
- *Lack of trust with providers*
- *Not understanding the importance of receiving services*
- *Feeling overwhelmed with the system*
- *Having to miss work, school, etc*
- *Lack of transportation*

These points are all valid, and given limitations of the providers they are hard to circumvent. The agencies involved have put in significant effort to address many of these issues. At times families are responsive, while other times they are not. New policies and procedures have been adopted over the past couple of years, and the consensus is that they are paying dividends. Having CVC staff on-hand after forensic interviews begins to build trust. All agencies involved have 'stepped up' their game on informing the families of the importance of following through with services. Other initiatives have been put in place to assist and encourage the families.

Though the changes in place seem to be making inroads, there are other areas that came about during the group discussion that can be looked at to further strengthen the roles providers have in this process.

Recommendation 1: Use upcoming Multi-Disciplinary Team meeting to review the entire process and importance of each step with MDT membership. Emphasize the importance of counseling and court services, and determine what resources and/or educational materials partner agencies may need to better help communicate this with families.

Recommendation 2: Work to better coordinate scheduling between partner agencies on days of forensic interviews. As families are often overwhelmed at the lengthiness of the process, scheduling as many interactions as possible in one session could alleviate the burden of families having to rearrange their schedules on multiple days. While this is already somewhat in place, there are pieces that could potentially be better integrated.

Recommendation 3: Increase community education with law enforcement and family service (i.e. OCY) agencies on importance that the services can have on families. This piece would take much planning and doing, but could pay significant dividends. It was noted that here is a breakdown of understanding by some law enforcement and family service workers of how to properly refer as well as the benefits a family could receive. Agencies would need to provide

staff to conduct these educational sessions, and a ‘proper’ message would need to be tailored to each sector.

Recommendation 4: Revisit the cop-car card hand-out to assure that the needed information is included on what could be distributed to officers. The primary issue with this piece of examine cop-car card and what would be included. There are other services in the community that distribute information, phone numbers, etc. A coordination of included information would need to be done to not supply an overwhelming amount of information for each cop-car card.

The identified recommendations were ideas that were generated during the discussion on the referral process held on February 22. These are steps that strengthen partnerships and better educate the agencies that are involved in assisting the families and alleged abuse victim. The matter of enticing the family directly, however, will continue to be a struggle considering the family makes the decision to voluntarily accept services. External factors out of the partner agency’s control are the primary reason families do not engage. The link below consists of various resources from the Child Welfare Information Gateway regarding various practices to engage families.

<https://www.childwelfare.gov/topics/famcentered/engaging/>

While many of the tried-and-true practices and buzzwords are found throughout (child centered, family-focused, strengths-based approaches, etc) there are other recommendations that are pointed out that should be included with engagement of families:

- *Clear and early communication with families*
- *Being aware of cultural and linguistic differences*
- *Assure that any power involved is not being used ‘over’ clients but being used ‘with’ them to better engage*
- *Institute motivational interviewing if possible in situations where clients are informed about the potential for continued services*
- *Maintain child safety at all times*

The parties involved have shown a willingness to adapt and use creative methods to benefit the children and their families. The ongoing monitoring of the situation will continue to benefit them as well. As long as the agencies involved continue to work towards bettering the situations for the children, the systems should continue to evolve and lead to better outcomes.

Appendix

Based on your understanding, provide an overview of the working relationship between the Children's Advocacy Center and the Crime Victim Center.

	We provide referrals to victims/families of those who attend the CAC for forensic interviews. Referral information provided includes the CVC's brochure and an explanation of what services they provide (counseling, advocacy, VCAP, court assistance/info, 24/7 hotline and prevention information).
	The CAC provides forensic interview and case management services to alleged victims of child abuse and their non-offending family members who are referred to the CAC by law enforcement or the Erie County Office of Children and Youth. The CAC refers all children/families they see to the Crime Victim Center of Erie County for victims support and advocacy services.
	CVC makes a Childline report which results in a referral to the CAC.
	The 2 agencies work closely together by way of referrals to the CVC. CVC then provides advocacy services for victims of crime.
	The Children's Advocacy Center refers victims and their families to the Crime Victim Center for follow up counseling and court accompaniment.

What other agencies are instrumental to the relationship between the CVC and CAC in serving children?

	Law Enforcement, OCY, CARE clinic.
	Caseworkers from the Erie County Office of Children and Youth and/or law enforcement officers have first contact with the children/families and often recommend that they avail themselves of the services offered by the CVC. In those cases the CAC still makes the referral to the families and encourages them to accept the recommendations made by law enforcement or OCY. The Office of the Erie County DA also refers children/families to the CVC but that is usually after they have been seen at the CAC (for those cases in which the CAC is involved).
	OCY
	Erie County District Attorney's Office
	DA'S Office and OCY and UPMC CARE Clinic

What do you see as being the primary responsibilities of each party involved in the dynamic?

	For all involved to encourage services through the CVC, and follow-up with families post forensic interview providing continual encouragement and information for the CVC's services.
	The CAC provides information about the services available from the CVC, including verbal descriptions and written brochures from the CVC and encourages families to utilize those services. The CVC requires that the families contact them for services so the CAC cannot actually schedule on behalf of the families. The CVC welcomes the families who contact them and gets them scheduled for intake and the appropriate services. Law enforcement officers and OCY caseworkers conduct the respective investigations. They require the families to go to the CAC when a forensic interview is needed. Families are more likely to follow through with the CVC if encouraged by OCY or law enforcement.
	Prompt reporting and follow through.
	CAC meets clients for forensic interview and then refers to CVC when appropriate for client to receive follow up counseling or court advocacy.
	Communication between the parties to update the victim and families as to the status of the case and the resources available to the family such as medical care and counseling services.

<i>Are each of the parties involved effective at completing their roles? Please explain your answer.</i>	
	I can only speak for the CAC as we offer time, materials and other information about the CVC and their services.
	Yes, each party is effective in completing their primary roles. However, the process helping families appreciate the services available to them and the value of for those services is not always reinforced by all members of law enforcement or all OCY caseworkers. Those whose primary focus on only on completing the investigation seem to place less weight on getting the victim/families to accept help than those more focused on the needs of the child regardless of the result of the investigation.
	I will only speak for CVC - I know that it is a requirement.
	Yes
	Yes, I see each of the parties working toward the common goal of what is in the best interest of the victim and their family. Communication can always be improved upon, but the parties have been working hard to work out those improvements.
<i>What are the primary issues you see that prohibit effective and efficient referral of services from the CAC to the CVC? What insight can you provide as to why these issues have arisen?</i>	
	It would be helpful if the CVC could contact the families rather than relying on the families to contact them - as caregivers may be overwhelmed by the situation and unable to make a quick and informed decision to seek services.
	First, even though information on the scope and value of CVC services are presented to families in multiple ways, many seem to lack appreciation of the needs of their children and/or how the services at the CVC could help. Second, there also remains a stigma among some families about engaging in any type of counseling. Third, the need for the families to contact the CVC to initiate the reception of services for some is a barrier given all the other demands in their lives. Fourth, if the parents/guardians do not believe the child they are much less likely to seek follow-up services.
	I believe it is follow-through on the part of the client, Some seem invested some are not.
	Clients feeling overwhelmed at time of CAC interview may cause them not to fully understand basis for referral and thus they may in-turn not call CVC.
	I believe the referrals are being made by the Family Advocate at the CAC. I believe the problem is getting the families to follow thru with the appointments. The CVC offers late hours, has satellite offices, and offers help with transportation. Therefore, it is just a matter of getting the families to take the step to make the appointments that is the main problem.
<i>How would you view the communication between parties involved in providing needed services to the children?</i>	
	There is always room for improvement with regard to this.
	The various agencies communicate well with each other. The difficulty becomes in facilitating the connection with the CVC by the families. We are beginning a new two-part effort of (1) seeking the consent of families when at the CAC to have the CAC provide contact information to CVC intake department so that someone from the CVC can reach out to the families (hopefully overcoming the barrier of the families having to take the initiative to make contact) ; (2) when available, a CVC intake worker will come to the CAC to meet the families at the time of the forensic interview - providing a "warm-handoff" from on agency to the other (this was how things were done in the early days of the CAC but the CVC found it to be an inefficient use of CVC personnel due to families "no-showing" for interviews and thus the CVC employee having wasted time needed for other work).
	Fair

	Good
	The communication is very good between the parties. The MDT also helps in this exchange of information
<i>What specific goals and outcomes, if any, does your program try to meet within the referral process?</i>	
	To foster solid information and encouragement so that the majority of those we see at the CAC will seek services through the CVC. It would also be beneficial to have a specific contact person at the CVC for better communication between agencies and families. This would help not only for the initial contact but for follow ups and ongoing concerns as well.
	The CAC is accredited by the National Children's Alliance (NCA). NCA Standards require that all families have access to victim's advocacy services. CACs are to either provide those services on-site or by referral. Since the CVC offers all needed services, rather than duplicate services the CAC refers all clients to the CVC. The goal of the CAC is to keep the child in the center of the process and to see that all children have the services they need to both be healthy and to navigate the criminal justice system or child protection system. The CVC provides key services in this process so the goal of the CAC is to see children and their families have access to the assistance they need.
	Gather as much info as possible from the client to assess their needs
	Encouraging client follow-through on referrals
	I make sure to refer every victim and family member that I work with to the CVC
<i>Do you feel that goals/objectives differ among agencies involved, and if so do you feel the differences impact service delivery?</i>	
	I believe each agency has specific "best practices" and goals with regard to their participation in individual cases which would impact the process.
	I believe that the goal of the CAC and CVC are aligned. I also believe that the institutional goals of OCY and law enforcement are aligned with seeing the child/family receive whatever assistance they need. Some individuals in those agencies are more focused on completing investigations or clearing cases than or any other needs outside of those concerns. Not that they are opposed to the families getting the help they need, but it is not always in their focus.
	Yes
	We have different objectives, but I don't necessarily think that impacts delivery.
	I do not see any conflicting objectives between the agencies I listed above.
<i>Are there any recognizable agency conflicts that can be identified in the process? If so, how are the conflicts handled?</i>	
	I have no concern regarding conflicts in the process.
	I am unaware of any current agency conflicts. If any do arise, the appropriate people at each agency meet to discuss and address the issues. This can happen on the worker level up to the director level - depending on the nature of the issue and the success at lower levels in resolving it.
	There should not be conflicts; each agency has its own goals and should work toward those.
	n/a
	Not between the CVC, OCY, CAC and UPMC
<i>Is there adequate staffing at the agencies to engage the clients as needed in the process?</i>	
	Having a liaison from the CVC in which the CAC could communicate would be helpful.

	There is adequate staffing at the CAC to engage clients as we see one family at a time. I cannot speak to the staffing levels at the other agencies although I am certain they have heavier ongoing case loads.
	Staffing is always an issue; turnover is a big problem these days and training takes time.
	Adequate staffing for the current referral processes.
	Yes
<i>What is staff lacking? Would increased training in certain areas address any shortcomings?</i>	
	I feel training on the referral end is not necessary as victim advocacy training is "built-in" to the CAC position.
	Additional training might help the investigators to better appreciate the value of encouraging the clients to accept the help offered by the CAC and CVC. I do not believe that CAC or CVC personnel need additional training to address these problems.
	I think everyone could benefit from human kindness.
	N/A
	I do not see any staff lacking, and I know each of the agencies are very proactive in providing their staff with up-to-date training.
<i>Do the involved agencies share any resources? Are there opportunities for sharing resources to improve the referral process outcomes?</i>	
	Resource sharing would be helpful.
	Other than the new efforts at referral communication and "warm-handoff" the CAC and CVC do not share resources (CVC does provide CAC with brochures to give to clients). OCY does provide some partial funding to CAC case management service provision.
	All these agencies should be well informed about each other, so we can do the very best for the client.
	We both participate in the CAC MDT as well as share information about relevant trainings, etc.
	I'm not sure what resources the agencies could share, but it would be a great discussion to explore.
<i>How is a client referred in and/or out of your program? Detail the steps (This question is for CVC and CAC staff only).</i>	
	During a Forensic Interview the Family Care Coordinator spends considerable time with the families involved gathering information with regard to needed support, as well as providing referral information. The referral process is both verbal and written (in the form of a "support services packet"). Subsequent "follow up" calls occur post-interview with the above process repeated with regard to service providers and referral information. Mentioned previously it would be beneficial for the process to include better avenues for the CVC/CAC to openly communicate needs/concerns with each other. It would also be beneficial for the CVC to have the authorization/ability to make direct contact with the families.
	Clients are referred to the CAC by law enforcement or OCY. The officer or case worker contacts the CAC with the desire for a forensic interview and with times that will work for the family and investigative personnel involved. CAC then schedules the forensic interview for the earliest available of the requested times. The CAC Family Support Coordinator attempts to contact the parents/guardian by phone to begin the process and give the clients the first introduction to the process and services available. Upon the arrival at the CAC the day of the interview, the Family Care Coordinator meets the family at the door, welcomes them to the CAC and invites them into the family area. He then completes the intake process (demographic information and interview permissions). The Family Care Coordinator then informs the multidisciplinary investigative team that the family is present and ready for the interview. while the child is being interviewed the Family Care Coordinator explains to the family the follow-up services available including those at the CVC, Medical

	and mental health. All of these are provided by referral at local agencies. The Family Care Coordinator answers any questions the parents/guardians may have about the referrals. The Family Care Coordinator asks the family to complete a satisfaction survey of their experience at the CAC. After the interview of the child is complete, law enforcement and/or OCY caseworker meet with the parents/guardians to explain what will happen next in the case (from ongoing investigation, submission to the DA for charges by law enforcement or the alleged perpetrator being designated as an indicated abuser by OCY to a closing of the case if the evidence does not support abuse). The family is then free to leave the CAC. The Family Care Coordinator attempts of follow-up with the family a couple days after the interview, then again in a week and again in a month -- each time encouraging the family to avail themselves of the CVC, medical and mental health as needed.
	A Phone call is all that is needed by yourself or a parent to make a referral to CVC.
	CAC verbally refers to CVC at various times during a client/family's involvement with the CAC.
	N/A
<i>How does your program involve clients in the collaborative process?</i>	
	By offering support, contact and other information at multiple times in the process the hope is to encourage and empower clients to seek needed services as well as accompany them in the process.
	The CAC only sees the clients once in person at the time of the interview. We seek to provide them with the referral information and answer any questions they may have. We attempt to contact them after their visit to the CAC to see if they decided to accept any of the referrals and, if so, to insure they were able to make contact.
	A client would need to sign informed consent.
	We schedule intakes quickly upon a client/family contacting us.
	N/A
<i>How are potential clients (and their families) encouraged to move forward in the process?</i>	
	*mentioned multiple times above.
	They are provided information about the possible effects of abuse on children as well as signs to look for. they are provided with the contact information of CVC, medical, mental health providers as well as the value of following up with them.
	A client can be referred to another resource at any time
	CAC encourages contact with CVC. CVC then supports and guides family through the rest of the criminal justice process.
	As the prosecutor, I make sure to include the CVC advocates in any victim meeting or court appearance, and strongly encourage the victims and families to seek counseling at the CVC.
<i>In your view, what are the key reasons that many children and their families are not following through with receiving counseling/court advocacy services?</i>	
	1) If at the end of a Forensic Interview the information does not reveal maltreatment issues or concerns often the clients are "done" and even follow-up calls are not productive. 2) Being overwhelmed by multiple agencies making sudden suggestions/requirements 3) Not having time to process - "the process". 4) The ever-present stigma (still) attached to those seeking MH services. 5) Apathy and indifference within the family dynamic.

	1.) the case was closed by the investigators so they don't see the need. 2.) stigma associated with abuse or with receiving counseling. 3.) families are overwhelmed with the tasks of day-to-day living so just never get to doing it. 4.) parents/guardians who are not confident to reach out to an agency without having a specific person to contact.
	They do not fully understand the services and or benefits.
	Families may feel overwhelmed at the time of their CAC interview and not be fully understanding of why a referral to CVC makes sense or is warranted.
	Possibly transportation, work schedule conflicts, other therapy resources already in place.
<i>Are there systemic gaps that are outside of the control of the CAC and CVC that lend themselves to low levels of referrals following through for services?</i>	
	As above
	Yes, some families/parents use all their energy to survive and have nothing left to invest in seeking out services.
	Of course, economic and educational are the first to come to mind
	Accessibility to services (client's ability or lack thereof to get to the site for services). Often when a case is "no-charged" then a client/family no longer follows through at CVC.
	Not that I am aware of
<i>What is lacking in the process that would engage or encourage clients to receive additional services?</i>	
	The ability for the CVC to make direct contact with the clients and/or the CAC's Family Care Coordinator being able to coordinate an intake appointment with the CVC to coincide with a Forensic Interview much like the CARE medical exam.
	I am hopeful that the recently instituted initiatives to provide a "warm-handoff" from CAC to CVC and to allow CVC to reach out to families seen at the CAC will make a difference.
	Incentives, it is amazing what people do for things!
	More face-to-face contact by CVC earlier in the process.
	I don't believe anything is lacking in the process.
<i>Do you feel that the agencies/services involved empower the clients? If not, how can this be improved upon?</i>	
	I believe they do if the clients are active participants in the process.
	N/A
	yes
	yes
	They absolutely empower the clients. The CVC staff are strong advocates for their clients and a voice for them when they cannot speak up or understand what is happening in the process.
<i>At what points in the process are follow-up contacts made in attempt to engage more clients to move forward with receiving services? Are these attempts sufficient?</i>	
	Follow-up calls are typically made within 48 hours after a Forensic Interview again at 7-14 days post FI and again 4-8 weeks post FI. Some clients are contacted beyond that model, based on need and situation.
	There are three attempts to contact clients following the forensic interview: 2 day after the interview, 1 week after the last attempt and 3-4 weeks after the forensic interview. Some clients welcome the calls,

	some take them but decline any further, some never answer their phone or return messages left and some are not able to be located.
	Not a part of our program
	Currently CAC makes these follow up contacts. CVC only does so if the family initially reached out and came into the center for an intake session.
	N/A
<i>Do you feel that clients involved are being given the best possible services? Why or why not?</i>	
	For the most part - "yes". Given the limited contact time we have with clients/families and their willingness or lack thereof to participate and engage in the process we do offer a great deal of information/support/assistance.
	I believe that all the services received by clients are top of the line. It is the gap in those who can't or won't participate who are lacking in the services they receive.
	Yes
	Yes, but always room for improvement.
	Yes
<i>Please provide any additional comments or thoughts you may have.</i>	
	Practically speaking - have a liaison person the CAC and CVC can freely communicate with. If possible coordinate having that person available in-house during an interview to speak with families if the pre-interview reveals needs/concerns. An avenue for the CAC's Care Coordinator to contact the CVC to obtain possible dates/times for an intake much like CARE medical exams are currently handled. Having a document enabling the CVC to contact the families directly - signed by caregivers, during the forensic interview.
	N/A
	Everything has been covered.
	n/a
	The follow up with the CVC seems to be more successful than the medical follow up to the CARE Clinic - this is a serious concern as medical exams are important for all victims. The follow up with medical would improve if we could coordinate the medical exams on the same day as the interviews - a goal the staff is continuing to work on.