

Child Advocacy Center – Multidisciplinary Team Advisory Board

Nydia Monagas, Chair
John Esmerado, Vice-Chair

February 4, 2022
1:30 p.m. – 3:30 P.M.
Virtual Meeting

Minutes

In Attendance:

Christie Bevacqua
Christine Beyer
Mary Coogan
John Esmerado
Martin Finkel
Nydia Monagas
Debbie Riveros
Maria Savattiere
Javier Toro
Elahna Strom Weinflash

Middlesex County Prosecutor's Office
NJ Department of Children and Families
Advocates for Children of New Jersey
Carella Byrne
CARES Institute
New Jersey Children's Alliance
Monmouth County Prosecutor's Office
Deirdre's House
Hudson County Prosecutor's Office
Office of the Law Guardian

Guests:

Joseph Pargola
Peter Boser

NJ Department of Children and Families
New Jersey Children's Alliance

Staff:

Daniel Yale

NJ Department of Children and Families

I. Welcome and Introductions

The meeting was called to order and the Open Public Meetings notice was read.

II. Approval of Minutes

The Board reviewed the minutes from the December 3, 2021 meeting. Debbie Riveros made a motion to approve the minutes. John Esmerado seconded the motion. The Board voted to approve the minutes without edit. Mary Coogan abstained from voting as she was not present at the previous meeting.

III. New Business

Annual Progress Reviews

Camden County

The Board discussed that the Camden County CAC is a very high-functioning center. Dr. Finkel stated that the number of medical evaluations in Camden County represents 76% of the number of cases that are evaluated by the MDT which is much higher than all other counties. Maria Savattiere asked Pete Boser how Camden's data compare with their numbers from the previous year. Pete informed the Board that there was a significant increase from the number of children receiving medical evaluations the previous year. Debbie Riveros explained that the lower number the previous year was due to the

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pandemic. The increase in numbers from the previous year show that they are returning to pre-pandemic levels.

Dr. Finkel made a motion to approve Camden County. Commissioner Beyer seconded the motion. The Board voted to approve Camden County to be eligible for funding.

Cape May County

Nydia explained that, because there are differences across the state in how cases are defined and referred, it is difficult to compare CACs. Pete explained that there is an issue with the data in Cape May due to how it is collected. Some of the numbers documented are an estimation as the CAC does not receive information from either DCPD or their local agencies regarding how many children are receiving services. The local mental health agencies will not disclose information as they feel they would be breaching confidentiality by discussing attendance or progress of the child receiving services. Maria stated that the CAC coordinator can contact their RDTC for the overall number of medical evaluations. As these numbers are not accurate, Maria felt that the Board could not properly evaluate the CAC. The Board discussed whether NJCA provides technical assistance to CACs regarding expectations or procedures for collecting specific data so that there is consistency amongst all CACs. Debbie stated that the NJCA Board is in the process of developing a module so that all CAC coordinators have access to information, guidelines, templates, documents, and FAQs. Dr. Finkel felt that there should be a comment in the “Areas for Development” section of the Annual Progress Review that states that Cape May needs to explore the issues around medical referrals and how they can obtain better data.

John made a motion to conditionally approve Cape May County based on Cape May supplying the requested data before the date of the Boards next meeting. Debbie seconded the motion. The Board voted to conditionally approve Cape May County with the conditions stated previously.

Hunterdon County

Dr. Finkel stated that Hunterdon County also has issues regarding low medical referrals and no mention of the low number of medical referrals in the “Areas for Development” portion of the Annual Progress Review. According to Pete, the coordinator informed him that she only knows the number of medical evaluations that were completed, not the number of children that were referred. The coordinator also felt that families don’t understand what is involved with a medical evaluation so training is needed. The distance from their county to the assigned RDTC was also reported as a barrier. Maria noted that Hunterdon County has never applied for CAC funding so they don’t have the resources to improve their services. Regarding mental health services, Pete explained that the local mental health provider that was accepting the CAC population went out of business last year. Another local mental health provider stepped in to help, but they don’t have many local resources for mental health services. Debbie suggested that the Board, through NJCA, go to the Hunterdon CAC and hold an educational meeting to discuss how the grant funding can improve their CAC and how they can develop programs. Since the distance to travel for evaluations is very far, they also need to look into making a connection with another hospital or have a doctor travel to their CAC once every two weeks to be available to provide evaluations and make the appropriate recommendations.

The Board discussed approving Hunterdon County with recommendations about increasing medical referrals and incomplete medical data. Maria also recommended that Hunterdon County apply for CAC grant funding. Debbie made a motion to approve Hunterdon County. Christie seconded the motion. The Board voted to approve Hunterdon County to be eligible for funding.

CAC Status

Nydia provided the following information about CACs in NJ:

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- All 21 counties have applied for National Children’s Alliance (NCA) membership
- 12 CACs are accredited through the NCA
- 1 additional CAC has applied for accreditation through NCA
- The remaining 8 CACs have applied for associate membership and have been accepted
 - Associate membership gives CACs to meet all 10 standards
- 18 CAC facilities are completed. Hudson County will be completed in 30 days. Cape May and Atlantic County are still in process.

Data Workgroup

Nydia reminded the Board that the workgroup hired consultants to look at the publicly available child abuse data (RDTs, CACs, Attorney General’s Office, Prosecutor’s Association, DCPD) objectively to determine where there are discrepancies and if there are places where there can be consistency across data sources with respect to definitions so that the data makes more sense. John spoke about their monthly meeting with the consultants working on this project. John explained that while DCF data has a high level of specificity, law enforcement data generally has a low level of specificity. However, in the past two years, a new system called National Incident-Based Reporting System (NIBRS) has been under development and approximately 275 municipalities are in compliance with this system. While the old data is vague, the new system will allow municipalities to collect more detailed information. The hope is that there will be a draft of the report for this Board in June.

2022 RFA and RFP

The Committee discussed the possibility of releasing an RFP for the funds that remained at the conclusion of the 2022 RFA process.

Medical Evaluation Referral Workgroup

Nydia explained that the work of this group has moved to the Protection Committee of the New Jersey Task Force on Child Abuse Neglect (NJTFAN). The workgroup met for the first time and discussed the following:

- How medical evaluations are referred throughout the state
- Creating a dialogue between the MDTs around training
- RDTs sharing their training curricula that to figure out next steps
- The group is in conversations with DCF to speak with staff at the DCF Office of Training and Professional Development (OTPD) about how to role out training to DCPD and CSOC.

Commissioner Beyer informed the Board that Jessica Trombetta, the Executive Director of the DCF OTPD, will be inviting the co-chairs of the workgroup to participate in reviewing the curriculum development and/or updating the curriculum for the DCF child sexual abuse pre-service training module. Commissioner Beyer also stated that Jessica has reached out to Carmen Diaz-Petti, Assistant Commissioner of DCPD, to ensure that Carmen has at least one member of her senior leaders participating on the workgroup going forward. Regarding the curricula that is being developed by the Protection Committee workgroup, once the recommendations are made to the Task Force and it is approved, it will have to be approved through the DCPD Assistant Commissioner’s office prior to being implemented for DCF staff. This is being done to make sure that there is consistency in the training material so that DCF staff across the state are being trained the same way and that the material is consistent with DCF policies. As it stands now, information is being provided to local office staff that is not consistent with what is being provided by DCF leadership.

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Discuss 2023 RFA process

Nydia reminded the Board that this new process was developed with the expectation that the Request for Applications (RFA) would be released sooner resulting in CACs knowing the amount of funding they would receive for the next fiscal year and would be able to plan accordingly and receive funding sooner. At this point, the plan for the next fiscal year is to release the RFA in early spring so that CACs have enough time to obtain approvals to apply for funding by July.

Discuss role of CACs in NJ

Nydia questioned the Board as to how they see CACs fitting in to the state's response to child abuse cases – what is the vision for CAC involvement? Commissioner Beyer stated that it may be helpful to have a list of defined roles for CACs versus RDTCs. As RDTCs have a defined role according to statute with specific regulations as to referrals they accept and who they accept referrals from. If we need to expand on that, we need to be very deliberate and think about the important role that RDTCs play in our system and being clear about what it is we need/want from CACs and their role. There should be a clear definition of the minimum responsibilities of CACs so that there is an understanding at the CACs of what they are responsible for and, in turn, will know what they should be using funding for and where they need additional resources. Maria felt that it can be difficult to define the role of CACs as each center is very different in their capacities and abilities. John stated that the prosecutor-based CACs have always been forensic and the RDTCs have always been diagnostic. The prosecutor's offices were interested in collecting reliable evidence to use in court so the prosecutor-based CAC is based around whether there is enough evidence to bring the case to court. As an ancillary statute, the MDT process determines what services the child needs to be evaluated for and where can they be referred. Most prosecutor-based CACs do not have onsite services whereas non-profit CACs may have these services available at their center. John felt that the real issue is what happens when one of the parties closes their case as the child will still need services. Presumptively, a medical and/or mental health evaluation would occur at an RDTC. The CAC should be an investigator, screener, and ongoing evaluator looking at what a child needs if one of the parties closes a case.

Commissioner Beyer stated that the Board has defined the scope of RDTCs for DCPD currently, but that does not include the child-on-child sexual abuse cases. DCPD will not open cases that are not parental abuse and neglect but that doesn't mean those children don't need services or medical evaluations. DCF is trying to move to a system where DCPD is not opening cases merely for services because once a case is opened, it can be difficult to become unattached and that is not fair to families that don't need that level of supervision and surveillance. Conversations with this board, prosecutor's offices, CACs, etc. should be occurring to determine who will pay for these services if DCPD is not involved. Commissioner Beyer stated that we need to think more broadly about how we make these services available to children and their families.

A question was raised regarding how child-on-child cases will be referred to CACs if DCPD doesn't accept those types of cases. Commissioner Beyer stated that just because DCPD doesn't open a case, that doesn't mean it doesn't go through State Central Screening (SCR). Is there another entity to get that referral or information and then share it? DCF is not looking to say that they won't be involved in this type of case at all, but it is trying to determine the most appropriate protocols for families. The Board discussed that currently, if DCPD isn't involved in this type of case, there is no way for the appropriate referrals to be made for services and that until a new system is in place, perhaps DCPD should continue to accept these cases to provide those referrals. This topic will continue to be discussed at meetings held outside of this Board.

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IV. Announcements

No announcements at this time.

V. Adjourn

Next meeting Friday, April 1, 2022.