

oppaga Special Review

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Report No. 02-44

Children's Advocacy Centers Appear Beneficial But Have Limited Accountability

at a glance

Children's advocacy centers are local entities that coordinate the efforts of agencies involved in certain child protective investigations in the counties where they operate. Their goals are to reduce trauma to child victims of abuse and neglect and to coordinate the various activities involved in the investigation process. While the state's 20 children's advocacy centers are primarily funded by local donations and grants, the Legislature has appropriated funds to five children's advocacy centers since Fiscal Year 1999-00.

Children's advocacy centers have a limited statewide accountability system. Although the centers report some fiscal and programmatic information to their boards and funding sources, this information is not consistent, and they have limited data on their efficiency and outcomes. Some literature and stakeholders indicate that the centers improve coordination and make the process less traumatic to children, although we could not confirm this due to lack of accountability data. If future funding is to be provided to children's advocacy centers, an accountability system is needed.

Purpose

The Joint Legislative Auditing Committee directed OPPAGA to review children's advocacy centers. Our review focused on the questions below.

- What are children's advocacy centers and how do they fit into the state child protection and courts system?
- What accountability mechanisms exist to assess the efficiency and effectiveness of children's advocacy centers?
- What are the options for potential state funding of children's advocacy centers?

Background

The investigation, assessment, and prosecution of child abuse cases in Florida involve many state and local agencies (see Exhibit 1). The Department of Children and Families (DCF) is responsible for investigating allegations of abuse and neglect and coordinating services for children and families with private provider agencies. Protective investigations consist of face-to-face interviews with the child, siblings, parents, and other adults in the household and an onsite assessment of the child's residence. DCF protective investigators also determine if

the child and family need services, such as mental health counseling.

Exhibit 1

There Are Many Entities Involved in the Investigation of Child Abuse and Neglect



Source: OPPAGA analysis.

DCF is required by law to refer certain cases, such as those involving sexual abuse, to the Department of Health's Child Protection Teams.¹ The teams supplement child protective investigation activities by providing medically directed, multidisciplinary assessment services to children and families involved in child abuse and neglect investigations. These activities include medical diagnosis and examination, medical consultation, specialized interviewing of children, psychosocial assessment, and psychological and psychiatric evaluation.²

If the Department of Children and Families' investigation and assessment activities find evidence of criminal conduct, local law enforcement may conduct an investigation. If DCF finds that there has been an incident of child death, aggravated child abuse, or sexual

abuse, it must immediately provide law enforcement with a written report of an allegation of criminal conduct.³ The law enforcement agency will review the information to determine if a criminal investigation is warranted and take the lead in all criminal fact-finding activities.

Local state attorneys may decide to prosecute the case if the law enforcement and DCF investigations find evidence of criminal activity. If the case goes to court, a guardian ad litem may be appointed to represent the interest of the child during proceedings. Guardians ad litem are trained volunteers who advocate for the child during court proceedings. Florida law requires that a guardian ad litem be appointed to represent the best interests of the child in certain cases, including children who have been abused or neglected.⁴ However, not all children who are eligible for a guardian ad litem receive one. In OPPAGA's Report No. 02-10 we noted that in calendar year 2001, the program provided assistance to 54% of abuse and neglect victims whose cases went to court.⁵

Questions and Answers —

What are children's advocacy centers and how do they fit into the state child protection and courts systems?

Children's advocacy centers (CACs) are local entities that support the child protective investigative process. The 20 CACs that operate in Florida receive funding from a variety of sources, and their goals are to reduce trauma to child victims of abuse and neglect and to coordinate the various activities and agencies involved in child abuse investigations. While the CACs may provide testimony to support legal actions in child protective cases, they are not an integral part of the state courts system.

¹ Section 39.303, *Florida Statutes*, requires that DCF must refer children with injuries to the head, bruises to the neck or head, burns, or fractures, with indications of sexual abuse, malnutrition, failure to thrive, and medical neglect to Child Protection Teams.

² In other states, medical evaluation of abused and neglected children varies and is not as established as Florida's CPT system. It was not until recently that CACs in other states have attempted to provide these services on-site.

³ Section 39.301(2), *Florida Statutes*.

⁴ Sections 39.822, 61.401, and 914.17, *Florida Statutes*.

⁵ *Information Brief: Guardian ad Litem Placement May Shift Reasons of Funding and Conflict of Interest*, OPPAGA [Report No. 02-10](#), February 2002.

Florida's 20 children's advocacy centers support the child protection process by providing a coordinating role in those counties where they operate. Twelve of the CACs are full members of the National Children's Alliance, a non-profit that accredits children's advocacy centers. The remaining eight CACs are associate members. Executive directors from six of the eight associate CACs report that they are currently pursuing full membership accreditation. CACs serve 32 of Florida's 67 counties. Thirteen centers serve a single county area while seven serve two or more counties. (See Exhibit 2 for the location of these centers.) More detailed information about the individual CACs is shown in Appendix A.

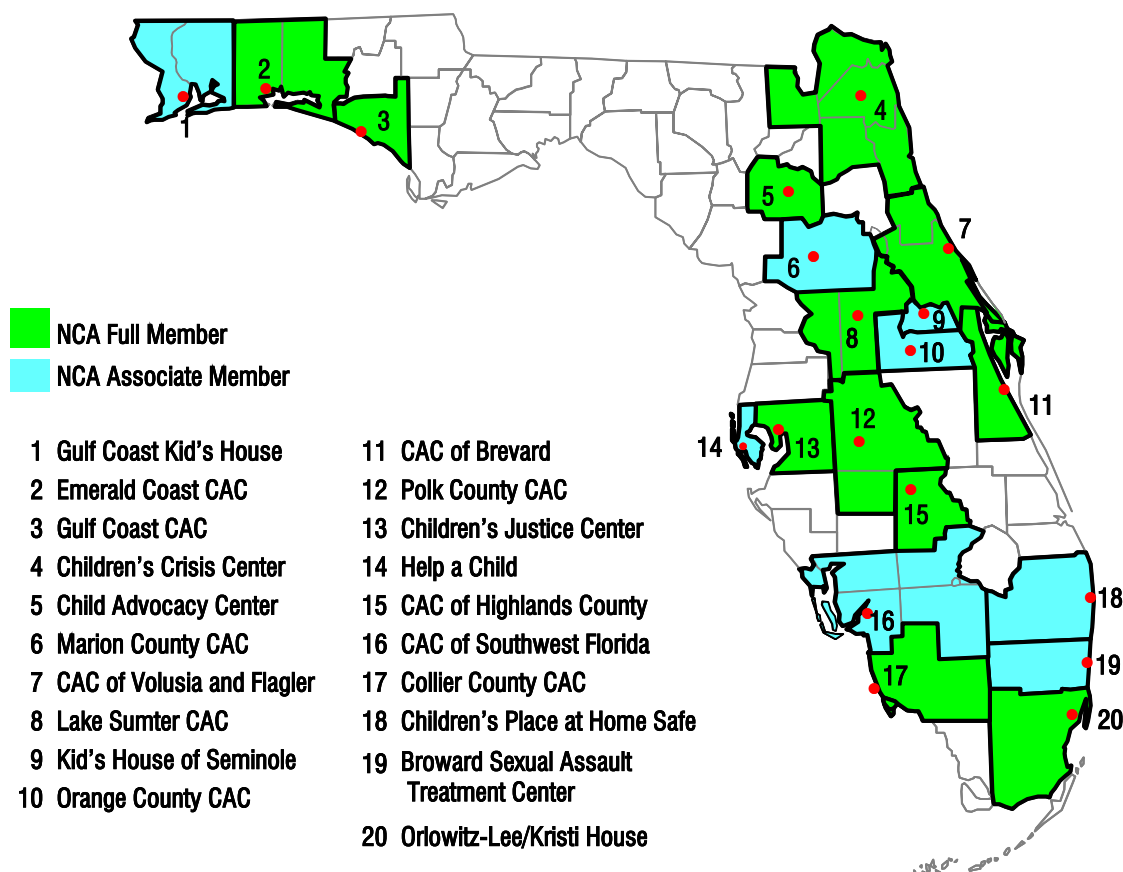
The children's advocacy centers work to coordinate the activities of the agencies involved in the investigations, particularly interviews

with the alleged victims. CACs provide a neutral, child-friendly facility where all the agencies (such as DCF, the Child Protection Teams, and law enforcement) may interview and examine the child. In counties that do not have CACs, these interviews and assessments may take place in other places such as police stations, which may be intimidating.

The children's advocacy centers also coordinate meetings with all of the agencies involved in a case. These multi-disciplinary teams include representatives from DCF, local law enforcement, state attorneys, child protection teams, and mental health and victim advocacy providers. These teams regularly meet to discuss and make decisions regarding an investigation, treatment services, and prosecution of the perpetrator.

Exhibit 2

There Are 20 Children's Advocacy Centers Located Throughout Florida



Source: OPPAGA analysis.

The services provided by the children's advocacy centers vary widely, based on their funding levels and community needs. Some CACs provide only a child-friendly facility, while others also conduct routine multidisciplinary staffings and provide on-site victim advocacy and mental health services. In addition, the types of cases served by the centers vary. For example, some CACs serve only victims of sexual abuse, while others serve all victims of abuse and neglect. Also, some CACs provide other related services and programs, such as supervised visitation and domestic violence programs. In calendar year 2001, the 12 full CACs served 15,559 children.⁶ The number of children served by each full center ranged from 336 to 3,300.

Children's advocacy centers are locally operated and funded.

Children's advocacy centers in Florida are primarily designed and governed at the local level. CACs have governing boards that address organizational issues such as fiscal policies and public relations. These boards are composed of volunteers from the community.

While they are locally governed, the children's advocacy centers operate under the auspices of the National Children's Alliance. The alliance is a not-for-profit organization that provides training, technical assistance, and networking opportunities to the 409 CACs operating nationwide. The alliance also establishes standards for CAC accreditation. It offers full membership and non-competitive grant funding of \$10,000 to CACs that meet 10 standards (see Appendix B for a list of these standards). Centers that do not meet all of the standards for full membership are designated as associate members and are eligible to apply for competitive grant funds from the National Children's Alliance.

⁶ This client count is based on data provided by the 12 full children's advocacy centers to the National Children's Alliance. The eight associate members are not required to report this information to the alliance.

Florida's 20 children's advocacy centers also participate in the Florida Network of Children's Advocacy Centers, Inc. This organization is the state chapter of the National Children's Alliance. The network is a voluntary membership organization that provides guidance and technical assistance to CACs. The network has no paid staff but has a board of CAC **directors** that organizes activities. The network **does** not have an organized set of policies or procedures that govern the operations of CACs.

Chapter 39.3035, *Florida Statutes*, sets criteria for full membership in the Florida Network of Children's Advocacy Centers (see Appendix C). These criteria are similar to those for membership in the National Children's Alliance, with additional requirements. For example, Florida also requires that the CAC be a child protection team, or by written agreement incorporate the participation and services of a Child Protection Team. These teams provide medically directed services such as diagnosis, evaluation, and specialized interviewing of suspected child abuse victims. The Legislature began to fund Child Protection Teams in 1978. In Fiscal Year 2002-03, the Legislature appropriated \$16,560,552 to 22 teams located throughout the state.

The CACs receive funding from a variety of sources, including local donations, grants from local governments, private foundations and contracts with state agencies. However, the Legislature has appropriated funds to some CACs in the past five years. Since Fiscal Year 1999-00, five centers have received appropriations.

The Legislature appropriated funds to four CACs for Fiscal Year 2002-03; these funds are to be used for operations, salaries and benefits, and to pay construction debt.⁷ In Fiscal Year 2001-02, three centers received a total of \$750,000, which provided an average of 25% of their budgets. Appendix D shows the centers that have received appropriations to date and the use of

⁷ One of the CACs, Emerald Coast, was appropriated \$112,500 in non-recurring general revenue, but the Governor vetoed these funds.

these funds. Some centers also receive state funds through contracts with state agencies. For example, the Children's Crisis Center in Jacksonville has a contract with the Department of Health to provide a sexual assault treatment program.

In Fiscal Year 2001-02, the budgets of the 20 children's advocacy centers ranged from \$34,857 to over \$1.4 million, and the total budget for all 20 was \$6,308,527. The CACs primarily use their budgets for salaries and benefits, and have staff ranging from one-half of a full-time equivalent (FTE) position to 25 positions.

Children's advocacy centers are unlikely to be determined to be an integral part of the state courts system.

In Florida, children's advocacy centers are not formally aligned with the judicial system. In most cases, their involvement is limited to interaction with state attorneys and guardian ad litem. Additionally, CAC staff can be called upon to testify in criminal abuse trials.

Children's advocacy centers are unlikely to qualify for state Article V funding. In 1998, Florida voters approved a revision to Article V of the Constitution, which required the state to assume more costs for State Courts System. The law that implements the revision (Ch. 2000-237, *Laws of Florida*) directs the state to pay for the "essential elements" of the State Courts System; local governments are to pay for other costs such as providing courthouses.

While neither the Legislature nor the Trial Courts Budget Commission have made a determination on whether CACs are an "essential element" of the State Courts System, similar elements of the child protection system have not been determined to meet the criteria as "essential." For example, the guardian ad litem program, which operates in every court circuit and works directly with the courts in representing dependent children, is not recognized as an "essential element." Therefore, a program like children's advocacy centers, which is not statewide and whose interaction with the court is limited, would likely also not be

deemed to be an essential element of the state court system for state funding purposes.

What accountability mechanisms exist to assess the efficiency and effectiveness of children's advocacy centers?

Children's advocacy centers have a limited statewide accountability system. CACs report some fiscal and programmatic information to their boards and funding sources. However, this information is not standardized, and CACs have limited data on their efficiency and outcomes.

Stakeholders and literature indicate however, that CACs can improve coordination of child abuse investigations and make the process less traumatic to children.

Children's advocacy centers are primarily accountable to their boards and funding sources.

Children's advocacy centers do not have a comprehensive accountability system that reports their inputs, outputs, and outcomes. The centers must report some fiscal and programmatic information such as expenditures and number of clients served to their boards and other funding sources. The 12 CACs that are full members of the National Children's Alliance must also maintain client information in a case tracking system and report caseloads, client demographics, and case disposition biannually to the alliance. However, the eight Florida CACs that are associate members of the alliance are not required to report this information.⁸

Currently, neither the state nor the National Children's Alliance requires CACs to collect and report important accountability data such as cost per case or whether they provide services in a timely manner. Moreover, CACs are not required to report measures that reflect whether they are meeting their goals to reduce trauma to children and improve coordination.

⁸ If associate members receive training or program support funds from the National Children's Alliance, they are required to report statistical information.

Although not standardized, some individual centers do track useful performance information. For example, two CACs collect data on reducing the number of interviews. Multiple interviews may further traumatize child victims and be intrusive. However, these centers do not use the same methodology. So, while some outcome data does exist, it is not standardized or consistent and cannot be compiled statewide.

Stakeholders and literature indicate that children's advocacy centers can improve coordination in the child protection system.

Local stakeholders appear to be supportive of children's advocacy centers, and these persons and child welfare literature indicate that CACs can provide benefits to the child protection system. These benefits include improving the coordination of child abuse investigations and reducing trauma to child abuse victims.

Our visits to children's advocacy centers and interviews with local stakeholders found high support of CACs.⁹ These stakeholders asserted that the centers help improve coordination of child abuse investigations. Without effective coordination, agencies involved in the protective investigation may duplicate activities such as interviewing the child. A lack of coordination can also result in agencies not sharing key information about the case, which can impede effective decision making and evidence gathering. Stakeholders noted that a factor that helps CACs in their coordination role is that the facilities are seen as neutral and not aligned with any one agency involved in the investigation process. This neutrality facilitates a cooperative environment and reduces the chance that one agency will dominate case decision making.

The stakeholders also asserted that CACs' coordination of multi-disciplinary teams help case investigations and outcomes. CACs are required to establish interagency agreements and protocols that formalize team interaction between entities such as DCF, law enforcement

agencies, and child protection teams. This helps the individual team members to work with other entities to increase efficiency and effectiveness by reducing duplication of activities and promoting informed decision making.

The stakeholders as well as child welfare literature indicate that CACs also reduce trauma to the child by providing a child-friendly facility. CACs have space and materials that help make children feel more comfortable during the interview and assessment process, which can avoid re-traumatizing the victim by the process. Further, coordinated interviews can be more effective in exploring all critical aspects of an abuse incident, which can produce more and better information from the child.

What are the options for state funding to children's advocacy centers?

The children's advocacy centers are locally governed entities and some of their funding comes from local sources. However, the Legislature has provided both recurring and non-recurring funding to 5 of the 20 centers in recent years. It is likely that additional CACs will seek state funding.

The Joint Legislative Auditing Committee asked OPPAGA to assess options for what the Legislature should do in the future regarding CACs. We identified four options for legislative consideration.

- Discontinue funding for CACs
- Provide funding to some CACs as Community Budget Request items
- Establish a trust fund endowment that would provide funding for all CACs
- Provide uniform statewide funding to CACs

There are advantages and disadvantages to each of these options (see Exhibit 3). While increased state funding could expand CAC's ability to support the child protection investigation process, it could also alter the community-oriented nature of the centers and could reduce their ability to obtain local funding. We believe that an accountability system should be established if any future state funding for CACs is provided.

⁹ We visited 10 of the 20 CACs. During these visits, we spoke with CAC staff as well as local representatives of the Child Protection Teams, Department of Children and Families, state attorneys, and law enforcement.

Exhibit 3

Summary of the Advantages and Disadvantages of Funding Options for Children's Advocacy Centers

Option	Advantages	Disadvantages
Option 1: Discontinue legislative appropriations	<ul style="list-style-type: none"> Most CACs function without legislative appropriations Would allow CACs to continue local control and flexibility Save state resources (\$620,000 in Fiscal Year 2002-03) 	<ul style="list-style-type: none"> Discontinuing funding could disrupt services at the CACs that currently receive state funding.
Option 2: Continue funding some CACs as Community Budget Request items	<ul style="list-style-type: none"> CACs that receive funds are able to augment their budgets without restrictions Would target funds to those CACs that have convincing funding needs 	<ul style="list-style-type: none"> No established criteria to guide decisions on which CACs to fund and for what purposes, which could result in inequitable distribution of state funds No accountability mechanism to assess whether state funds are achieving desired results
Option 3: Provide funding for CACs through a trust fund endowment	<ul style="list-style-type: none"> Would cap the amount of funding and could eliminate need for future appropriations 	<ul style="list-style-type: none"> It would be costly in the short term to establish the trust fund. A trust fund that would generate \$620,000 in annual funding (current level) would require an initial appropriation of approximately \$7.5 million. An endowment that would provide \$30,000 annually to each CAC would require an initial investment of \$10 million. This amount increases substantially if the Legislature wanted to provide \$207,000 annually to all 20 CACs (the average funding received by the three centers that received appropriations in Fiscal Year 2002-03). This would require an initial appropriation of \$51.8 million.
Option 4: Provide uniform statewide funding to CACs under accountability system	<ul style="list-style-type: none"> Would provide an accountability structure to determine whether state funds are achieving desired results Would provide consistent funding level for all CACs Would provide additional resources to CACs not previously funded, which could enable them to expand services 	<ul style="list-style-type: none"> It would increase demand for limited state resources. For example, funding each CAC at \$30,000, the base amount that Texas provides each CAC, would require \$600,000 in annual appropriations. Funding all 20 CACs at current average level (\$207,000) substantially increase the investment and would require \$4.1 million in annual appropriations. The number of CACs could increase, which would increase funding needs. There would be an additional 35 CACs if one were established in every county that is not currently served by a CAC. Funding the CACs at the \$30,000 level would require an additional appropriation \$1.1 million. Funding them at the current average funding level (\$207,000) would require an additional \$7.2 million in annual appropriations. State funding and accountability requirements could reduce the local control, donations, and flexibility of CACs.

Source: OPPAGA analysis.

Option 1 - Discontinue funding

Under this option, the Legislature would provide no additional funding for any CACs after the 2002-03 fiscal year. This option primarily would affect the three CACs that will receive appropriations totaling \$620,000 during Fiscal Year 2002-03.¹⁰ These centers plan to use these funds primarily for salaries and benefits and operational costs.

The potential advantage of this option is that it would reduce state appropriations and would provide a consistent policy that no state funding should be awarded to CACs. This policy would recognize that most CACs have become operational without state funding, and it would consider CACs to be local entities that should seek local funding to operate.

The potential disadvantage of this option is that discontinuing funding could disrupt services at the CACs that currently receive state funding. This would likely have the greatest effect on the Orlowitz-Lee/Kristi House in Miami, which has received the largest appropriations (\$405,000 to \$450,000) over the past three years and uses these funds for operations, including staff salaries and benefits. To mitigate the potential adverse effects to clients and the process, the Legislature could phase out existing funding to CACs over a multi-year period. For example, the Legislature could decrease the funding levels provided to these centers by 33% over the next three years. Doing this would allow these centers time to find alternative funding sources to replace state funds.

If the Legislature chooses the option of discontinuing state funding to CACs, it would need to amend s. 39.3035, *Florida Statutes*, to eliminate the provision allowing CACs to be eligible for state funding and to specify the time period during which funding would be discontinued.

¹⁰ A fourth CAC (Emerald Coast) was appropriated \$112,500 in nonrecurring general revenue, but the Governor vetoed these funds.

Option 2 - Provide funding to some children's advocacy centers as Community Budget Request items

Under this option, the Legislature would continue its current practice of providing funds to some CACs through community budget issues. The primary benefit of continuing this option is that some centers will be able to augment their budgets with additional state funding. The funds are unrestricted, and centers that receive these funds can use them for a variety of purposes. For example, centers that currently receive legislative appropriations use them to fund staff positions and for operating expenses. This option would tend to restrict state funds to those CACs that can present convincing funding needs to their local legislative delegations.

The primary drawback to this option is that there is currently no accountability mechanism in place to assess whether state funds provided to CACs are achieving desired results. Also, there are currently no statewide criteria to guide the Legislature's decisions on whether to fund community budget items for CACs.

Option 3 - Establish a trust fund endowment for children's advocacy centers

Under this option, the Legislature would create an endowment fund for CACs and provide a lump-sum "seed money" appropriation. CACs would be eligible to apply to a central entity to receive monies from the endowment fund; the amount of available funds would be limited to interest earnings on the fund balance.

The advantage of this approach is that it would cap the amount of funding and eliminate the Legislature's future need to provide funding to CACs. It would also enable all CACs that met certain criteria (such as full membership in the National Children's Alliance) to compete for funding.

There are several steps the Legislature could take to implement the endowment fund. First, it could establish in statute the amount of funding the Legislature would contribute to the endowment fund over a single or multi-year time period. Second, it would appropriate funds

from the Tobacco Settlement Trust Fund or general revenue into a CAC endowment fund. The Legislature could direct that the State Board of Administration (SBA) manage the fund. Third, the Legislature would by statute designate an entity such as the Department of Health or the Department of Children and Families to process CAC applications for available endowment interest earnings.

However, the disadvantage of this option is that it would be expensive to establish. We estimate that establishing a trust fund endowment that would provide the current level of funding (\$620,000 per year) would require an initial appropriation of \$7.8 million.¹¹ An endowment that would provide \$30,000 annually to each CAC would require an initial investment of \$7.5 million. This amount increases substantially if the Legislature wanted to provide \$207,000 annually to all 20 CACs (the average funding received by the three centers that received appropriations in Fiscal Year 2002-03). This would require an initial appropriation of \$51.8 million.

Option 4 – Provide state funding to all children’s advocacy centers

Under this option, the Legislature would provide funding to all CACs that met certain criteria such as qualifying for full membership in the National Children’s Alliance. All qualifying centers could receive an equal funding level, or the funding level could vary based on factors such as caseload.

The advantage of this option is that it would provide a consistent funding mechanism for all CACs. It could enable CACs to expand their services and enhance the child protection system.

The disadvantage of this option is that it would increase funding needs. For example, funding each CAC at \$30,000, the base amount that Texas provides each CAC, would require \$600,000 in annual appropriations.¹² Funding all 20 CACs at

current average level (\$207,000) substantially increase the investment and would require \$4.1 million in annual appropriations.

Also, if the number of CACs increased, funding needs would also increase. For example, if a CAC was established in every county that is not currently served by one, there would be an additional 35 CACs. Funding the CACs at the \$30,000 level would require an additional appropriation of \$1.1 million. Funding them at the current average funding level (\$207,000) would require an additional \$7.2 million in annual appropriations.

We believe that stronger accountability systems need to be established if the Legislature expands state funding to CACs. Currently, there is no consistent statewide data on CAC activities or the efficiency and effectiveness of their operations. While stakeholders and some literature indicate that CACs have a positive effect on the child protective investigation process, there is limited data available to assess these outcomes. As a result, the Legislature cannot currently assess whether funding CACs represents the best use of available resources within the child protection system.

A children’s advocacy center accountability structure should include specified input, output, efficiency, and outcome measures, and standardized systems for tracking and reporting this data.¹³ In addition, there should be some state oversight of CAC operations if they receive recurring general revenue appropriations, such as monitoring by a state agency and required annual financial audits. In other states, the state network provides this oversight. However, the Florida Network of Children’s Advocacy Centers is not a state entity, and we question whether a

¹¹ This assumes an annual interest rate of 8%.

¹² In addition to the \$30,000 base amount, Texas provides additional funds based on population. To receive these funds, CACs in Texas must provide a 100% match.

¹³ Required performance measures could include the number of children served, client characteristics such as the types of abuse treated and whether findings of abuse and neglect are made, the timeliness of case staffing and other services, costs per case, and outcomes measures such as stakeholder satisfaction and the percentage of cases accepted for prosecution. The University of New Hampshire is currently conducting a multi-year, multi-site evaluation of CACs that will provide useful outcome information. This study, which will have an initial report in 2004, could provide additional outcome measures that could be used in Florida.

non-state entity should be responsible for overseeing use of state funds.

Another component of an accountability structure is funding criteria. Criteria are necessary to ensure proper and equitable distribution of state funds. These criteria should detail how funds should be used and distributed. For example, criteria should determine which CACs are eligible for funds and how funds may be used.

The Legislature should consider making technical changes to the children's advocacy center statute

Regardless of the funding options, the Legislature should consider amending ss. 39.3035(1) and (3), *Florida Statutes*, to correct technical errors. These changes should eliminate the references to membership requirements in the Florida Network of Children's Advocacy Centers, Inc. The statute identifies the network as an accrediting membership organization, however the network does not perform this function.

Agency Responses —

In accordance with the provisions of s. 11.51(5), Florida Statutes, a draft of our report was submitted to the President of the Florida Network of Children's Advocacy Centers, the Secretary of the Department of Health, and the Secretary of the Department of Children and Families for each to review and respond.

We received three written responses from the Florida Network of Children's Advocacy Centers, the Department of Children and Families, and the Department of Health to our preliminary and tentative findings. The Florida Network agreed with many of our findings and stated that the report provided a substantive description of children's advocacy centers' role in the child protective system. The network also made several suggestions. For example, they suggested that the title of the report had a negative connotation and should be, *Children's Advocacy Centers Appear Beneficial with Limited State Accountability*.

The Department of Children and Families stated that they support the concept of children's advocacy centers. The Department of Health stated that the report fairly articulated the needs of children's advocacy centers. The agencies' written responses begin on page 17.

OPPAGA provides objective, independent, professional analyses of state policies and services to assist the Florida Legislature in decision making, to ensure government accountability, and to recommend the best use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

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Appendix A

Florida's 20 Children's Advocacy Centers

Of Florida's 20 children's advocacy centers, 12 are full members of the National Children's Alliance and 8 are associate members. The 12 full members meet 10 standards as described in Appendix B. Associate membership is offered to any program that has not yet achieved all of the standards of a full member center. Unless otherwise noted, the information below describes CAC programs only and does not include data on related programs such as the Child Protection Team or supervised visitation.

Table A-1
Twelve Full Children's Advocacy Centers

CAC	Counties Served	Number of Clients 2001	Budget Fiscal Year 2001-02	Funding Sources	CAC Staff	
					Total	Breakdown
Child Advocacy Center	Alachua	336	\$241,255	Donations/Fundraising Grants Victims of Crime Act (VOCA) Deferred Prosecution United Way National Children's Alliance	<u>5</u>	1 Executive Director 1 Administrative Assistant 1 Therapist 1 Interviewer 1 Case Manager
Child Advocacy Center of Brevard	Brevard	988	\$401,551	Donations/Fundraising Grants Victims of Crime Act (VOCA) DCF United Way National Children's Alliance	<u>4</u>	1 Executive Director 1 Crisis Counselor 1 Receptionist 0.5 Accountant 0.5 Development Director
Children's Advocacy Center of Highlands County	Highlands	487	\$84,960	Donations/Fundraising Grants (including Highlands County) Program Revenues Hospital Board United Way National Children's Alliance	<u>1</u>	1 Executive Director
The Children's Advocacy Center of Volusia and Flagler Counties	Volusia and Flagler	1,992	\$964,549	Donations/Fundraising Grants (including Volusia and Flagler counties) Victims of Crime Act (VOCA) United Way National Children's Alliance Medicaid	<u>14</u>	1 Associate Director 1 Secretary 1 Quality Assurance 2 Mental Health Counselors 2 Therapists 1 Case Manager 4 Counselors 1 Client Services Specialist 1 Data Processor
Children's Crisis Center	Baker, Clay, Duval, Nassau, and St. Johns	3,300	\$189,352	Donations Fee for services Administrative fees from program contracts National Children's Alliance	<u>5</u>	1 Clinical Director 1 Fiscal Clerk 1 Fiscal Administrator 2 Administrative Assistants
Children's Justice Center	Hillsborough	595	\$868,350	Administrative Office of the Courts Victims of Crime Act (VOCA) Children's Board National Children's Alliance	<u>7</u>	1 Program Coordinator 1 Assistant Program Coordinator 2 Counselors/Interviewers 1 Program Assistant 2 Administrative Assistants

Special Review

CAC	Counties Served	Number of Clients 2001	Budget Fiscal Year 2001-02	Funding Sources	CAC Staff	
					Total	Breakdown
Collier County Children's Advocacy Center	Collier	1,018	\$464,028	United Way Victims of Crime Act (VOCA) National Children's Alliance	<u>3</u>	1 Executive Director 1 Finance Director 1 Program Coordinator
Emerald Coast Children's Advocacy Center	Okaloosa and Walton	1,235	\$276,000	Donations/Fundraising Grants (including local governments) Agency contributions (for operating costs) Victims of Crime Act (VOCA) National Children's Alliance	<u>4</u>	1 Executive Director 1 Mental Health Advocate 1 Case Advocate 1 Administrative Assistant
Gulf Coast Children's Advocacy Center	Bay	2,899	\$156,000	Donations/Fundraising DCF Contract United Way National Children's Alliance	<u>2</u>	1 Executive Director 1 Administrative/Program Assistant
Lake Sumter Children's Advocacy Center	Lake and Sumter	501	\$335,297	Donations/Fundraising Grants (including Lake Children's Commission and Rodgers Foundation) Victim of Crime Act (VOCA) DJJ and DCF contracts National Children's Alliance	<u>7</u>	1 Executive Director 2 Forensic Interviewers 1 Counselor/Child Advocate 1 Counselor/Mental Health 1 Office Manager 1 Visit Coordinator
Orlowitz-Lee Children's Advocacy Center /Kristi House	Miami-Dade	584	\$1,406,700	Donations/Fundraising Grants Victim of Crime Act (VOCA) Legislative Appropriation/DCF Contract National Children's Alliance	<u>25</u>	1 Executive Director 8 Case Coordinators 5 Therapists 4 Administrative Staff 1 Driver 1 Network Coordinator 5 Support Staff
Polk County Children's Advocacy Center	Polk and Hardee	1,624	\$34,857	United Way National Children's Alliance	<u>0.5</u>	0.5 Executive Director

Source: Children's Advocacy Centers.

Table A-2
Eight Associate Children's Advocacy Centers

CAC	Counties Served	Number of Clients July 2000-2001	Budget Fiscal Year 2001-02	Funding Sources	CAC Staff	
					Total	Breakdown
Broward County Sexual Assault Treatment Center	Broward	3,694 ¹	\$411,038	Broward County Victims of Crime Act (VOCA)	<u>28</u> ²	6 Administration 1 Treatment Director 1 Clinical Supervisor 10 Therapists 1 Supervised Visitation Coordinator 8 Crisis Intervention Counselors/Interviewers 1 Crisis Unit Supervisor
Children's Advocacy Center of Southwest Florida	Charlotte, Glades, Hendry, and Lee ³	3,445	\$180,000	Donations/Fundraising Grants (including Charlotte, Hendry, Glades, and Lee counties, City of Cape Coral, and City of Fort Myers) United Way	<u>3</u>	1 CEO 1 Financial Manager 1 Office Manager
Gulf Coast Kid's House ⁴	Escambia and Santa Rosa	NA	\$119,000	Donations/Fundraising	<u>1.5</u>	1 Executive Director 0.5 Secretary
Help a Child, Inc.	Pinellas	CPT – 1900 Child Abuse Recovery - 644	\$422,171	Pinellas County Crime Victims Compensation Victims of Crime Act (VOCA) Social Action Funding	<u>7.5</u>	2.5 Child Abuse Recovery 5 Administration
Home Safe Child Advocacy Center	Palm Beach	CPT – 2,001 Safety Net Domestic Violence Program - 388	\$218,434	Donations/Fundraising Medicaid Victims of Crime Act (VOCA)	<u>2</u>	1 Program Director 1 Receptionist
Kid's House of Seminole	Seminole	569	\$595,896	Donations/Fundraising Grants (Including city, county, and private foundation)	<u>7</u>	1 Executive Director 1 Administrative Assistant 3 Child Advocates 0.5 Training and Case Tracking Coordinator 0.5 Accredited Registered Nurse Practitioner for CPT 1 Intern
Marion County Children's Advocacy Center	Marion	Estimated 500	\$300,000	Donations/Fundraising Grants (Including Marion County Medical Alliance and Community Development Block Grant) Victims of Crime Act (VOCA) United Way	<u>5.5</u>	2.5 Therapists 1 Victim Advocate 2 Case Coordinators
Orange County Children's Advocacy Center	Orange	920	\$520,756	Robert Wood Johnson Foundation Dr. Phillips Foundation Florida Department of Children and Families	<u>5.25</u>	0.25 CAC Manager 4 Child Advocates 1 Secretary

¹ Number of child clients served from October 2000 to September 2001.

² Some of these positions serve both child and adult clients and work on other programs such as crisis intervention and supervised visitation.

³ The Children's Advocacy Center of Southwest Florida also provides parent education and therapy for child witnesses of domestic violence to residents of Collier County.

⁴ Gulf Coast Kid's House is a planned CAC and child abuse prevention center that will be built in Fiscal Year 2002-03.

Source: Children's Advocacy Centers.

Appendix B

National Standards for Full Children's Advocacy Centers

The program components described below are necessary for full membership in National Children's Alliance.

1. **Child-Appropriate/Child-Friendly Facility.** A children's advocacy center provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for clients.
2. **Multidisciplinary Team (MDT).** A multidisciplinary team for response to child abuse allegations includes representation from the following:
 - law enforcement,
 - child protective services,
 - prosecution,
 - mental health,
 - medical,
 - victim advocacy, and
 - children's advocacy center.
3. **Organizational Capacity.** A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative practices.
4. **Cultural Competency and Diversity.** The CAC promotes policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community.
5. **Forensic Interviews.** Forensic interviews are conducted in a manner which is of a neutral, fact finding nature, and coordinated to avoid duplicative interviewing.
6. **Medical Evaluation.** Specialized medical evaluation and treatment are to be made available to CAC clients as part of the team response, either at the CAC or through coordination and referral with other specialized medical providers.
7. **Therapeutic Intervention.** Specialized mental health services are to be made available as part of the team response, either at the CAC or through coordination and referral with other appropriate treatment providers.
8. **Victim Support/Advocacy.** Victim support and advocacy are to be made available as part of the team response, either at the CAC or through coordination with other providers, throughout the investigation and subsequent legal proceedings.
9. **Case Review.** Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis.
10. **Case Tracking.** CACs must develop and implement a system for monitoring case progress and tracking case outcomes for team components.

Source: National Children's Alliance.

Appendix C

Statutory Criteria for Children's Advocacy Centers

39.3035 Child advocacy centers; standards; state funding.--

(1) In order to become eligible for a full membership in the Florida Network of Children's Advocacy Centers, Inc., a child advocacy center in this state shall:

- (a) Be a private, nonprofit incorporated agency or a governmental entity.
- (b) Be a child protection team, or by written agreement incorporate the participation and services of a child protection team, with established community protocols which meet all of the requirements of the National Network of Children's Advocacy Centers, Inc.
- (c) Have a neutral, child-focused facility where joint department and law enforcement interviews take place with children in appropriate cases of suspected child sexual abuse or physical abuse. All multidisciplinary agencies shall have a place to interact with the child as investigative or treatment needs require.
- (d) Have a minimum designated staff that is supervised and approved by the local board of directors or governmental entity.
- (e) Have a multidisciplinary case review team that meets on a regularly scheduled basis or as the caseload of the community requires. The team shall consist of representatives from the Office of the State Attorney, the department, the child protection team, mental health services, law enforcement, and the child advocacy center staff. Medical personnel and a victim's advocate may be part of the team.
- (f) Provide case tracking of child abuse cases seen through the center. A center shall also collect data on the number of child abuse cases seen at the center, by sex, race, age, and other relevant data; the number of cases referred for prosecution; and the number of cases referred for mental health therapy. Case records shall be subject to the confidentiality provisions of s. [39.202](#).
- (g) Provide referrals for medical exams and mental health therapy. The center shall provide follow-up on cases referred for mental health therapy.
- (h) Provide training for various disciplines in the community that deal with child abuse.
- (i) Have an interagency commitment, in writing, covering those aspects of agency participation in a multidisciplinary approach to the handling of child sexual abuse and serious physical abuse cases.

(2) Provide assurance that child advocacy center employees and volunteers at the center are trained and screened in accordance with s. [39.001](#)(2).

(3) Any child advocacy center within this state that meets the standards of subsection (1) and is certified by the Florida Network of Children's Advocacy Centers, Inc., as being a full member in the organization shall be eligible to receive state funds that are appropriated by the Legislature.

Source: *Florida Statutes*.

Appendix D

Legislative Appropriations to Children's Advocacy Centers

CAC	FY 1999-00	FY 2000-01	FY 2001-02	FY 2002-03
Emerald Coast Children's Advocacy Center (Niceville)	\$100,000 Non-Recurring Tobacco Trust Fund Construction	-----	\$515,465 - VETOED Recurring General Revenue Proposed Use: Salaries and Benefits for State Attorney positions and Operations	\$112,500 - VETOED Non-recurring General Revenue Proposed Use: Operations
Orange County Children's Advocacy Center (Orlando)	\$300,000 Non-Recurring Tobacco Trust Fund Operations and Salaries and Benefits	\$100,000 Recurring General Revenue Operations and Salaries and Benefits	\$100,000 Recurring General Revenue Operations and Salaries and Benefits ----- \$200,000 - VETOED Non-Recurring General Revenue Proposed Use: Operations and Salaries and Benefits	\$90,000 Recurring General Revenue Proposed Use: Operations
Children's Justice Center (Tampa)	-----	\$125,000 Non-Recurring Tobacco Trust Fund Technological improvements	\$200,000 Recurring General Revenue Salaries and Benefits and technological improvements	-----
Orlowitz-Lee Children's Advocacy Center/Kristi House¹ (Miami)	-----	\$450,000 Recurring Tobacco Trust Fund Operations and Salaries and Benefits	\$450,000 Recurring Tobacco Trust Fund Operations and Salaries and Benefits	\$405,000 Recurring Tobacco Trust Fund Proposed Use: Operations and Salaries and Benefits
Marion County Children's Advocacy Center (Ocala)	-----	-----	-----	\$125,000 Non-Recurring General Revenue Proposed Use: Operations and Construction (pay off construction debt)
TOTAL	\$400,000	\$675,000	\$750,000	\$620,000

¹ The Orlowitz-Lee Children's Advocacy Center/Kristi House receives these funds through a contract with the Florida Department of Children and Families (DCF). In Fiscal Year 2001-02, the Legislature earmarked \$450,000 in a line item and DCF added an additional \$138,000 to the minimum contract amount, bringing the total to \$588,000.

Source: *Laws of Florida*.

August 1, 2002

Mr. John W. Turcotte, Director
Office of Program Policy Analysis and
Government Accountability
111 West Madison Street, Room 312
Claude Pepper Building
Tallahassee, Florida 32399-1475

Dear Mr. Turcotte:

Thank you for the opportunity to respond to OPPAGA's Special Review, *Children's Advocacy Centers Appear Beneficial But Have Limited Accountability*. This is a concept in which we are interested, and I am pleased to have the opportunity to share our work in this area with you.

Our Department supports the concept of children's advocacy centers. I have charged the Task Force on Children's Justice with exploring children's advocacy centers and making recommendations on several points. The Task Force is a multidisciplinary body that includes membership from both the Department of Health and the Florida Network of Children's Advocacy Centers.

The questions being considered by the Task Force include:

- Are children's advocacy centers a good concept?
- Should children's advocacy centers be replicated throughout the state?
- What are the fundamental elements of children's advocacy centers, and what are the possible variations?
- Which children's advocacy centers represent the best models?
What are the best practices for children's advocacy centers?
What are the barriers to effectiveness in children's advocacy centers (i.e. communication, confidentiality, etc.), and how might they be overcome?
How can domestic violence be identified in families that are involved with children's advocacy centers, and what is the best response to the families in those cases?
- If state funding is provided for children's advocacy centers, what performance and accountability measures should be reported to the Legislature?

The Task Force is currently working with researchers from the Crimes Against Children Research Center at the University of New Hampshire to plan a study of

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Mr. John W. Turcotte
August 1, 2002
Page 2

these centers. The study will provide information for the Task Force to use when developing its recommendations.

Thank you again for the opportunity to respond to your Special Review, and I look forward to working with you in the future. If you have any questions, please call Sondra Williams, Director of the Task Force on Children's Justice, at (850) 488-5818.

Very truly yours,

A handwritten signature in dark ink, reading "Kathleen A. Kearney". The signature is written in a cursive style with a large, sweeping "K" and a long, trailing "y".

Kathleen A. Kearney
Secretary



July 30, 2002

Mr. John W. Turcotte, Director
Office of Program Policy Analysis and
Government Accountability
111 West Madison Street
Tallahassee, Florida 32399-1475

Dear Mr. Turcotte:

Thank you for the opportunity to respond to OPPAGA's recent special review entitled, *Children's Advocacy Centers Appear Beneficial But Have Limited Accountability*.

Both the Children's Medical Services' Division of Prevention and Interventions and I have reviewed the draft report and found that it fairly articulates the needs of child advocacy centers in Florida. The Department of Health remains committed to making continual programmatic improvements and will proceed as directed by the Governor and Legislature.

If I may be of further assistance, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to be "AG", written over a horizontal line.

John O. Agwunobi, M.D., M.B.A.
Secretary, Department of Health

JOA/tt



August 12, 2002

John W. Turcotte
Director
The Florida Legislature
Office of Program Policy Analysis and
Government Accountability
111 West Madison St., Room 312
Claude Pepper Bldg.
Tallahassee, FL 32399-1475

Re: OPPAGA special review regarding Children Advocacy Centers

Dear Mr. Turcotte:

On behalf of the Florida Network of Children Advocacy Centers, I would like to commend the work of Jason Hight and Claire Mazur of OPPAGA. Throughout the review process both exhibited professionalism and a commitment to understanding the Children's Advocacy Center concept. With limited cumulative information available on Florida Centers, their task was certainly an arduous one.

On July 29th, the Florida Network Board of Directors and members Center met in Orlando for its quarterly meeting. As a group, we were able to discuss the preliminary findings and recommendations on Children Advocacy Centers as reported by OPPAGA. The following comments and suggestions as addressed by the Network are as follows:

- A. Title of Report, Page 1. The Network agrees with its general summation however, we would make the suggestion for your consideration that the title be written "Children Advocacy Centers Appear Beneficial With Limited State Accountability." The word "but" has a negative connotation. To avoid confusion as to what accountability is being addressed, and the word "state" would immediately clarify such issue.

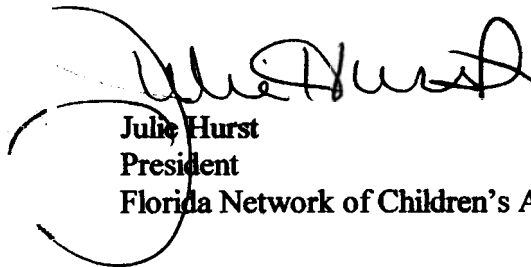
- B. Page 4, “Some CAC’s provide only a child-friendly facility, while others also conduct routine multi disciplinary staffings . . . ” This may be too basic, because those CAC’s that do not provide clinical services are (or at least should be) providing coordination services including multi-disciplinary staffings. All full member centers must meet National Children’s Alliance standards.
- C. Pg, 4, column 2 - The network has an organized set of policies or procedures that govern its operations . . . The network in fact does have formal articles of incorporation, by-laws, and 501(c)(3) status. By-laws establish basic policy and procedures for Network. The Network is in preliminary stages of developing policy and procedural guidelines addressing any future fund distribution and accountability standards associated with same. The Network has formulated a one to five year strategic plan that includes hiring a paid staff person to manage stateside office.
- D Pg. 6, column 2 - What is the option for state funding to children’s advocacy centers? Discussion point - the order in which the options might be interpreted as OPPAGA’s 1st, 2nd, 3rd, and 4th choice. If this is not the intention, might we suggest that OPPAGA considering a statement such as “Options are not listed in recommended order.....”
- E. Pg. 9, 6th paragraph: In other states, the state network provides this oversight. However, the Florida Network of Children’s Advocacy Centers is not a state entity and we question...” The Network does understand that funds could not be directly distributed to the Network, however a state agency could receive funds and contract with Network. The Network would then be responsible for contracting with individual Centers and responsible for reporting to respective state agency. **Note of interest. The Department of Health is currently reviewing a budget request from the Network to fund CAC’s for fiscal year 2003-2004.
- F. Page 9, 8th paragraph: regarding Florida Network as an accrediting membership organization - further clarification - the Network bi-laws state that to be a full member of the FI Network one must be a full member of the National Children’s Alliance. The status of each Center can easily be identified by NCA. The Network would only certify that Center was full member for Network purposes for policy, procedure and would not duplicate reviews already conducted by NCA. . The Alliance review is comprehensive, periodic, and always in place.
- G. Measurable outcomes of Children Advocacy Centers is a matter of discussion from a state as well as a local perspective. Please note that the Task Force on Children’s Justice through the Department of Children & Families is formulating a plan to conduct a study of Centers in Florida.

Overall, the OPPAGA report has provided a substantive description of Children's Advocacy Center's role in the child protective system. We appreciate your consideration as to our comments and suggestions.

The Network believes that Children's Advocacy Center enhance the child protective system by acting as a safety net to help ensure that children don't fall through cracks.

If you have any questions, you may reach me at (850) 833-9237, ext. 223.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Hurst", is written over a circular stamp. The stamp is partially visible and contains the text "Julie Hurst President Florida Network of Children's Advocacy Center".

Julie Hurst
President
Florida Network of Children's Advocacy Center