



WASHOE COUNTY CHILD ADVOCACY CENTER

MDT ORIENTATION MANUAL



2097 Longley Lane
Reno Nevada 89502

Tel: 775-284-2750

The MDT Orientation Manual is intended as an introductory resource to support new Multidisciplinary Team (MDT) members in understanding the collaborative approach and essential protocols of our work. However, this manual does not replace the CAC Guidelines document, which remains the comprehensive and authoritative reference outlining the full scope of our center's operations, policies and procedures.

All MDT members are encouraged to review the complete Guidelines document for detailed information on the structure, roles, responsibilities, and standards that guide the work of the Washoe County Child Advocacy Center.

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WASHOE COUNTY CHILD ADVOCACY CENTER

The Washoe County Child Advocacy Center was founded in 2014. It is located at 2097 Longley Lane, Reno, Nevada, 89502.

Our main contact number is 775-284-2750. Our Program Manager may be reached at 775-284-2768 and lkbryan@da.washoecounty.gov

Meet our team located on site (insert videos)

1. CAC FUNDAMENTALS

The mission of the Washoe County Child Advocacy Center and the Multidisciplinary team is to ensure the health and safety of each child in a child-friendly environment, for the purpose of minimizing trauma, providing advocacy, and supporting effective investigations and prosecutions.

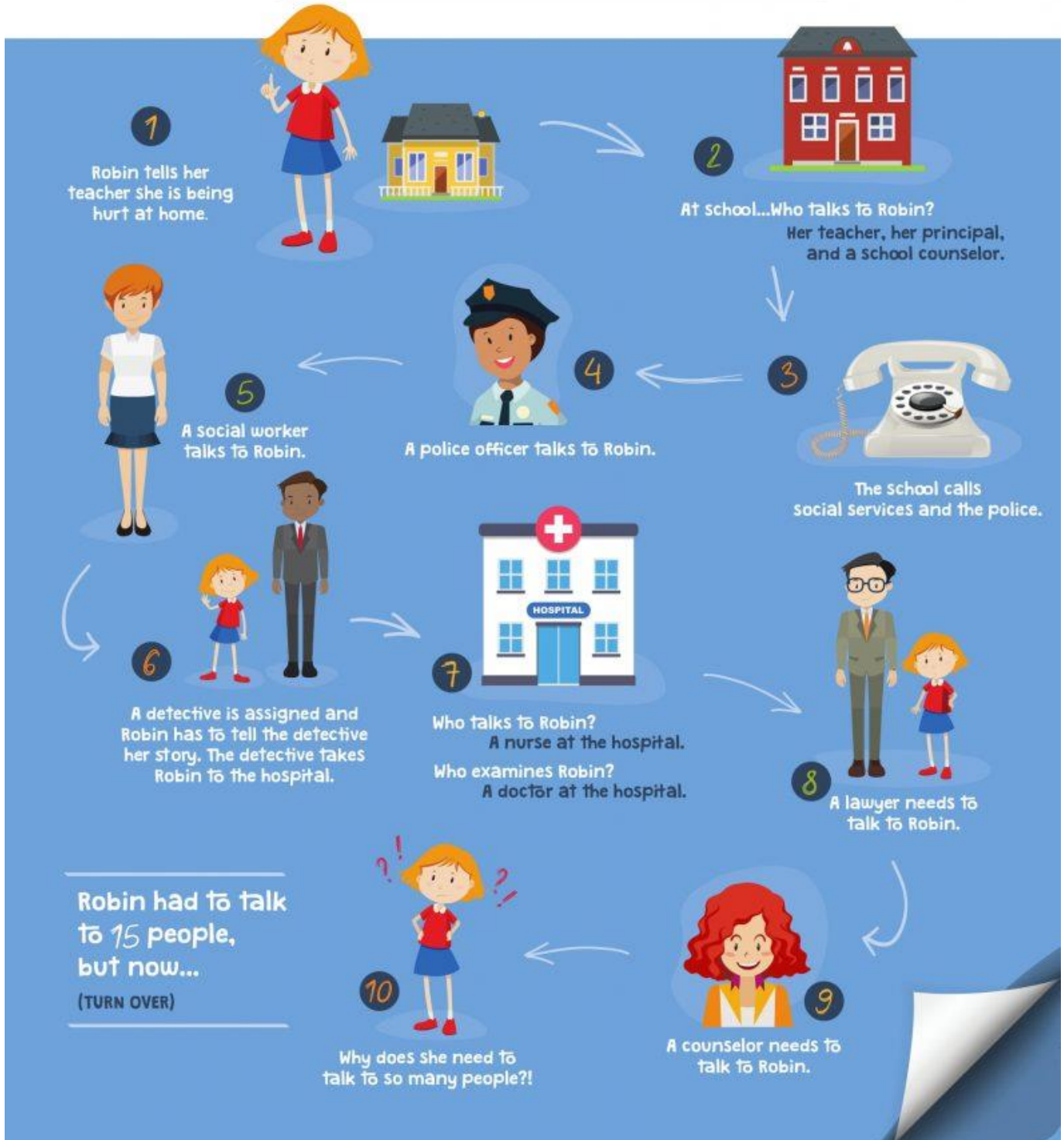
Throughout this presentation, you will hear references to the Child Advocacy Center as the CAC and the Multidisciplinary Team as the MDT.

Our MDT responds to child abuse cases, in addition to cases involving allegations of sexual abuse, major physical abuse or neglect, child sex trafficking, and cases where children are witnesses to crimes. The MDT consists of professionals from several agencies, including but not limited to:

- Washoe County Sheriff's Office
- Reno Police Department
- Sparks Police Department
- Washoe County School District Police
- Washoe County Human Services Department
- Washoe County District Attorney's Office
- Child Advocacy Medical Unit

CHANGING THE Child Abuse System

What used to happen when kids needed help for abuse.



Before CACs, a child would have to tell his or her story several times to different people in several different locations, such as:

- Social Services/HSA
- Law enforcement
- Hospital and other medical providers
- Prosecutors
- Therapists

With CACs now in place, the child tells the story one time while in a child/youth-friendly setting to a trained interviewer, while MDT members involved in the investigations listen and watch the interview from another room.



What happens **today** when kids need help for abuse.

Robin is referred to a counselor, who will help her heal from the abuse.

Robin talks to a nurse or doctor trained in child abuse cases.

Robin tells her story to a trained interviewer while a detective, CPS worker, medical worker and prosecutor listen as a team.

Robin's mom talks to an advocate to help her understand the system and provide the services needed.

WCCAC

1 Robin tells her teacher that she is being hurt by her mom's new boyfriend at home.

2 Her teacher calls the police or social services. An appointment is made for Robin to go to the Washoe County Child Advocacy Center (Washoe County CAC).

3 Robin comes to Washoe County CAC with her mom.

This place is great!
Robin talks to 3 people.

775.284.2750 | Washoe County Child Advocacy Center
2097 Longley Lane, Reno, Nevada 89502 | washoecounty.us/da/childadvocacycenter

Our CAC has written guidelines, which serve as the foundation for safe, effective, and legally sound operations when responding to child abuse cases. The guidelines help ensure that every child and family receive consistent, high-quality care, and that our MDT follows best practices for all cases. We also have written Memorandums of Understanding that commit each participating agency and parties to the CAC model for its MDT child abuse intervention response.

Each member of the MDT is required to sign an acknowledgement that they have received and read a copy of the most current guidelines and that they will agree to support and follow the guidelines, remembering that the ultimate goal of this program is to achieve an improved child protection system and lessen trauma to the child in order to improve the child's overall wellbeing, while always keeping the CAC's mission in mind.

In addition to the Guidelines, new MDT members are also asked to acknowledge receipt of the following:

- Code of Conduct for MDT members
- New MDT Member Orientation
- Employee Badge
- Oath of Confidentiality
- Training Resource Guide
- Instructions on providing CAC documentation for annual professional development

TRAINING RESOURCES

Mandatory Reporting Training

CAC staff and MDT members are mandatory reporters. CACs are required to ensure that mandated reporter training is provided to all staff, volunteers, and MDT members. We provide on-demand training which can be accessed here:

https://washoecounty-gov.zoom.us/rec/share/O1uvzz8dZXO7bPvmday_curE8qudWqNzywV7QKx3EhNs3y-KUnLhp-wXovKWgvI.2BT8c1q-RhaGYm09

Passcode: Rm3?x&sP

The CAC annually provides and/or facilitates relevant training or other educational opportunities focused on issues relevant to investigations, prosecutions, and service provisions to children and their non-offending caregivers. Sometimes emails are dispatched to the MDT, alerting on relevant training. Relevant training may also be found from the following agencies:

1. National Children's Alliance (NCA) www.nationalchildrensalliance.org/training
2. Regional Children's Advocacy Centers (RCACs) www.regionalcacs.org
3. National Criminal Justice Training Center (NCJTC) www.ncjtc.org
4. Zero Abuse Project www.zeroabuseproject.org

2. FORENSIC INTERVIEWS

Forensic interviews are welcome from within Washoe County and any other outside agencies and counties that need the services of a CAC for courtesy forensic interviews.

To determine whether a forensic interview at the CAC is warranted and necessary, the individual agency will make every effort to collaborate with other responding agencies and the CAC MDT, while following the individual agency's policies and procedures.

Each agency agrees that if a case meets the CAC case acceptance criteria as outlined in the guidelines, they will attempt to conduct a minimum of 75% of those forensic interviews at the CAC.

The MDT members and all agencies party to the guidelines agree that the best place to forensically interview a child victim is at the CAC. The guidelines and the general practice of the CAC is to promote forensic interviews that are conducted in a manner that is legally sound, of a neutral, fact-finding nature, and are coordinated to avoid duplicative forensic interviewing

How to Schedule a Forensic Interview

The investigative team comprising of law enforcement officers and HSA can schedule interviews directly using our SuperSass scheduling platform. They can also contact our Office Administrator by calling Monday through Friday from 8:00 am to 5:00 pm with a request for scheduling.

The CAC strives to schedule cases as soon as possible, within the limits of the availability of the victim's family and the MDT members involved. For individuals where Spanish is the primary language in the home, please contact the CAC before scheduling with the family.

Four interview slots are available each day, Mondays through Thursdays. While Wednesdays are reserved for outside agencies, we accommodate interviews from all agencies any day of the week, including Fridays.

CAC referral forms should be completed by the law enforcement agency or HSA in their entirety. The completed forms should be scanned and emailed, along with a copy of the LEA report to CAC-FIALL at cac-fiall@washoecounty.gov. A copy may also be sent to Alma Sena at aosena@da.washoecounty.gov¹ Call-out procedures for submission of documents remain unchanged.

¹ Where agencies already have in place a group email for submission to the CAC which includes more than one CAC personnel, they may continue to use that group email eg: in the case of SPD.

Forensic Interview Process

Washoe County CAC uses the CornerHouse forensic interviewing protocol. The CornerHouse Protocol is person-centered where individuals are:

1. Treated with respect
2. Recognized as the expert regarding their own experience
3. Afforded an opportunity to communicate about their experience in their own way

Semi-structured in that:

1. Each interview is tailored to meet the developmental and emotional needs of the individual
2. The progression of each interview is guided by the individual and is not limited by stages, processes, or techniques

And forensically sound because:

1. Inquiry is intended to elicit accurate narrative. When direct prompts are necessary, the interviewer will return to open ended inquiry as soon as possible
2. An unbiased perspective is maintained throughout
3. Leading and suggestive techniques and situations are avoided

Only the Forensic Interviewer is allowed in the interview room with the child during the interview. The only exception is when a foreign language interpreter or professional communication assistance is necessary to facilitate the forensic interview. Members of the investigative team and our Deputy District Attorneys observe the interview real-time through our iRecord system in the observation room on site. Remote viewing is available for exceptional circumstances. It is routine practice for the interviewer to take a brief break near the end of the interview to meet with the investigator(s) in the observation room. This allows the observers and the interviewer to discuss any issues or investigative needs regarding the interview.

Operating the iRecord System (insert video).

Call Out Procedures

Where a Forensic Interview will be required for a call out, an email should be dispatched to the respective agency related email group:

CAC-RPD Callout: cac-rpdcallout@washoecounty.gov

CAC-SPD Callout: cac-spdcallout@washoecounty.gov

CAC-WCSO Callout: cac-wcsocallout@washoecounty.gov

Please provide as much information as possible such as:

- Name and Date of Birth of Victim
- Name and Date of Birth of Suspect
- Brief Synopsis
- If CARES/SART exam will be needed

Attach all relevant reports and documentation to the email.

Our District Attorneys are available for call outs during business hours.

3. FAMILY ADVOCACY AND TRAUMA FOCUSED MENTAL HEALTH

Meeting with Families

Victim Advocates meet with the caregivers while the victim is being interviewed. Advocates provide a constellation of services to victims and families, which include crisis assessment and intervention, risk assessment, safety planning, and support for the victims and family. They also educate and assist in ensuring access to victim's rights and crime victim's compensation.

Our CAC Therapy Coordinator also engages with the family to assist with referrals for evidence-supported mental health treatment.

Both the Victim of Crimes Compensation Form and Sexual Assault Affidavit are completed at this time with the family.

The Advocates follow up with the family to determine if there are any barriers to accessing services. They provide continuing caregiver support and eventually a warm hand off to our D.A based advocates as appropriate.

4. MEDICAL EVALUATIONS

All children who are suspected victims of child sexual abuse or physical abuse are entitled to a medical evaluation. Child exams or a general physical exams are offered to help ensure the health, safety and well-being of the child, to diagnose and treat medical conditions that may/may not be related to sexual abuse, to reassure the child that everything is ok with their body, and to assess and provide additional access to medical care if needed.

Medical evaluations should be prioritized as *emergent, urgent, and non-urgent* based on specific screening criteria. A medical evaluation holds an important place in the multidisciplinary assessment of child abuse. An accurate and complete history is essential in making medical diagnoses and determining appropriate treatment for child abuse.

When Should Exams Be Conducted

Urgent exams are recommended when:

- Medical, psychological, or safety concerns such as acute pain or bleeding, suicidal ideation, or suspected human trafficking
- Alleged assault may have occurred within 48-72 hours of the disclosure and includes the possibility of forensic evidence being collected
- Need for emergency contraception
- Need for post-exposure prophylaxis (PEP) for sexually transmitted infections including HIV

Non-urgent exams are recommended:

- When there is a disclosure by child of abuse that occurred more than 72 hours ago
- Children are exhibiting sexualized behaviors
- Cases with a suspicion of sexual abuse but no disclosure made by the child

To schedule a sexual assault exam for victims 13 and older – SART:

Call Crisis Support Services:

6:00 AM - 6:00 PM: 775-990-3438

6:00 PM - 6:00 AM: 775-990-3439

These numbers are for the use of MDT members and other law enforcement, medical staff and advocates only. Please do not distribute to victims or any other members of the public.

The hotlines for victims and families are: 800-330-0226 and 775-221-7600

Evidence collection exam will only be conducted within seven days of assault.

To schedule a CARES exam for victims 12 years and under:

9:00 AM - 5:00 PM. Mondays through Fridays - call the CAC Nurse Carolyn Carlson at 775-750-4325

After hours and weekends - call the SART Nurse Debra Robison at 775-530-6905

APRN explaining Medical Evaluations (insert video).

5. CASE REVIEW

Case review is the formal process that enables the MDT to monitor and assess its independent and collective effectiveness to ensure the safety and well-being of children and families. Case review serves multiple purposes:

- Experience and expertise of MDT members is shared and discussed
- Collaborative efforts are fostered
- Formal and informal communications are promoted
- Mutual support is provided
- Protocols and procedures are reviewed
- Informed, collective decisions are made
- Services are coordinated

Case review affords the MDT the opportunity to review active cases, provide updated case information, address obstacles to effective investigations, review service delivery, and coordinate interventions.

Case Review is a planned meeting of all MDT partners and occurs at least once a month for cases coming from the CAC's primary service area. They are conducted in addition to informal discussions and pre- and post-forensic interview meetings.

Case Review meetings are held monthly or at a minimum of 12 times per year

Representatives from each discipline must be present at Case Review:

- Law Enforcement Representative
- HSA/Child Protective Services Representative
- Forensic Interviewer

- Prosecutor
- Dependency attorney
- Medical Unit Provider
- Advocate
- Mental Health Provider
- Juvenile Services

6. ACCREDITATION

By law in Nevada, every CAC must be accredited by the National Children’s Alliance or similar agency. The National Children’s Alliance (NCA) is the national accrediting body for Child Advocacy Centers across the nation. The Standards of Accreditation for Children’s Advocacy Centers represent the evidence-supported core competencies of the CAC model. They are explicitly developed, revised, and guided by the diverse ways in which CACs are organized, sponsored, structured, staffed, resourced, and housed in accordance with the unique factors of their respective communities. The Standards help ensure that all children across the United States served by CACs receive consistent evidence-based and evidence-supported interventions that help them pursue safety, healing, and justice. There are nine standards from the National Standards for Accreditation as follows:

1. Multi-Disciplinary Team
2. Forensic Interview
3. Victim Support and Advocacy
4. Medical Evaluation
5. Mental Health
6. Case Review and Coordination
7. Case Tracking
8. Organizational Capacity
9. Child Safety and Protection

There is no hierarchy among the Standards; all are equally important to the healthy functioning of a CAC.²

Washoe County CAC Accreditation

The Washoe County CAC was first accredited by the National Children’s Alliance in 2015 and has maintained accreditation standards ever since. Accreditation must be renewed every five years, ensuring that CACs remain committed to best practices and continuous improvement. Through this process, our CAC affirms its dedication to protecting children, supporting families, and collaborating with community partners to deliver justice and healing.

The next application for accreditation is due in 2027. Full MDT participation is required for successful and timely accreditation.

² National Standards of Accreditation for Children’s Advocacy Centers 2023 Edition. In the past there were 10 Standards. Diversity, Equity and Access of Services was removed as a stand-alone Standard in 2025.

5 REASONS TO JOIN



About 800 Children's Advocacy Centers nationwide have become Accredited Members of the National Children's Alliance. Here are 5 reasons to get accredited:

1

Standards that help you serve kids better

By adhering to Standards for Accredited Members, CACs demonstrate evidence-based practice predicated on a sound base of research and practice support.



2

Funding & Support Opportunities

NCA accreditation is increasingly tied to state funding. Get access to state and federal funding and demonstrate your impact to private donors and foundations.



3

Belonging to a Movement

Through membership and access to our Leadership Conference and other in-person and digital events, you'll gain a collaborative network of peers to help improve the experience and well-being of child victims of abuse.



4

Training, Technical, and Management Resources

NCA provides tools, technical assistance, and best practices to CACs and Chapters to ensure a leading-edge response to emerging trends in child abuse treatment.



5

Policy & Advocacy Resources

NCA supports members with resources, know-how, and a powerful voice in Washington as we work collectively to shape legislation in ways that help the children we serve.



You may already be meeting many of the 10 Standards for Accredited Member Programs on the reverse. See where you stand, then learn more at nationalchildrensalliance.org/joinnca

ACRONYMS



Acronyms & Terminology List

In the children’s advocacy field, acronyms are frequently used to simplify communication about organizations, programs, and policies focused on the well-being of children. This list helps professionals and stakeholders quickly understand and navigate some of the key elements of the field. This is not an all-inclusive list.

Acronym/Term	Definition
AF-CBT	Alternatives for Families: A Cognitive-Behavioral Therapy
AG	Attorney General
ADA	Assistant District Attorney
AP	Assistant Prosecutor
APSAC	American Professional Society on the Abuse of Children
CA	Commonwealth Attorney
CAC	Children's Advocacy Center / Child Advocacy Center. Note that not every CAC is called a CAC. Some are Children's Justice Centers, Family Advocacy Centers, or have a name unique to that agency.
CALiO™	Child Abuse Library Online
CASA	Court Appointed Special Advocate
CCTC	Children's Crisis Treatment Center
CFTSI	Child and Family Traumatic Stress Intervention
CGRC	Child Guidance Resource Center
CJC	Children's Justice Center (*See note above next to "CAC")
CPP	Child-Parent Psychotherapy
CPS	Child Protective Services. Note that this may have another name and acronym depending on your state (e.g., DHS, DHHS, CYS, DFPS, etc.)
CSAM	Child Sexual Abuse Material
CSEC	Commercially Sexually Exploited Children
DA	District Attorney
DOJ	Department of Justice
DV(S)	Domestic Violence (Specialist)
EBPs	Evidence-Based Practices
EMDR	Eye Movement Desensitization and Reprocessing
FI	Forensic Interviewer
FNE	Forensic Nurse Examiner
Fox Valley (NCJTC and FVTC)	National Criminal Justice Training Center of Fox Valley Technical College
ICAC	Internet Crimes Against Children
IPV	Interpersonal Violence



Acronym/Term	Definition
Linkage Agreement	A written agreement between the CAC and another agency providing core CAC services (medical, mental health, advocacy).
LE	Law Enforcement
MDT	Multidisciplinary Team
MH	Mental Health
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding. The protocol under which your MDT operates. Sometimes referred to as an Interagency Agreement. This could also be an agreement between agencies to provide services, products, etc. like a linkage agreement.
MRCAC	Midwest Regional Children's Advocacy Center
NCA	National Children's Alliance
NCAC	National Children's Advocacy Center
NCARC	Native Child Advocacy Resource Center
NCJTC	National Criminal Justice Training Center
NCMEC	National Center for Missing & Exploited Children
NCTSN	The National Child Traumatic Stress Network
NNCTC	National Native Children's Trauma Center
NRCAC	Northeast Regional Children's Advocacy Center
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OMS	Outcome Measurement System. CACs use this tool to measure outcomes.
P-SANE	Pediatric Sexual Assault Nurse Examiner
PCIT	Parent-Child Interaction Therapy
PSB	Problematic Sexual Behavior
RCAC	Regional Children's Advocacy Center
RFP	Request For Proposal
SANE	Sexual Assault Nurse Examiner
SART	Sexual Assault Response Team
SCR	State Central Registry
SRCAC	Southern Regional Children's Advocacy Center
STS	Secondary Traumatic Stress
SVU	Special Victims Unit



Acronym/Term	Definition
TMH	Telemental Health
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
VOCA	Victims of Crime Act
VOCAA	Victims of Child Abuse Act. Federal legislation related to CACs and the multidisciplinary response to child abuse.
VA	Victim Advocate
VT	Vicarious Trauma
WRCAC	Western Regional Children's Advocacy Center
YPSB	Youth with Problematic Sexual Behavior
ZAP	Zero Abuse Project

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**THANK
YOU**

FOR WHAT YOU DO

