

Executive Director, Prevent Child Abuse - New Jersey

A Report from the Working Group on
Guidelines for an Integrated Child Protection
System in New Jersey: The Roles of the
Multi-Disciplinary Teams (MDT), Regional
Diagnostic and Treatment Centers (RDTC)
And Child Advocacy Centers (CAC)

The Protection Subcommittee of
The New Jersey Task Force on Child Abuse and Neglect- 2002

Julia McClure, Chair
Deputy 1st Assistant Prosecutor - Middlesex County

Helen Archontou, M.S.W., L.S.W.
Executive Director-Wynona M. Lipman Child Advocacy Center (Essex)

Rhona Beadle, B.A.
Director-Ginnie's House Child Advocacy Center (Sussex)

Julia DeBellis, M.D.
Medical Director - Northern RDTC

Anthony V. D'Urso, Psy.D.
Supervising Psychologist - Northern RDTC

Peg Foster, C.S.W.
Administrative Director, Metro RDTC

Anna Haroutunian, M.D.
Medical Director - Metro RDTC

Diane Johnson, M.A.
MDT Coordinator - Middlesex County

Janet F. Rosenzweig, Ph.D.

A Report from the Working Group on Guidelines for an
Integrated Child Protection System in New Jersey:
The Roles of the Multi-Disciplinary Teams (MDTS)
Regional Diagnostic and Treatment Centers (RDTC) and
Child Advocacy Centers (CAC)

Introduction

New Jersey's approach to coordinated investigation, protection and intervention with child victims of abuse has been longstanding. Joint investigation initiatives between the Division of Youth and Family Services and law enforcement began in the late 1970s and early 1980s. In the later part of the decade, New Jersey through the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) and its Child Protection Sub-Committee began initiatives in coordinated case investigation and management to meet national models in the criminal and civil investigation of child abuse. The Multi-Disciplinary Team (MDT) project began in 1986 through the New Jersey Child Sexual Abuse Training Institute (NJCSATI) to promote the development of collaborative models of civil and criminal investigation, case management and treatment for child victims of crime. Both the MDT project and the NJCSATI remain initiatives of the NJTFCAN.

The New Jersey MDT project began formally in 1986 with the establishment of one team in Morris County but was followed by a State Law Enforcement and Protection Agency (SLEPA) grant for five additional county teams (Burlington, Camden, Cumberland, Passaic and Warren Counties). The NJTFCAN continued to support MDT initiatives through challenge grants that subsidized MDT coordinator salaries with declining support in a three year funding cycle. The New Jersey model of MDT closely follows the initiatives from the National Child Advocacy Center at Huntsville, Alabama.

The Guidelines of Practice for Multi-Disciplinary Team Case Management were published in Child Abuse and Neglect: A Professional's Guide to Identification, Reporting, Investigation and Treatment through the NJTFCAN and authorized in 1986 in collaboration with the Office of the Attorney General, the New Jersey Prosecutors' Association, the Department of Human Services and the Division of Youth and Family Services. The NJCSATI continued to support the development of teams through monthly meetings for technical assistance to coordinators and to assist new county teams in their establishment. Annual statewide training was conducted for

county teams. Support was also provided for each county in local training endeavors.

Child Advocacy Centers (CACs) began in New Jersey in 1991 in Burlington County with the first facility-based approach to investigation as an outgrowth of the New Jersey MDT model. CACs were developed in other counties using guidelines provided by the National Child Advocacy Center in Huntsville or later through the National Children's Alliance (NCA) in Washington. Counties can meet appropriate investigatory, treatment and collaboration standards through a variety of CAC models. New Jersey currently utilizes prosecutor-based facility and co-location models in four counties with NCA membership. Two additional counties have NCA membership but are not prosecutor-affiliated. Five additional prosecutor-based counties utilize NCA protocols but do not currently have NCA membership.

Regional Child Abuse Diagnostic and Treatment Centers (RDTCs) were legislated in 1998 (N.J.S.A. 9:6-8.1) in four New Jersey regions. The centers are located in the northern (Audrey Hepburn Children's House), north central (Metropolitan Regional Child Abuse Diagnostic and Treatment Center), south Central (Dorothy B. Hersh Regional Child Protection Center, and southern (Center for Children's Support) regions and are governed through regulations promulgated by the Department of Human Services. The Centers were designed to assure the availability of highly specialized medical and mental health diagnostic and treatment services; demonstrate a coordinated interdisciplinary approach to the assessment of child abuse and neglect; provide expert resources for law enforcement and child protection and be a resource for county-based MDTs.

Background

When multiple entities, disciplines, and systems share common and/or overlapping functions, the results can range from chaos to synergy. This Working Group was comprised of representatives from all three entities, disciplines, and systems and other child welfare professionals from within the child protection system. It is the sincere hope of this Working Group that this document will be used to develop synergy and empower local planning. The Group analyzed existing policies, addressing both legal and professional standards, and identified the areas where overlap can occur.

Section I of this paper identified the tasks and functions which each of the three entities are required to fulfill by virtue of their enabling legislation, rules or professional standards.

Section II identifies tasks that members of all systems will engage in, but will do in very different ways. Using crisis intervention as an example, the RDTC has a very different role than the MDT, but both are critical and must be coordinated.

The "Policy Issues" identified in Section III should be used to form the agenda for a planning group, such as the Advisory Board to a multi-disciplinary team or a subcommittee of the County Commission on Abused, Neglected and Missing Children. In the absence of such formal organizations, concerned professionals from various entities, disciplines, and systems operating in the same geographic area should address these issues.

I. Core Functions: Essential functions mandated by statute, code or professional standards.

A. Multi-Disciplinary Teams (MDT)

Interdisciplinary case discussion, tracking, review, planning and disposition.

B. Child Advocacy Centers (CAC)

Develop and maintain a facility that is child-appropriate and child-friendly for multi-disciplinary investigation and review.

Advocate for program components that meet standards required by National Children's Alliance.

C. Regional Diagnostic and Treatment Centers (RDTC)

Medical services, including diagnostic assessment and treatment

Psychological services, including diagnostic assessment and treatment

Comprehensive medical and psychological management and follow-up

Education and training medical and psychological issues related to child abuse and neglect conducted by RDTC staff

Emergent care or consultation

Expert consultation to court system on child abuse and neglect

Child death review

II. Shared Professional functions: Discipline-specific interventions that can simultaneously exist and should be coordinated.

Interviewing according to a protocol which minimizes the number of interviews of child victim

Crisis intervention

Client advocacy

Recommendations for interventions

Community and professional education

Family support

Promote the child's protection and welfare

Consultation and referral to community-based treatment/services

III. Policy issues for local interdisciplinary coordination and resolution:
(Who, when, why, how, and/or where)

Forensic interviewing

Crisis intervention

Child protection

Child abuse prevention

Recommendations for interventions

Response to community controversy

Advocacy for child protection policies and resources

Joint investigations

Fiscal responsibilities and obligations

Conclusion

By definition and design, an integrated child protection system will always be a system in process. Along with the three systems identified in this paper, there are a myriad of clinical and social service entities involved with cases. Adapting to changes in personnel, policies and resources will require mutual respect and flexibility to ensure that children receive the most humane and professional intervention in a time of crisis. The members of this working group urge all entities, disciplines, and systems to maintain collaborative communication through these inevitable changes, to ensure that each change brings an improvement in our ability to serve these child victims and their families. The results of a local dialog should in turn inform the practice of the "Shared Professional Functions" identified in Section II. This synergy will empower all of the member entities, disciplines, and systems and improve the investigation and assessment process for children in need of services.

List of Appendices

Appendix A: Guidelines for Practice for Multidisciplinary Team Case Management

Appendix B: P.L. 1998. Chapter 19 "An Act establishing Regional Diagnostic and Treatment Centers for Child Abuse and Neglect".

Appendix C: NJSA 9:6-8.99 et seq; An Act establishing RDTC for child abuse and neglect...

NJSA 10:1298-1.1-2.5 Regional Diagnostic and Treatment Centers and County based Multidisciplinary teams and N.J.A.C. 10:129B

Appendix D: National Children's Alliance Standards for Full Member Programs

