

Nebraska's Multidisciplinary Teams

An Orientation Guidebook



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PURPOSE OF GUIDEBOOK

Nebraska's Multidisciplinary Team (MDT) Orientation Manual is an orientation resource for new and existing MDT members. The materials within this manual have been created and reviewed by the MDT Subcommittee with the Governor's Commission for the Protection of Children, the Nebraska Alliance of Child Advocacy Centers, and Child Advocacy Center (CAC) Coordinators statewide.

Key points for onboarding MDT members included in this manual:

- Information on MDTs in Nebraska
- CAC Model
- Process of a Case
- Resources to be successful on your team

The final section of this guidebook includes a list of useful resources such as FAQs, Glossary of terms, Acronyms list and so much more.

Thank you for all you do for the children and families you serve!



ALL ABOUT THE MDT



In Nebraska, MDTs are composed of individuals representing different professions such as law enforcement, child protection, prosecution, mental health, medical, and other professions the team deems appropriate. These professionals are dedicated to a collaborative approach and maintaining a focus on the best interests of the children and families they serve.

AS AN MDT MEMBER, WHAT CAN I EXPECT?

Prior to joining as a team member or a temporary team member, please ensure you are briefed thoroughly on information pertaining to the family and review the team's protocols prior to attending the MDT meeting. Your CAC Coordinator is a great resource to answer any questions you may have.

National Children's Alliance Accreditation Standards require MDTs to have the following representation in attendance:



Law Enforcement



Children's Advocacy Center



Prosecution



Child Protective Services



Mental Health



Medical



Victim Advocacy

ALL ABOUT THE MDT CONT'D

HISTORY OF THE MULTIDISCIPLINARY TEAM

The 1992 Nebraska Legislature created the teams in LB 1184, and it is from the bill number that they received their popular name. Every county in Nebraska is required to create and maintain 1184 Teams in order to monitor and coordinate investigations when abuse or neglect has been reported. **Per Nebraska statute, the county attorney is the convener of the team.** The teams also coordinate and monitor treatment for families where child abuse or neglect has been found. The teams operate pursuant to protocols that provide for coordinated joint law enforcement and Health and Human Services investigation of cases; ensure law enforcement participation; reduce the risk of harm to child abuse and neglect victims; ensure that children are in safe surroundings; share information among professionals; and manage the team's activities. The child advocacy centers are geographically closer to the 1184 teams, and are uniquely involved with the local law enforcement and child protection agencies.



DID YOU KNOW..... The concept of a multidisciplinary team was an aspect of the original CAC model developed by Bud Cramer in the 1980's.

CHARACTERISTICS OF A STRONG TEAM

We know that a coordinated, multidisciplinary response provides the best results for children and families. In order for this to be successful, there are characteristics a highly functioning team should have.

Psychological Safety

Team members feel safe to take risks and be vulnerable in front of each other.

Dependability

Team members get things done on time.

Structure and Clarity

Team members have clear roles, plans, and goals.

Meaning

Work is personally important to team members.

Impact

Team members think their work matters and creates change.



Nebraska MDTs

TYPES OF MDTs IN NEBRASKA

In Nebraska there are investigative teams and treatment teams. The overall goals of investigative teams are to ensure law enforcement agencies participate in investigating child abuse and neglect and ensure law enforcement, DHHS, and all other agencies are sharing information they have on a timely basis. The goals of treatment teams are to coordinate treatment services and to develop a process for monitoring any developed treatment plans.

Investigative Teams include at minimum:

- County Attorney
- DHHS
- Each law enforcement agency which has jurisdiction in the county
- Child Advocacy Center staff
- Other agencies as determined by the team
- Mental Health Professional*
- Medical Professional*



**Additional team members required by NCA Accreditation standards*



Treatment Teams include at minimum:

- DHHS
- Juvenile Probation Officer
- A mental health profession actively practicing in the county
- A medical profession actively practicing in the county
- Each school district providing services within the county
- Child Advocacy Center staff
- Other agencies as determined by the team



DID YOU KNOW.....Teams create their own protocols and processes to address key issues facing their communities. Some Specialized MDTs coordinate across systems on specific types of cases – for example cases with young children, youth who are crossing over between the child welfare and juvenile justice systems, human trafficking, and more.

STATE STATUTES

STATE STATUTES SUPPORTING MDTs



Note: Statutes are amended often by the legislature. To access the most recent version, please select below headers or visit www.nebraskalegislature.gov for all Nebraska state statutes.

Nebraska State Statute 28-728:

Legislative findings and intent; child abuse and neglect investigation team; child advocacy center; child abuse and neglect treatment team; powers and duties.

Nebraska State Statute 28-729:

Teams; members; training; child advocacy center; duties; meetings.

Nebraska State Statute 28-730:

Records and information; access; disclosure; limitation; review of cases; immunity; violation; penalty; video recording of forensic interviews; maintain; release or use; prohibited; exceptions.

ADDITIONAL STATUTES RELATING TO CHILD ABUSE AND NEGLECT

Nebraska State Statute 28-707:

Child abuse; privileges not available; penalties.

Nebraska State Statute 28-710:

Act, how cited; terms, defined.

Nebraska State Statute 28-319.01:

Sexual assault of a child; first degree; penalty.

Nebraska State Statute 28-320.01:

Sexual assault of a child; second or third degree; penalties.

Nebraska State Statute 28-830:

Human trafficking; forced labor or services; terms, defined.



TRAINING IS REQUIRED



Pursuant to 28-729, all members of each team shall attend child abuse and neglect training on an annual basis. Such training shall be no less than **EIGHT HOURS ANNUALLY** and consist of the following components:

1. Child abuse and neglect investigation procedures;
2. Legal requirements and procedures for successful prosecution of child abuse and neglect cases;
3. Roles and responsibilities of child protective services, law enforcement agencies, county attorneys, child advocacy centers, the Attorney General, and judges;
4. Characteristics of child development and family dynamics;
5. Recognition of various types of abuse and neglect;
6. Duty of public and private individuals and agencies, including schools, governmental agencies, physicians, and child advocates, to report suspected or known child abuse;
7. Multidisciplinary approaches to providing services to children; and
8. Continually identifying and improving weaknesses in the current child protection system and developing ongoing best practices.



DID YOU KNOW.....You can ask your coordinator about local training opportunities to fulfill these requirements.



PROCESS OF A CASE

A concern for safety is reported to the Nebraska Abuse and Neglect Hotline

Children & Family Services:
Protection & Safety Rules & Regulations can be found [HERE](#).

Child:
Determine if any of the Maltreatment Types are identified

The Hotline CFSS determines if the report involves a child or vulnerable adult

MALTREATMENT TYPES:

Abuse:

- Physical abuse
- Emotional abuse
- Unreasonable use of confinement/restraints
- Drug-exposed infant
- Cruel punishment
- Labor Trafficking
- Neglect

Physical neglect:

- Failure to provide food or essential nutrients
- Failure to provide necessary clothing
- Failure to provide shelter or shelter is hazardous to child
- Medical neglect of a handicapped infant
- Medical neglect
- Failure to provide proper supervision
- Failure to provide for physical hygiene

Sexual Concerns:

- Inappropriate sexual acting out of children
- Sexual exploitation - Sexual abuse
- Sex Trafficking

-Abandonment

-Failure to thrive

-Emotional neglect

-Behavioral, Cognitive, or Mental Health Symptoms of methamphetamine and/or heroin use involving a parent or custodian

-Parent/caregiver substance usage (only if another allegation is also marked)

-Domestic Violence

-Educational neglect

-Dependency

If no Maltreatment is identified, the report is NOT ACCEPTED for assessment; however, a referral can be provided, including the Nebraska Families Helpline, the FAST Response.

If Maltreatment Types are marked, the report is ACCEPTED for assessment and screened for a priority response.

Priority 1: 24-hour response time
Priority 2: 5-day response time

THE ROLES AND RESPONSIBILITIES



The **County Attorney** makes the final decision about whether or not charges will be filed. Consideration is given to the many factors that may impact the likelihood of success in court. They provide legal guidance throughout the entire process. In Nebraska, the county attorney's involvement and leading the team is in statute. The lead role is often shared with the coordinator and this looks differently throughout the state.



The **Child Advocacy Center Coordinator** is responsible for the overall functioning of the team and ensures, with the county attorney, that the team meets within the required statutory time-frames and developed protocols are being adhered to.



Law Enforcement Officers are responsible for investigating the incident to determine if a crime has been committed. They observe the forensic interview, meet with the parent/caregiver, and interview the alleged offender and other witnesses in order to gather the facts and any evidence.



The **Child and Family Services Specialist** is one of the persons responsible for investigating the incident to determine if child abuse occurred. The worker also assesses for safety and, as needed, develops a plan to ensure that the family has what it needs to keep the child safe. This person will also appear at other teams.



The **Medical Professional** provides a specialized medical evaluation to diagnose and address medical conditions resulting from abuse or other conditions as well as to help ensure the health, safety, and well-being of the child. Services are provided by highly trained medical professionals with specific training in child sexual abuse that meets standards outlined in the Accreditation Standards by the National Children's Alliance.



The **Mental Health Professional** assesses the child's mental, emotional, and behavioral health to determine the extent of the trauma that the victim may have suffered. They make recommendations for appropriate follow up treatment to meet the child/family's specific needs. The mental health professional has training in and deliver trauma-informed, evidence-supported, mental health treatment. They must meet standards outlined in the Accreditation Standards by the National Children's Alliance.

THE ROLES AND RESPONSIBILITIES



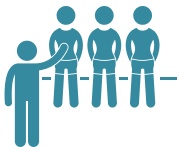
The Forensic Interviewer is a nationally trained forensic interviewer. The interviewer has experience working with children and has completed extensive training in interviewing children – in a sensitive, developmentally-appropriate manner – in order to gather evidence for possible prosecution of the case.



Juvenile Probation Officers provide information on the youth's juvenile delinquency docket and serve as a collaborative partner in the case review process.



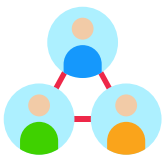
The **Child/Family Advocate** serves as a voice for families and as a liaison with the Multidisciplinary Team, offering support and services to child victims and their non-offending family members during and after the interview to ensure that they have what they need to move forward in a healthy manner.



The **Supervisors of the Child Protection, Law Enforcement Team and Prosecution team** ensures their staff participates in multidisciplinary team activities and follows the guidance outlined in the MDT policy manual, local policies and practices. These are the authorized personnel signing off on team protocols.



Education personnel provide input from the school's perspective. This may be information about the youth's attendance, behaviors, knowledge of family dynamics, sharing testing results of the youth, information on service coordination provided in school, and more.



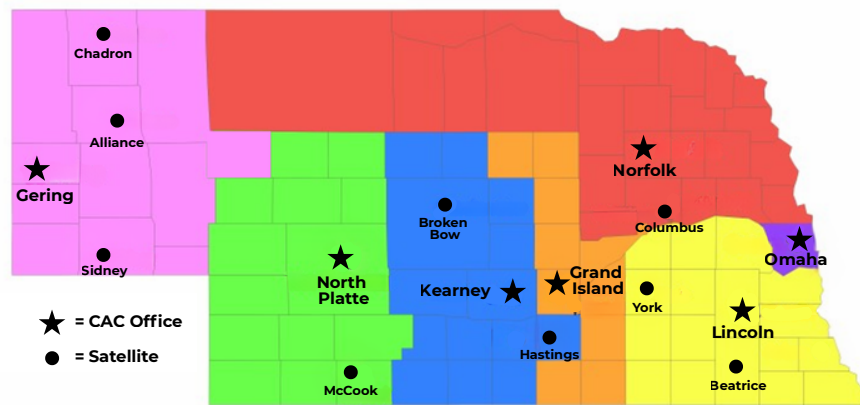
Other members are collaborative partners who are approved by the team to participate in the multidisciplinary team.



DID YOU KNOW.....Law Enforcement and The County Attorney can refer a case to the Attorney General's office.

CHILD ADVOCACY CENTERS

Nebraska's Child Advocacy Centers Service Regions



CHILD ADVOCACY CENTERS (CACs)

When police or child protective services believe a child may be experiencing abuse, the child is brought to the CAC—a safe, child-focused environment—by a caregiver or other “safe” adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask in a way that does not re-traumatize the child. Then the MDT meets to make decisions together about how to help the child based on the interview.

ROLES AT THE CAC

- Executive Director or Director
- Managers
- Forensic Interviewer
- MDT Coordinator
- Advocate
- Trainer
- Medical

SERVICES AT THE CAC

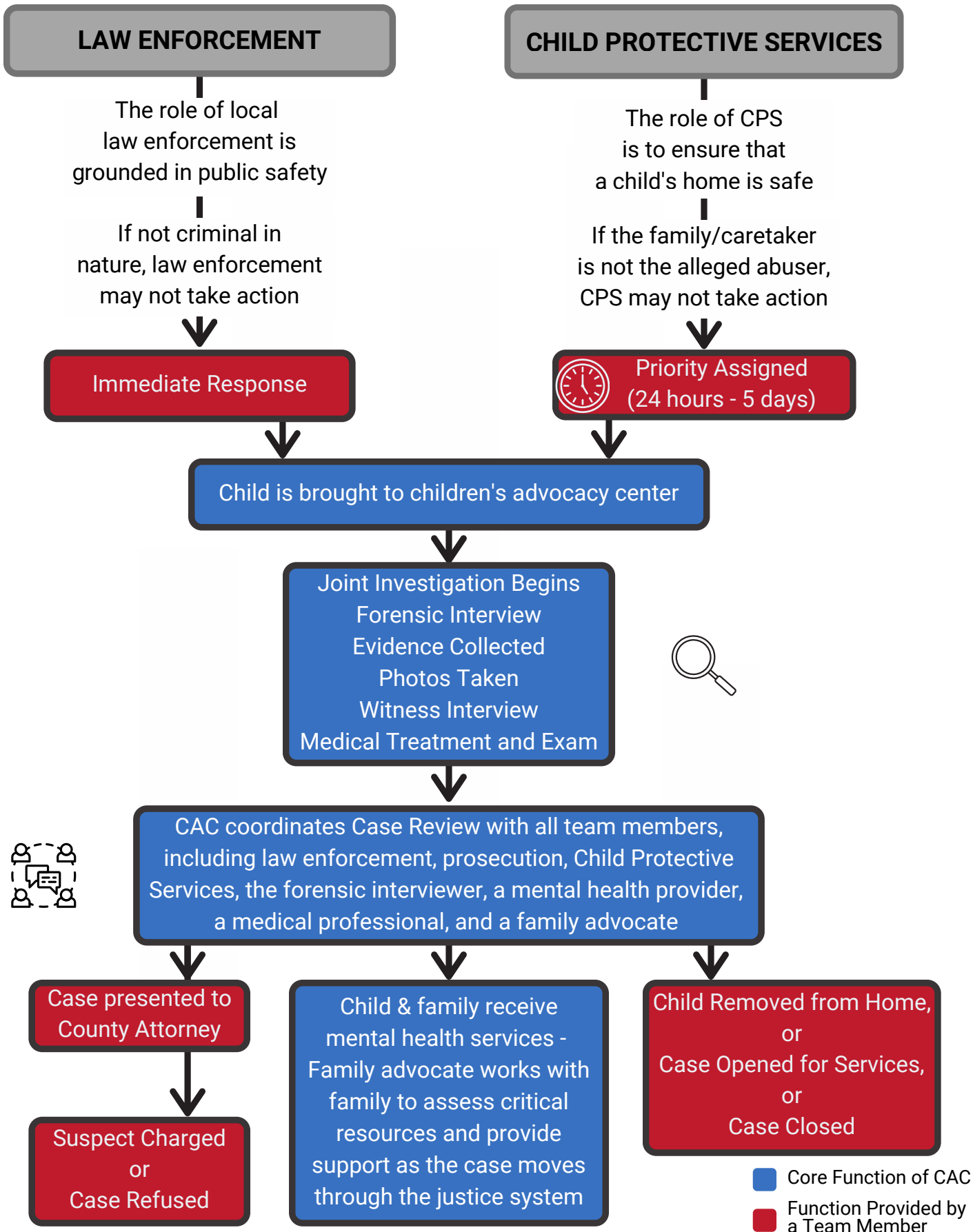
- Therapy
- Medical Exams
- Courtroom Preparation
- Victim Advocacy
- Case Management
- Forensic Interviewing
- Therapy
- and Other Services



DID YOU KNOW.....A number of different types of cases can be discussed on MDTs such as court involved cases, non-court cases, and community referrals.

CAC MODEL

HOW DOES THE CHILD ADVOCACY CENTER MODEL WORK?



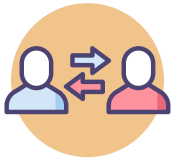
INFORMATION SHARING

MANDATORY REPORTING DEFINITION



When any physician, medical institution, nurse, school employee, social worker, the Inspector General, or other person has reasonable cause to believe that a child has been subjected to child abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, he or she shall report such incident or cause a report of child abuse or neglect to be made to the proper law enforcement agency or to the DHHS Hotline at 800-652-1999. Reports can also be made to the DHHS Hotline online by following this [link](#).

CONFLICT OF INTEREST



A conflict of interest exists if it would appear to an outside person that your relationship with the family being reviewed at MDT may have the potential to adversely affect your ability to execute your duties as a team member. All team members have a responsibility to report any known conflicts.

If you see a family on the agenda that presents a potential conflict of interest, please let the team coordinator know immediately and excuse yourself from the staffing.

CONFIDENTIALITY



Nebraska statutes allow for information between MDT personnel and all other participants for the purposes of prevention, identification, investigation, and treatment for abuse. Releases of Information are not needed to share pertinent information at MDTs. When you attend a team, you will be asked to sign that team's confidentiality statement ensuring all team members understand their responsibility of maintaining privacy for the families being discussed.

CODE OF CONDUCT



A CAC's/MDT's code of conduct is developed to show the commitment of the CAC staff and MDT members to conduct case reviews with integrity, ethics, respect, and professionalism. All MDT members are expected to conduct themselves professionally when discussing children and families and interacting with team members. Questions regarding your CACs/MDTs code of conduct should be directed towards your CAC's Coordinator.

INFORMATION SHARING CONT'D

LAW ENFORCEMENT REPORTS

Law enforcement provides comprehensive written copies of all reports that they investigate concerning child abuse and neglect to the Department of Health and Human Services and to the County Attorney as soon as practical after their preparation. More information about this can be found in [Nebraska Revised Statute 28-713](#).



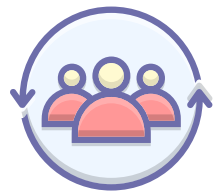
CHILD & FAMILY SERVICE SPECIALIST REPORTS

The Department of Health and Human Services provides a written copy of all reports relative to a case of suspected abuse or neglect to the appropriate law enforcement agency and the County Attorney upon request. At MDTs they provide a case status update to all parties.



MULTIDISCIPLINARY TEAM

Juvenile Court records and any other pertinent information that may be in the possession of school districts, law enforcement agencies, county attorneys, the Department of Health and Human Services, child advocacy centers, mental health practitioners, and other team members concerning a case of child abuse and neglect shall be shared with the Investigation Team as part of the discussion and coordination of efforts for investigative purposes.



CONSEQUENCES

There can be consequences, legal or otherwise, that can occur if you share information outside of team. If you have questions about this, please talk to your coordinator for additional clarification!



DID YOU KNOW.....pursuant to 28-711, everyone in Nebraska is a mandatory reporter.

APPENDICES

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To access additional appendices
please visit our website [HERE](#).

FAQs

Below are frequently asked questions by MDT members:

How do I access MDT Enhancement resources?

- Visit our website at: <https://www.nebraskacacs.com/mdt-enhancement/>

What should I bring to a meeting/Prepare for a meeting?

- To best prepare for the meeting, you will want to bring all of your case notes and knowledge of the families the team has on the agenda. If you have questions about this please ask your coordinator.

Who is in charge of the meetings?

- Per statute, the county attorney is the convener of the team and a CAC coordinator shall assist the county attorney with facilitating the MDT. It is common for this to be done in a partnership between the county attorney and coordinator.

What are Table Top Trainings?

- These are mini-trainings that last 15-20 minutes. They typically take place at the beginning of an MDT meeting. Ask your coordinator for additional information!

Where are the other CACs, what areas do they cover, and how can I contact them?

- You can find all the information on the 7 CACs located in Nebraska [HERE](#).

What happens when there is a conflict during the meeting?

- Conflict will happen, and that's ok! If you are concerned about anything said at a meeting, please notify the coordinator so it can be addressed asap.

RESOURCES

*All the below are hyperlinked

STATEWIDE

- DHHS Children and Family Services
- Region V systems Home - Region V Systems
- Suicide Prevention: Suicide Prevention
- Nebraska Attorney General
- Nebraska County Attorneys Association
- Nebraska Crime Commission
- Through the Eyes of the Child Initiative

NATIONAL

- National Children's Alliance
- Midwest Regional Children's Advocacy Center

TRAINING OPPORTUNITIES

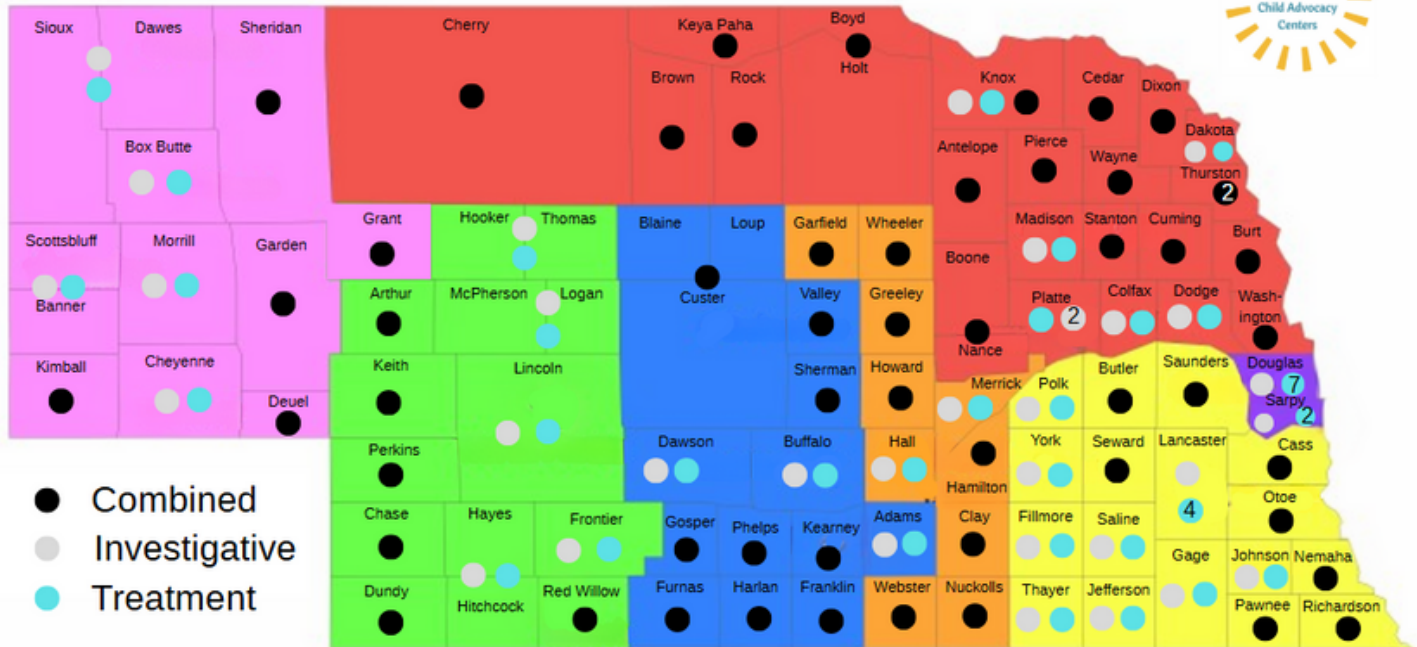
- Darkness to Light Get Trained - Darkness to Light
- National Criminal Justice Training Center (NCJTC)
- National Children's Advocacy Center Training Opportunities
- Midwest Regional Children's Advocacy Center Learning
- BraveBe: Training & Community Education
- Project Harmony: Training
- The American Professional Society on the Abuse of Children
- The Association of Prosecuting Attorneys
- The Association of Child Abuse Lawyers (ACAL)
- The Zero Abuse Project



DID YOU KNOW.....Legislative reports submitted by different agencies and committees can all be accessed here:
<https://nebraskalegislature.gov/reports/reports.php>

NEBRASKA MDTs MAP

MDTs across Nebraska



Bridge of Hope – North Platte



****Satellite: McCook**

Arthur, Chase, Dundy, Frontier, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, Thomas



Capstone – Scottsbluff/Gering

****Satellites: Alliance, Chadron, and Sidney**

Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux, Grant



First Light CAC – Grand Island

Clay, Garfield, Greeley, Hall, Hamilton, Howard, Merrick, Nuckolls, Webster, Wheeler

BraveBe CAC - Lincoln



****Satellites: Beatrice and York**

Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, York



Family Advocacy Network – Kearney

****Satellites: Broken Bow and Hastings**

Adams, Blaine, Buffalo, Custer, Dawson, Franklin, Furnas, Gosper, Harlan, Kearney, Loup, Phelps, Sherman, Valley



Faith Regional CAC – Norfolk

Child Advocacy Center

****Satellite: Columbus**

Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Dodge, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, Washington, Wayne



Project Harmony – Omaha

Douglas, Sarpy (also serves 17 counties in IA)

WHO TO CONTACT



Nebraska Alliance of Child Advocacy Centers
11949 Q Street, Omaha, NE 68137
www.nebraskacacs.com

Kristin Chandler
Director of Membership and Programs
kchandler@nebraskacacs.com
(402) 933 - 7422 ext. 5

Elizabeth Alt
Forensic Interview, Medical, and MDT Engagement Coordinator
ealt@nebraskacacs.com
(402) 933 - 7422 ext. 504

All seven CACs in Nebraska are members of the Nebraska Alliance of Child Advocacy Centers, are accredited by the National Children's Alliance, and are either non-profit corporations or hospital-based agencies.



BraveBe Child Advocacy Center
5025 Garland Street
Lincoln, NE 68504
(402) 476-3200
ruthi@bravebe.org
www.bravebe.org



Family Advocacy Network
106 East 31st Street
Kearney, NE 68847
(308) 865-7492
bschroeder@familyadvocacynetwork.org
www.familyadvocacynetwork.com



Bridge of Hope CAC
1225 S Poplar, Suite 100
North Platte, NE 69101
(308) 534-4064
amber@bridgeofhopecac.org
www.bridgeofhopecac.org



First Light CAC
3535 W 13th St. Ste 121
Grand Island, NE 68803
(308) 385-5238
mdt@firstlightcac.com
www.firstlightcac.com



CAPstone CAC
900 P Street
Gering, NE 69341
(308) 632-7274
Shelley Thomas
ptinterviewer@capstonenebraska.com
www.capstonenebraska.com



Project Harmony CAC
11949 Q Street
Omaha, NE 68137
(402) 595-1326
mhackendahl@projectharmony.com
www.projectharmony.com



Faith Regional CAC
2622 W Norfolk Ave.
Norfolk, NE 68701
(402) 644-7402
ashanle@frhs.org
<https://www.frhs.org/medical-services/child-abuse-care/>

GLOSSARY OF TERMS

Below are some common terms you may hear while attending a MDT.

Adverse Childhood Experiences (ACEs) Refer to potentially traumatic events that occur in childhood (before age 18), such as experiencing violence, abuse, or neglect; witnessing violence in the home; or having a family member attempt or die by suicide. See the Centers for Disease Control and Prevention (CDC) website for more information.

Child physical abuse Refers to a specific type of child maltreatment where the abuse is physical in nature.

Child Parent Psychotherapy (CPP) Evidence-based therapy modality that enables therapists to work with caregivers and children ages 0-5 who have experienced trauma, loss, or disruptions in attachment.

Child protective services (CPS) Refers broadly to state and local child welfare authorities. CPS is acceptable on second and subsequent references.

Child sexual abuse Refers to a specific type of child maltreatment where the abuse is sexual in nature. Do not use generally as a blanket term to describe all child abuse. Instead, refer specifically to the type of abuse, or generally as child abuse or child abuse and neglect.

Children's Advocacy Center (CAC) Child-focused, facility-based programs with representatives from many disciplines working together to effectively investigate, prosecute, and treat child abuse. CAC locations are child-focused and designed to create a sense of safety and security for child victims. CACs undergo accreditation process based on standards established by NCA and reflective of best practices in the industry. Services typically include forensic interviewing, forensic medical evaluations, victim advocacy and support, specialized mental health services for child victims, and coordination of the multidisciplinary team, and community education and outreach/prevention programs.

Commercially sexually exploited children (CSEC) Refers to the sexual exploitation (forced sex acts) of children under 18 for material gain, either for a trafficker, the child victim, or both. CSEC is acceptable professional language for second and subsequent references if explained in the first reference. CSEC can also refer to the commercial sexual exploitation of children. This acronym can therefore either refer to the child victims or to the exploitation itself. CSEC or CSEC victims are both acceptable ways to refer to child victims. Do not refer to as Child pornography, Child prostitute, child prostitution, or child sex worker.

Dialectical Behavior Therapy (DBT) Evidence-based therapy modality that enables therapists to work with children ages 6-12 (DBT-C), adolescents ages 13-18 (DBT-A), and adults to provide skills for managing intense emotions and negotiating social relationships. DBT focuses on four key areas: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

Evidence-based assessment Refers to tested, reliable methods of evaluating a client's symptoms. Assessment results are often used for treatment planning.

Eye Movement Desensitization and Reprocessing (EMDR) Evidence-based therapy modality that enables therapists to work with children and adolescents ages 2-17, and adults who have experienced trauma. *Advanced trainings available for special populations

Forensic interview A structured conversation with a child intended to elicit detailed information about a possible event or events that the child may have experienced or witnessed. Forensic interviewers provide these interviews in the CAC's setting to obtain information from a child that may be helpful in a criminal investigation; to assess the safety of the child's living arrangements; to obtain information that will either corroborate or refute allegations or suspicions of abuse and neglect; and to assess the need for medical treatment and psychological care.

Linkage agreement A formal agreement connecting the CAC and a partnering agency, or provider, outlining agreed upon expectations of both parties.

GLOSSARY OF TERMS

Maltreatment Refers to all forms of child abuse and neglect. Academic and not widely recognized among audiences outside the field. Acceptable only in text solely intended for academic and advanced practitioner audiences. For other or broader audiences, use abuse or abuse and neglect.

Memorandum of understanding (MOU) Sometimes used interchangeably with interagency agreement.

National Children's Alliance (NCA) The accrediting body and national association for all Children's Advocacy Centers and multidisciplinary teams in the U.S. and abroad. NCA also collects national statistics on services provided by Children's Advocacy Centers, maintains data platforms including NCAtrak and the Outcome Measurement System (OMS), offers CAC training and networking opportunities through NCA Engage, and hosts the National Children's Alliance Leadership Conference each June.

Outcome Measurement System (OMS) National Children's Alliance's system for benchmarking outcomes for Children's Advocacy Centers to measure the success of both individual CACs and states as well as the efficacy of the CAC model overall. OMS measures CAC outcomes through a system of survey responses.

Parent-Child Interaction Therapy, (PCIT) Evidence-based therapy modality that enable therapists to work with caregivers and children ages 2-7 who exhibit disruptive and challenging behaviors.

Problematic sexual behaviors (PSBs) Behaviors that are deviations from normative/typical sexual behavior. These behaviors are child-initiated and involve sexual body parts (i.e., genitals, anus, buttocks, or breasts) and are developmentally inappropriate and/or potentially harmful to themselves (i.e., excessive masturbation) or others (i.e., touching other children's genitals or sexual intercourse). Normative sexual behaviors may become problematic when the behaviors increase in frequency and do not respond to parenting strategies.

Regional Children's Advocacy Center (RCAC) The RCACs provide training and technical assistance to Children's Advocacy Centers and Chapters in their respective regions of the country. Some RCACs also offer resources available to CACs across the country. Each RCAC receives a federal grant through the Victims of Child Abuse Act for a three-year period to serve in this capacity. Each one must operate out of a functioning local CAC, and all work in partnership with National Children's Alliance. The Midwest Regional Children's Advocacy Center (MRCAC) is the regional center for Nebraska.

Sexual assault forensic exam Also known as a rape kit. Exams are conducted by forensically trained nurses. See sexual assault nurse examiner.

Sexual assault nurse examiner (SANE) Registered nurses who have completed specialized education and clinical preparation in the medical forensic care of patients who have experienced sexual assault or abuse. These nurses may go on to become board certified as sexual assault nurse examiner-adult/adolescent (SANE-A) or sexual assault nurse examiner-pediatric (SANE-P).

State Chapter Specifically refers to one of the 50 Accredited Chapters of NCA. Accredited Chapters have been established in every state. They provide organizational leadership, training and technical assistance, common resources, and legislative advocacy for the local Children's Advocacy Centers in their state. Chapters serve as the leading resource within the state for CACs. To learn about Nebraska's State Chapter go here: <https://www.nebraskacacs.com/>

Survivor compared to **victim** Generally speaking, we use the term victim when we're referring to someone who currently needs the services of a CAC. The abuse may be ongoing or recently concluded. We use survivor when we're talking about someone for whom the abuse is in the past, someone who—although the effects of abuse can be lifelong—doesn't need a CAC's services now. Survivor is also the term we use when we're talking about adults who were the victims of child abuse in the past. Note that a child can become a survivor and then be revictimized.

Tele-health, tele-mental health Refers to the delivery of healthcare services remotely, using electronic communication technologies (i.e. video conferencing).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Evidence-based therapy modality that enables therapists to work with caregivers, children & adolescents ages 3-21 who have been impacted by trauma. **Advanced trainings available for special populations*

ACRONYMS

Below are common acronyms you may here while attending a MDT. Please note some acronyms have multiple meanings. If you need clarification, do not hesitate to ask the coordinator!

ADD - Attention Deficit Disorder	D2L - Darkness to Light	LE - Law Enforcement
ADHD - Attention Deficit Hyperactivity Disorder	DBT - Dialectical Behavior Therapy	MCO - Managed Care Organization
APRN - Advanced Practice Registered Nurse	DCS - Department of Correctional Services	MH - Mental Health
APS - Adult Protective Services	DD - Developmentally Disabled	NECAC - Nebraska Alliance of Child Advocacy Centers
AR - Alternative Response or Annual Report	DHHS/HHS - Department of Health and Human Services (Nebraska)	NCA - National Children's Alliance
BPD - Borderline Personality Disorder	DMS-V - Diagnostic and Statistics Manual (5th Edition)	NCAC - National Child Advocacy Center
CA - County Attorney	DV - Domestic Violence	NCJIS - Nebraska Criminal Justice Information System
CAC - Child Advocacy Center	EDN - Early Development Network	N-Focus - Nebraska Family Online Client User System
CAPTA - Child Abuse Prevention and Treatment Act	EPC - Emergency Protective Custody	NRS - Nebraska Revised Statute
CASA - Court Appointed Special Advocate	FAS - Fetal Alcohol Syndrome	OHA - Out of Home Assessment
CBS - Community Based Services	FBT - Family-Based Treatment	PCP - Primary Care Physician
CBT - Cognitive Behavioral Therapy	FBTP - Family-Based Treatment Plan or Family-Based Treatment Program	PO - Protection Order or Probation Officer
CEU - Continuing Education Units	FCRO - Foster Care Review Office	PRTF - Psychiatric Residential Treatment Facility
CFS - Child and Family Services	FI - Forensic Interviewer	RTC - Residential Treatment Center
CFSS - Child and Family Services Supervisor or Child and Family Services Specialist	FTT - Failure to Thrive	SA - Sexual Assault or Substance Abuse
CIP - Court Improvement Project	GAL - Guardian ad Litem	SDM - Structured Decision Making
CLE - Continuing Legal Education/Continuing Law Enforcement Education	HIPAA - Health Insurance Portability and Accountability Act	SRO - School Resource Officer
CPP - Child Parent Psychotherapy	IA - Initial Assessment	TFC - Therapeutic Foster Care or Therapeutic Family Care
CPS - Child Protective Services or Child Protection Specialist	ICPC - Interstate Compact on Placement of Children	TIC - Trauma Informed Care/Trauma Informed Community
CSEC - Commercial Sexual Exploitation of Children	ICWA - Indian Child Welfare Act	TPR - Termination of Parental Rights
CYPM - Crossover Youth Practice Model	LB - Legislative Bill	TX - Treatment
		YRTC - Youth Rehabilitation and Treatment Center

This document is reviewed and updated annually to reflect current laws and practices.

in partnership with

The seal of the State of Nebraska is a circular emblem. It features a central shield with a landscape scene including a river, a plowman, and a sheaf of wheat. Above the shield is a banner with the word "EQUALITY". The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF NEBRASKA" at the top and "MARCH 1ST 1867" at the bottom.

**Governor's Commission for
Protection of Children**

**MDT Subcommittee of the
Governor's Commission for
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*Special Thanks to the following for
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