

## **Evaluation Instruction and Checklist**

Included below, is a checklist of all the materials you have been sent for evaluation purposes. The first nine evaluation forms listed are included in this word document and are to be completed and returned via email. Two other evaluation forms are attached separately as Excel workbooks and are also to be returned via email. Please carefully read the instructions at the beginning of each section on how each section should be completed. For the Excel files, instructions are included in the first tab of the workbook. Also included in this document is information pertaining to the Qualitative Case Review and information on the other materials provided to you. Once you have completed each evaluation form, review the checklist on page 2 to ensure you have completed all required documentation. Be sure to sign and date the check list and submit it along with the completed Excel forms. When submitting the final documents, attach them to an email and save them by the name of the document \_team name. **Example:** Quantitative Workbook\_MDT(insertname). If you have any questions while filling out these materials, please contact Kristopher Deming ([kdeming@thevillage.org](mailto:kdeming@thevillage.org) 860-236-4511 x3469) at the Village.

## Checklist

**Evaluation Checklist**

Please complete the chart below, sign and return along with materials by (insert date). Thank you.

Name of Form	Sent by Village	Comments	Return by Team	Comments
•Team Information Sheet	✓			
•Case Chronology Table/Case Update Chronology Table	✓			
•Self Assessments				
•Team Functioning	✓			
•Case Volume	✓			
•Case Review & Tracking	✓			
•Forensic Interview	✓			
•Medical Evaluation	✓			
•Victim Advocacy	✓			
•Mental Health	✓			
•Attendance Roster	✓	Excel Workbook		
•Quantitative Workbook	✓	Excel Workbook		
•Finding Words Information	✓	Excel Workbook	N/A	
•Qualitative Case Review Template and Case Presentation Checklist	✓	FYI. To be completed by Evaluation Team during onsite review.	N/A	
•Team Observation Tool	✓	FYI. To be completed by Evaluation Team during onsite review.	N/A	
•Team Protocols	N/A	MDT To send to Village		
•CV of Medical Providers	N/A	MDT to send to Village		
•Other	N/A			

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**Signature**


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**Title**


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**Date**


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**Print Name**

- 1. In preparation for the **Qualitative Case Review (QCR)**: Please select **two** cases open in the selected month/year and week combination to undergo Qualitative Case Review (QCR) - see dates below. If you are unable to find a case that meets the requested criteria within the weeks selected, please look in subsequent weeks during the PUR until you find a case that meets the criteria.

For the two cases, ensure the following criteria are met:

- Each case falls within the month/week combinations provided below.

1. Month/Year:                      Week:

2. Month/Year:                      Week:

- At least one case is a sexual abuse case
- At least one case had an arrest or warrant

Paperwork Submission Required for QCR:

- Case Chronology Table for the 2 selected QCR cases
- Case Update Table for the 2 selected QCR cases
- MDT Meeting Agendas for the 2 selected QCR cases
- NCAtrak case record report with all relevant fields (or data recorded in other systems)
- NCAtrak Services Log for Forensic Interview, Medical Services, Victim Advocacy, Mental Health Services, and any other case record information (or data recorded in other system)
- Summary of Forensic Interview report
- Written report of medical consultation
- Police and/or DCF Protocol (if you are having trouble obtaining either, please notify the evaluators prior to their observation day)

- 2. **Finding Words Information:** This information is provided to you by The Village. It will contain information regarding team members who participated in Finding Words, which you will need to answer questions on the Forensic Interview Self-Assessment. You **do not** need to return the Finding Words document back to The Village.
- 3. **Team Observation Tool:** This tool is used by the evaluators during their observation of the MDT case review. This information is provided to give you an understanding of what the evaluators will be looking for during the case review. You **do not** need to return the Team Observation Tool back to The Village.
- 4. **Team Protocols:** Provide your most recent Team protocol. If your Team’s protocol was different during the PUR, send that protocol in addition to your most recent protocol and indicate what has changed.
- 5. **CV of Medical Providers/ Certificate of Training Hours for Providers:** Provide a CV for each medical provider listed on the Medical Evaluation Self-Assessment. In addition, attached all certificates verifying required training hours for medical providers, victim advocates, mental health professionals and forensic interviewers. The required training is listed on each self-assessment.

Team Information Sheet

## TEAM INFORMATION SHEET

This sheet is meant to collect basic information regarding the MDT, coordinator and contract holder.

**Team Name:**

**Current Team Coordinator:**

**Team Coordinator during PUR:**

	Start Date	End Date
Period Under Review (PUR)		
Self-Assessment Phase		
Onsite Review Date		

**Current Coordinator Information:**

**Current Coordinator Hire Date:**

**Current Coordinator hours/week:**

**MDT Fiduciary/Contract holder:**

**Additional Coordinator Roles at Fiduciary?:**

If yes, # of hours:

**MDT Meeting Information:**

**Team Meeting Schedule:**

**Duration of Meeting:**

**Meeting Location:**

**# of team members:**

Case Chronology

**CASE CHRONOLOGY TABLE**

The Case Chronology Table Supports the Qualitative Case Review. Make sure the Cases entered into the Case Chronology Table are the same cases that you selected for the Qualitative Case Review.

**Team Name:**

**Onsite Review Date:** TBD

**Case 1:** PUR Month Insert Month PUR Week date Week #

**NCAtrak#:** \_\_\_\_\_

Key Event	Event Date
CPS Report Date ("737"; Careline)	
DCF Area Office Rec'd Date	
DCF Initial Family Contact Date	
LE Referral Date	
LE Investigation Start Date	
LE Initial Family Contact	
Receipt of case by Coordinator	
Initial Case Review	
Forensic Interview	
Medical Evaluation	
Victim Advocacy First Referred	
Mental Health Services First Referred	

**Case 2:** PUR Month Insert Month PUR Week date Week #

**NCAtrak#:** \_\_\_\_\_

Key Event	Event Date
CPS Report Date ("737"; Careline)	
DCF Area Office Rec'd Date	
DCF Initial Family Contact Date	
LE Referral Date	
LE Investigation Start Date	
LE Initial Family Contact	
Receipt of case by Coordinator	
Initial Case Review	
Forensic Interview	
Medical Evaluation	
Victim Advocacy First Referred	
Mental Health Services First Referred	

Case Chronology

**Case Update Chronology Table**

The purpose of the Case Chronology Update Table is to show when the selected QCR cases came to the MDT for update/review.

The Coordinator should add as many rows as needed to reflect updates at Team meetings. These dates should be supported with Team Agendas showing the case was on the Agenda

Case 1 - NCAtrak # \_\_\_\_\_

Key Event	Date
Initial Case Review (should be the same as date entered in Case Chronology Table)	
Update 1	
Update 2	
Update 3	
Update 4	

Case 2 - NCAtrak # \_\_\_\_\_

Key Event	Date
Initial Case Review (should be the same as date entered in Case Chronology Table)	
Update 1	
Update 2	
Update 3	
Update 4	

Team Functioning

Program Component: **Team Functioning**

**Evaluation Focus Summary:** Your answers to the Team Functioning Self-Assessment questions will help the GTF understand aspects of team functioning such as attendance, disciplinary participation and confidentiality. These are elements that are addressed in the CT MDT Standards.

**Instructions:** Coordinators should ask the subject matter expert(s) to complete this assessment, which should then be reviewed by the Team’s Executive Committee prior to submission to the Evaluation Committee.

**Associated Forms/Data needed to complete this Self-Assessment:** You will need to complete the **Attendance Roster** Excel spreadsheet provided in the “advance materials” packet. Your Team’s most recent **OMS Team Survey** (provided to you by CCA) results will be reviewed along with this document.

Q#	Question	Response																								
1	<p>Are your Team’s MOUs current and complete? Please complete the chart with the following information:</p> <p style="margin-left: 20px;">a. List each agency representing a discipline and the date of the most recent MOU between the Team and that agency.</p> <p style="margin-left: 20px;">b. If multiple MOUs are needed for a given discipline (i.e. multiple Law Enforcement towns or DCF offices) list each of them by adding rows to the table.</p> <p style="margin-left: 20px;">c. Add rows for any discipline not listed, in which your team has an MOU.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 33%;">Discipline</th> <th style="width: 33%;">Agency</th> <th style="width: 34%;">Date of most recent MOU</th> </tr> </thead> <tbody> <tr><td>DCF</td><td></td><td></td></tr> <tr><td>Medical</td><td></td><td></td></tr> <tr><td>Prosecution</td><td></td><td></td></tr> <tr><td>Victim Advocacy</td><td></td><td></td></tr> <tr><td>Mental Health</td><td></td><td></td></tr> <tr><td>Law Enforcement</td><td></td><td></td></tr> <tr><td>Forensic Interviewer</td><td></td><td></td></tr> </tbody> </table>	Discipline	Agency	Date of most recent MOU	DCF			Medical			Prosecution			Victim Advocacy			Mental Health			Law Enforcement			Forensic Interviewer		
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2	<p>Complete the chart in regards to your Team’s Executive Committee. Add/delete rows as needed.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 33%;">Name</th> <th style="width: 33%;">Discipline</th> <th style="width: 34%;">Executive Committee Start Date</th> </tr> </thead> <tbody> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </tbody> </table>	Name	Discipline	Executive Committee Start Date																					
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3	<p>Complete the chart in regards to Minimal Facts Trainings</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 33%;">Minimal Facts Trainings for...</th> <th style="width: 33%;">Number Conducted in PUR</th> <th style="width: 34%;">Disciplines attended</th> </tr> </thead> <tbody> <tr><td>First Responder</td><td></td><td></td></tr> <tr><td>Discoverer</td><td></td><td></td></tr> </tbody> </table>	Minimal Facts Trainings for...	Number Conducted in PUR	Disciplines attended	First Responder			Discoverer																	
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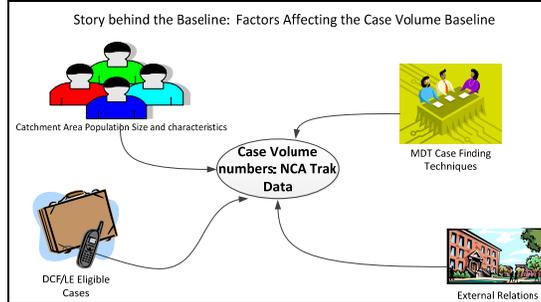
Team Functioning

Q#	Question	Response																					
4	<p>What practices have you implemented in your Team meeting to ensure confidentiality? <i>To answer this question, please complete the chart.</i></p> <p>a. Check Yes or No for each practice.</p> <p>b. Add rows to include any other practices that your Team uses to ensure confidentiality.</p>	<table border="1"> <thead> <tr> <th data-bbox="634 279 1135 317">Confidentiality Practice</th> <th data-bbox="1135 279 1255 317">Yes</th> <th data-bbox="1255 279 1362 317">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="634 317 1135 354">Email encryption</td> <td data-bbox="1135 317 1255 354"></td> <td data-bbox="1255 317 1362 354"></td> </tr> <tr> <td data-bbox="634 354 1135 426">Agenda encrypted/password protected</td> <td data-bbox="1135 354 1255 426"></td> <td data-bbox="1255 354 1362 426"></td> </tr> <tr> <td data-bbox="634 426 1135 464">Client names on agenda</td> <td data-bbox="1135 426 1255 464"></td> <td data-bbox="1255 426 1362 464"></td> </tr> <tr> <td data-bbox="634 464 1135 501">Confidentiality Statement on Agenda</td> <td data-bbox="1135 464 1255 501"></td> <td data-bbox="1255 464 1362 501"></td> </tr> <tr> <td data-bbox="634 501 1135 539">Door is shut during meetings</td> <td data-bbox="1135 501 1255 539"></td> <td data-bbox="1255 501 1362 539"></td> </tr> <tr> <td data-bbox="634 539 1135 611">Agenda and other materials collected after meetings</td> <td data-bbox="1135 539 1255 611"></td> <td data-bbox="1255 539 1362 611"></td> </tr> </tbody> </table>	Confidentiality Practice	Yes	No	Email encryption			Agenda encrypted/password protected			Client names on agenda			Confidentiality Statement on Agenda			Door is shut during meetings			Agenda and other materials collected after meetings		
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Agenda and other materials collected after meetings																							
5	<p>Have you experienced any challenges in regards to you Team’s functioning?</p>	<p>_____ No</p> <p>_____ Yes, describe:</p>																					

Case Volume

Program Component: **Case Volume**

**Evaluation Focus Summary:** Case Volume helps the GTF assess whether the Team is meeting the catchment area need. It is affected by multiple forces, including population characteristics of the catchment area and the Team’s own processes as depicted below.



**Instructions:** This Worksheet consists of three Tables. In **Table A**, the team will comment on relevant Team processes.

In **Table B**, the Team will provide (or see) data inputs necessary to evaluate Case Volume.

Coordinators should ask the subject matter expert(s) to complete this assessment, which should then be reviewed by the Team’s Executive Committee prior to submission to the Evaluation Committee.

Associated Forms/Data Needed to complete this Self-Assessment: None

**Table A: Team Processes**

Q#	Question	Response																										
	<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Describe</b>																								
6	Does the Coordinator take affirmative steps in finding cases																											
7	Does the coordinator have regularly scheduled meetings with DCF/Law Enforcement/Medical etc. to find cases																											
8	Do Team members take affirmatives steps in finding cases																											
9	Please complete the chart by listing all community education activities conducted by Team members in the PUR. Add/delete rows as needed.  For each activity, please include: a. Date of the activity b. Title/type of the activity c. External organizations involved d. # of people who attended	<table border="1"> <thead> <tr> <th>Date of Activity</th> <th>Title/type Activity</th> <th>Organization Involved</th> <th># People Attended</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date of Activity	Title/type Activity	Organization Involved	# People Attended																						
Date of Activity	Title/type Activity	Organization Involved	# People Attended																									
10	Have you experienced and challenges in identifying cases?	_____ No  _____ Yes, describe																										

Case Volume

**Table B: Data INPUT**

Q#	Question	Response		
<p><i>A "Case Review" according to the GTF is "A comprehensive review and discussion of the referral using information gathered by the various disciplines and experiences of the team members in order to: determine the needs of the child and family, determine needs of any potential criminal prosecution; develop team suggestions for follow-up by individual agencies, and evaluate the responses of the systems involved."</i></p>				
11	Using the GTF definition of Case Review, Please complete the following table.	<p><b># of Cases Referred in PUR</b></p>	<p><b># of Cases that underwent Case Review in PUR</b></p>	<p><b>If there is a difference between column 1 and 2, please describe why</b></p>

Case Review and Tacking

**Program Component: Case Review & Tracking**

A “case review” according to the GTF is: “A comprehensive review and discussion of the referral using information gathered by the various disciplines and experiences of the team members in order to: determine the needs of the child and family, determine needs of any potential criminal prosecution; develop team suggestions for follow-up by individual agencies, and evaluate the responses of the systems involved.”

Evaluation Focus Summary: Your answers to the Case Review & Tracking Self-Assessment questions will help the GTF understand your Team’s approach(es) to conducting case review and keeping track of the progress of cases. The Self-Assessment focuses on your Team’s “structures” – policies, practices, protocols, methods – for case review and tracking.

Instructions: **Table A** includes questions related to Case Review. **Table B** includes questions related to Case Tracking. Coordinators should ask the subject matter expert to complete this assessment which should then be reviewed by the Team’s Executive Committee prior to submission to the Evaluation Committee.

Associated Forms/Data Needed to complete this Self-Assessment: None

**Table A: Case Review**

Q#	Question	Response																									
<b>Questions 12-14 below will help the GTF better understand how Teams are conducting Case Review/MDT meeting and the discussion of cases outside of Case Review/MDT meeting.</b>																											
12	<p>Please complete the chart with the information outlined below. Add rows as needed:</p> <p><b>A. Type of Case Discussion</b> – Indicate the type of case discussion (i.e. new case, case update, prosecution update or other).</p> <p><b>B. Circumstance Used</b> – When is this type of case discussion used?</p> <p><b>C. Who Involved</b> - List the disciplines involved in the case discussion.</p> <p><b>D. Conducted</b> – How/where is each type of case discussion conducted? (i.e. Case Review/MDT meeting, conference call, email, etc.)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">A. Type of Case Discussion</th> <th style="width: 20%;">B. Circumstance Used</th> <th style="width: 20%;">C. Who Involved</th> <th style="width: 20%;">D. Conducted</th> <th style="width: 20%;">E. Information Presented</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	A. Type of Case Discussion	B. Circumstance Used	C. Who Involved	D. Conducted	E. Information Presented																				
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Case Review and Tacking

Q#	Question	Response
	E. <b>Information Presented</b> - List what type of information is discussed.	
13	How does your Team handle information sharing and case planning for cases that are referred between regularly scheduled Case Review/MDT meetings?	
14	Have you experienced any challenges in Case Review/MDT meetings?	<p>___ No</p> <p>___ Yes, describe:</p>

Q#	Question	Response
<b>Q15-16: Case update (a discussion after initial review at Case Review/MDT meeting) is an important aspect. Our goal is to identify your Team's general practice and the exceptions to that practice.</b>		
15	<p>How does a case get on the Case Update list for a Case Review/MDT meeting?</p> <p>Choose the <b>one</b> answer that best reflects your Team process.</p>	<p>a) ___ Case Updates occur according to a specified time schedule, i.e. every # weeks/months. Please provide the frequency below:</p> <p style="padding-left: 40px;">_____ Weeks</p> <p style="padding-left: 40px;">_____ Months</p> <p>b) ___ A Team member – other than the Coordinator – decides when a Case Update is needed</p> <p>c) ___ The Team decides when a Case Update is needed</p> <p>d) ___ The Coordinator decides when a Case Update is needed</p> <p>e) ___ Other (please describe)</p>

## Case Review and Tacking

16	Under what circumstances might Case Updates NOT occur?	
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**Table B: Case Tracking**

Q#	Question	Response
17	Which of your Team's cases are entered into the state's approved data system? Choose the answer that best reflects your Team process.	a) ___ All cases found/referred are entered b) ___ Only cases that are discussed at Case Review/MDT meeting are entered c) ___ Other (please describe)
18	Does the Coordinator use databases/software applications other than the approved state data system to help track cases?	a) ___ The Coordinator uses an Excel Worksheet to track pertinent case information b) ___ The Coordinator uses other databases/software applications to track case information c) ___ Other (please describe)
19	If the Coordinator uses software applications other than the state approved data system to record case information, what type of case information is entered into these other software applications?	___ Demographics ___ Clinical Information ___ Services ___ Other, please describe

Forensic Interview

Program Component: **Forensic Interview**

Evaluation Focus Summary: Your answers to the Forensic Interview Self-Assessment questions will help the GTF understand your Team’s capacity to provide forensic interviews for the Team’s catchment area. We ask you to look at several dimensions of capacity such as number of interviews, number and type of interviewers, ongoing training, and peer review.

Instructions: Coordinators should ask the subject matter expert(s) to complete this assessment, which should then be reviewed by the Team’s Executive Committee prior to submission to the Evaluation Committee.

Associated Forms/Data needed to complete this Self-Assessment: None

Q#	Question	Response																				
20	Please provide the following information regarding the PUR.	a) ___ # Forensic Interviews Completed b) ___ # Forensic Interviews completed at a Child Advocacy Center c) ___ # Forensic Interviews observed by PD d) ___ # Forensic Interviews observed by DCF																				
21	How does your Team define Forensic Interview in your Team’s protocol?																					
22	Does your Team use the Child First interview protocol?	a) ___ Yes b) ___ No, what protocol do you use?: _____																				
23	Please complete the chart in regards to the forensic interviewers on your Team. Add rows as needed.	<table border="1"> <thead> <tr> <th>Interviewer Name</th> <th>Title</th> <th>Agency</th> <th>Capacity (full-time, part-time, per diem)</th> <th># of child abuse specific training hours in the PUR.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Interviewer Name	Title	Agency	Capacity (full-time, part-time, per diem)	# of child abuse specific training hours in the PUR.															
Interviewer Name	Title	Agency	Capacity (full-time, part-time, per diem)	# of child abuse specific training hours in the PUR.																		
24	Please complete the chart with the number and type of peer reviews attended by your Team’s forensic interviewers in the PUR. Add rows as needed.	<table border="1"> <thead> <tr> <th>Interviewer Name</th> <th>Local</th> <th>State</th> <th>National</th> </tr> </thead> <tbody> <tr> <td></td> <td>#</td> <td>#</td> <td>#</td> </tr> </tbody> </table>	Interviewer Name	Local	State	National		#	#	#		#	#	#		#	#	#		#	#	#
Interviewer Name	Local	State	National																			
	#	#	#																			
	#	#	#																			
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25	Please complete the following information in regards to Finding	_____ Number of current Team members who attended Finding Words Trainings																				

## Forensic Interview

	Words Trainings for your Team	_____ Total number of current Team members
26	Are there any barriers to your Team members attending Finding Words?	_____ No _____ Yes, Describe:
27	Has your Team experienced challenges providing forensic interviews?	_____ No _____ Yes, describe:

Forensic Medical Evaluations

Program Component: **Forensic Medical Evaluations**

Evaluation Focus Summary: Your answers to the Forensic Medical Evaluation Self-Assessment questions will help the GTF understand your Team’s capacity to provide medical evaluations for the Team’s catchment area. We ask you to look at several dimensions of capacity such as qualifications of providers, participation in peer review, policies and procedures guiding the conduct and peer review of medical evaluations.

Instructions: Coordinators should ask the subject matter expert(s) to complete this assessment, which should then be reviewed by the Team’s Executive Committee prior to submission to the Evaluation Committee.

Associated Forms/Data needed to complete this Self-Assessment: Some supporting documentation is required as described in specific questions in the Worksheet.

Q#	Question	Response																									
28	What is your Team’s medical protocol when a disclosure is made within 72 hours of the incident? (i.e. Evidence collection)																										
29	What is your Team’s protocol for sexual abuse, physical abuse, and CSEC/DMST forensic medical evaluations?	<p><b>Sexual Abuse:</b></p> <p><b>Physical Abuse:</b></p> <p><b>CSEC/DMST:</b></p>																									
30	Please complete the chart in regards to the medical providers on your Team. Add rows as needed. <i>*Please provide CV for each medical provider listed</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Medical Provider Name</th> <th style="width: 15%;">Title</th> <th style="width: 15%;">Agency</th> <th style="width: 20%;">Types of evaluation (urgent SA, routine SA, PA)</th> <th style="width: 35%;"># of child abuse specific training hours in the PUR.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medical Provider Name	Title	Agency	Types of evaluation (urgent SA, routine SA, PA)	# of child abuse specific training hours in the PUR.																				
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31	Please complete the chart with the number and type of peer reviews attended by your Team’s medical providers in the PUR. Add/delete rows as needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Med Provider Name</th> <th style="width: 15%;">Local</th> <th style="width: 15%;">State</th> <th style="width: 15%;">National</th> <th style="width: 40%;">Telemed</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> </tr> <tr> <td> </td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> </tr> <tr> <td> </td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> </tr> <tr> <td> </td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> <td style="text-align: center;">#</td> </tr> </tbody> </table>	Med Provider Name	Local	State	National	Telemed		#	#	#	#		#	#	#	#		#	#	#	#		#	#	#	#
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	#	#	#	#																							
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## Forensic Medical Evaluations

Q#	Question	Response
32	Medical Findings in the PUR	___ # of forensic medical evaluations  ___ # of findings deemed abnormal or diagnostic of trauma  ___ # of findings deemed abnormal or diagnostic of trauma reviewed by a board certified child abuse pediatrician
33	Has your Team experienced challenges providing forensic medical evaluations?	___ No  ___ Yes, describe:

Victim Advocacy

Program Component: **Victim Advocacy**

Evaluation Focus Summary: Your answers to the Victim Advocacy Self-Assessment questions will help the GTF understand your Team’s capacity to provide advocacy for both children and their caregivers in the Team’s catchment area. We ask you to look at several dimensions of capacity such as number, types of advocacy and ongoing training.

Instructions: Coordinators should work with the subject matter expert(s) to complete this assessment, which should then be reviewed by the Team’s Executive Committee prior to submission to the Evaluation Committee.

Associated Forms/Data needed to complete this Self-Assessment: Some supporting documentation is required as described in specific questions in the Worksheet.

Q#	Question	Response				
34	How does your Team define advocacy in your Team’s protocol?					
35	Please complete the chart in regards to the advocates on your Team.	<b>Advocate’s Name</b>	<b>Title</b>	<b>Agency</b>	<b>Completed minimum 24-hours of child abuse victim training when starting in their advocacy role? <i>*Attach documentation</i></b>	<b># of child abuse specific training hours in the PUR.</b>
					Yes or No	
					Yes or No	
					Yes or No	
					Yes or No	

## Victim Advocacy

36	Please describe the scope in which each of your advocates is involved in a case? When does each advocate's involvement in the process begin and end? How do advocates from different organizations share information with one another?	
37	Has your Team experienced challenges providing advocacy services?	<input type="checkbox"/> No <input type="checkbox"/> Yes, describe:

Victim Advocacy

***Below is a list of services that the National Children’s Alliance requires be provided to all children and families served by a CAC or MDT. In the advocates/agencies column, please list all advocates and/or agencies responsible for providing these services.***

<u>Service</u>	<u>Advocates/Agencies</u>
Crisis assessment and intervention, risk assessment and safety planning and support for children and family members at all stages of involvement with MDT.	
Assessment of individual needs, cultural considerations for child/family and ensure those needs are addressed.	
Presence at CAC during the forensic interview in order to participate in information sharing, inform and support family about the coordinated, multidisciplinary response, and assess needs of child and non-offending caregiver.	
Provision of education and access to victim’s rights and crime victim’s compensation	
Assistance in procuring concrete services (housing, protective orders, domestic violence intervention, food, transportation, public assistance etc.).	
Provision of referrals for trauma focused, evidence - supported mental health and specialized medical treatment.	
Access to transportation to interviews, court, treatment and other case-related meetings.	
Engagement in the child’s/family’s response regarding participation in the investigation/prosecution.	
Participation in case review to: communicate and discuss the unique needs of the child and family and associated support services planning; ensure the seamless coordination of services; and, ensure the child and family’s concerns are heard and addressed.	
Provision of updates to the family on case status, continuances, dispositions, sentencing, inmate status notification (including offender release from custody).	
Provision of court education & courthouse/courtroom tours, support, and court accompaniment.	
Coordinated case management meetings with any and all individuals providing victim advocacy services.	

Mental Health

Program Component: **Mental Health**

Evaluation Focus Summary: Your answers to the Mental Health Services Self-Assessment questions will help the GTF understand your Team’s capacity to provide mental health services for both children and their caregivers in the Team’s catchment area. We ask you to look at several dimensions of capacity such as number and types of treatment and ongoing training.

Instructions: Coordinators should work with the subject matter expert(s) to complete this assessment which should then be reviewed by the Team’s Executive Committee prior to submission to the Evaluation Committee.

Associated Forms/Data needed to complete this Self-Assessment: Some supporting documentation is required as described in specific questions in the Worksheet.

Q#	Question	Response					
38	Which mental health providers/agencies regularly attend case review meetings?	<b>MH Provider’s Name</b>	<b>Title</b>	<b>Agency</b>	<b>Degree and License</b>	<b>Type of treatments available (i.e., TF-CBT, CTSI, Bridging, etc.)</b>	<b># of child abuse specific training hours in the PUR.</b>
39	How are families connected to mental health services? In your explanation please explain when referrals are made, what the process looks like and who is responsible for making the referral.						
40	Are mental health services available to address the needs of non-offending caregivers?	<input type="checkbox"/> No  <input type="checkbox"/> Yes, when are they offered and by whom?					

## Mental Health

Q#	Question	Response
41	Has your Team experienced challenges providing mental health services?	<input type="checkbox"/> No  <input type="checkbox"/> Yes, describe: