

Senate Health and Human Services Committee
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Children's Advocacy Center Movement In Texas

Texas has 64 local CACs. Last year almost 40,000 children received services at a local center.

- **Goal:** To provide a children friendly, multidisciplinary, coordinated approach to the investigation, prosecution and provision of intervention services in child abuse cases. The multidisciplinary model also helps to facilitate “joint investigations” between law enforcement and CPS as defined by SB 6 79R.
- **Statutory Authority:** The components of a CAC are defined in Texas Family Code §264.
- **Funding:** CACs are private non-profits, but do receive **\$16 million biennially** from a legislative appropriation through the Office of the Attorney General.
 - **For every \$1 the state appropriates, local CACs raise \$7 from other private and public sources.**
 - Many CACs co-locate CPS units, law enforcement and prosecution (per SB 6 79R).

Core Components

CAC Core Disciplines:

- Law Enforcement
- Child Protective Services
- Prosecution
- Medical
- Mental Health
- Specialized Forensic Interviewing

CAC Core Services Include:

- Specialized Forensic Interviewing
- Medical Assessments
- Mental Health Assessments
- Multidisciplinary Team Case Reviews
- Comprehensive Advocacy Services

CAC Clients

Children are referred to local CACs by CPS or law enforcement when a report of abuse/neglect has been made to CPS statewide intake or 911 and an investigation has been initiated.

In FY 09 Texas CACs served almost 40,000 children.

- 74% of those cases involved sexual abuse
- 9% were physical abuse cases
- 9% involved at risk children
- 4% involved children who witnessed a violent crime

Mental Health Services at CACs

- Mental health services are a required component for Texas CACs and are trauma informed, but also vary given the needs of the community and the capacity of the center.
- A majority of CACs use **private sources and/or grants** to fund therapist positions and therefore do not bill Crime Victims Compensation or Medicaid to pay for these services.
- FY 09 mental health numbers:
 - 12,546 children received on-site services
 - 3,827 children received off-site services
- Several CACs have recently joined with universities to participate in a trauma focused cognitive behavioral therapy learning collaborative.

*What is Trauma Focused-
Cognitive Behavior
Therapy (TF-CBT)?*

TF-CBT

- Focused on children between the ages of 3-17 who have experienced some form of trauma
- Usually 16 weeks in length
- Involves both the child and the parent
- Incorporates a series of components that help the child cope with their trauma on a daily basis
- Components build on each other to maximize the effectiveness of working through their trauma

TF-CBT Components

- Psychoeducation and Parenting Skills
- Relaxation Techniques
- Affective Expression and Modulation
- Cognitive Coping and Processing
- Trauma Narrative
- In Vivo Mastery of Trauma Reminders
- Conjoint Child-Parent Sessions
- Enhancing Future Safety and Development

Qualifications and Training of Practitioners

- 10 hour web-based training
- 2 day training (individual model)
- 2 day training (group model)
- Ongoing monthly consultation by certified TF-CBT trainer
- Participation in advanced training
- Masters Level persons and licensed according to state guidelines

How Alliance For Children Uses TF-CBT

- 2 trained therapists on staff and 1 contract therapist
- Provide TF-CBT to individuals on a case by case basis
- Revised current group curriculum to coincide with the TF-CBT model

Research

- Participated in Clinical Study with University of Texas
- TCU Intern conducting in house research on the effectiveness of the model with AFC clients only

Client Enrollment for AFC Staff Only

- 11 clients initially enrolled
- 3 have graduated
- 5 still participating in weekly sessions
- 1 dropped out of the study
- 2 didn't qualify for the study

AFC Client Outcomes – Parent

- I feel the therapist provided information and techniques about how to help my child and me – 100% strongly agree
- I feel that this treatment has created a positive change in my child and/or my family – 50% strongly agree and 50 % agree
- I feel that my child's coping skills have increased – 50% strongly agree and 50 % agree
- Services offered by AFC have been helpful and effective – 100% strongly agree

AFC Client Outcomes – Child

- I feel that my therapist has taught me better ways to protect myself from future trauma – 100% strongly agree
- I feel that counseling has been helpful to me – 100% strongly agree
- I have felt comfortable/safe at AFC – 100% strongly agree
- Services offered by AFC have been helpful – 100% strongly agree
- I would recommend AFC to other children – 66% Strongly agree and 33% agree