



Children's Advocacy
Centers of Oklahoma

GROWTH & DEVELOPMENT REPORT

NOVEMBER 2024

WRITTEN BY
withinsight

Project Overview

Purpose

Children’s Advocacy Centers of Oklahoma (CACO) - a nonprofit organization - is the nationally accredited Children’s Advocacy Center state chapter for Oklahoma, as recognized by the National Children’s Alliance (NCA). As a private membership organization, CACO advocates for the well-being of Oklahoma’s children by representing, supporting, and guiding 21 nationally accredited Children’s Advocacy Centers (CACs), two developing CACs, and several Freestanding Multidisciplinary Teams (FSMDTs). CACO’s mission focuses on uniting child abuse professionals to safeguard children throughout the state, aiming to ensure that every child in Oklahoma has access to evidence-based, accredited CAC services. In alignment with NCA Chapter Accreditation Standards, CACO is committed to expanding and developing CACs to meet this goal of equitable CAC service accessibility across Oklahoma.

In response to there being no access to accredited CACs in western Oklahoma’s rural areas, and additional geographical challenges to accessing CAC services across the entire state, CACO has initiated a strategic effort to expand its reach in underserved communities. This initiative aims to ensure that children and families in all regions of Oklahoma can benefit from the support, resources, and trauma-informed services provided by accredited CACs. As a first step, CACO organized discussion groups with key leaders and stakeholders from CACs, FSMDTs, and governing bodies. By gathering insights from experienced professionals in these fields, CACO aims to incorporate frontline expertise into its initiatives to overcome barriers and improve access to essential services for children across Oklahoma.

CACO and its members recognize that supporting child victims and their families requires a collaborative approach that no single agency or discipline can accomplish independently. The CAC model leverages the combined expertise of professionals from law enforcement, child protective services (DHS), prosecution, medical, and mental health fields. Working together, these multidisciplinary teams create an efficient, comprehensive, child-centered, response system to meet the needs of child victims in a compassionate and coordinated manner.

As part of its statewide CAC Growth & Development Plan, CACO staff—working alongside independent data consultants from WithInsight—organized a series of roundtable discussions with key informants from the CAC and MDT fields. Leaders from core institutions focused on child

safety in Oklahoma, including child welfare leadership, prosecutors, CAC leaders, FSMDT Coordinators, law enforcement, medical and mental health professionals, and victim advocates, were invited to participate. CACO values the expertise and experience these major stakeholders bring and is committed to using their insights to shape strategies for reducing barriers and expanding accredited CAC services for both MDT members and the children and families they serve. CACO believes that meaningful progress will require system-wide collaboration.

Participants

CACO thoughtfully considered who to invite to the Growth & Development discussions. They identified agencies working directly with multidisciplinary teams (MDT) and invited the leaders of each agency. It was important to CACO that people with comprehensive field experience and decision-making authority were at the table to share their perspective and hear from others. As figure 1 shows, 177 people were invited to these sessions via multiple email outreach attempts. Ultimately, 56 people from a variety of agencies attended one of the sessions. There was representation from both accredited centers as well as freestanding teams. CACO staff participated in each of the discussions and an external consulting agency, WithInsight, facilitated the sessions.

Figure 1. CACO Growth & Development session participants

177	People in MDT leadership roles invited
21	CAC staff
20	DHS district directors/supervisors
3	DHS executive leaders
2	Assistant district attorneys
4	Law enforcement officers
5	FSMDT coordinators
1	OCCY staff
56	People participated (32% of those invited)

Community Trends

Child Abuse & Neglect is Increasing

The community trend that discussion participants talked about most often was the increase in child abuse and neglect cases (n=8). CACs and FSMDTs typically see a slow-down in cases over the summer but shared that in 2024, there was no slow-down. Many shared that they are seeing more cases than they ever have before and are struggling to meet the demand. This anecdotal information mirrors the statewide CAC reporting data which shows a year over year increase in cases seen, 2022-2024 (figure 2).

Figure 2. Number of children served by CACs in Oklahoma January—June, 2022-2024.

2022 (Jan-Jun)	2023 (Jan-Jun)	2024 (Jan-Jun)
3,584	3,987	4,155

Discussion participants drew particular attention to two types of cases that they feel are increasing—severe cases (n=5) and child-on-child cases (n=5). CAC and FSMDT staff expressed deep concern for the severity of child abuse incidents that they are seeing. Abuse is escalating and cases are increasingly complex and tragic. Likewise, participants shared their concern for seeing more child perpetrators and emphasized the need for better support and prevention for children with problematic sexual behaviors. A third type of case that some participants feel is on the rise is abandonment of teenagers (n=3). Abandonment is a type of child neglect that leaves young people extremely vulnerable and susceptible to other risk factors.

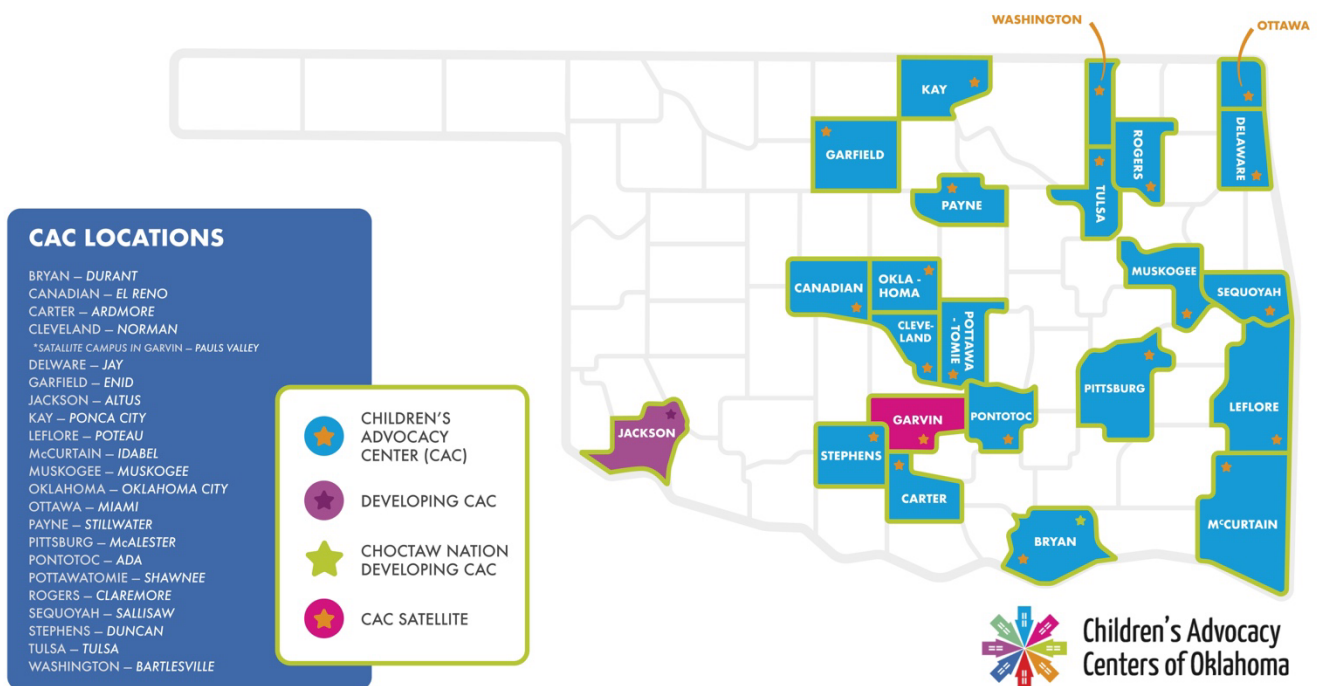
We did not ask participants to share their perspective on why child abuse is on the rise. However, some participants said that more and more of their cases are associated with domestic violence (n=4) or substance abuse (n=4). Many children are witnessing domestic violence and or being abused as a result of domestic violence in the home. Other children are accidentally ingesting drugs and/or experiencing abuse due to caregiver's untreated substance abuse issues.

Barriers to Accessing Care

CACs Are Too Far Away

According to discussion participants, the primary barrier to accessing a CAC was distance (n=10). Many participants cited that families in rural Oklahoma are anywhere from 45 minutes to 2 hours away from the nearest CAC. Rural communities do not have access to public transportation and many families don't have reliable personal transportation. For families that do have transportation, it might mean taking a half or even full day off work to drive to and from the CAC and wait through the forensic interview. For hourly employees, this can be especially taxing economically.

ACCREDITED CHILDREN'S ADVOCACY CENTERS



Interviews Are Being Compromised

Another barrier that some participants talked about was child interviews taking place in the field and thus, compromising the CAC forensic interview protocol and process (n=5). Participants who said this was an issue most often attributed it to untrained DHS workers, patrol officers or school personnel who did not know why it was important to leave the interview to a trained professional at the CAC. Once children are interviewed in the field, it becomes ethically irresponsible for CAC staff to press a second interview upon the child due to the trauma that compounds with each time the child has to retell their story. CAC discussion participants shared that when field interviews happen, children often do not disclose abuse because the interview is conducted in a way that does not generate safety and trust. This leads to cases of abuse falling through the cracks and leaves children in danger.

Another trend that's reflected nationally is staff turnover in the helping professions. Discussion participants shared that DHS turnover (n=5) and law enforcement turnover (n=4) are prevalent and viewed as the reason for much of the system breakdown when it comes to CAC access. The turnover means that there is a constant churn of new people who do not always have the information and training on what a CAC is, why it is important and how to access it for their clients.

“We see some children being fully interviewed in the field, and we don’t want to duplicate those interviews. That’s been a barrier for us. DHS or law enforcement interviewing the children in the field is a barrier.”
—Discussion participant

CACs vs. FSMDTs

Accredited CAC Model is Worthwhile

During the discussion groups, we asked a variety of questions related to the experience people are having with accredited CACs and FSMDTs as well as the impact they think those models are having on investigations. 8 people shared their belief that the CAC model works very well and 3 people cited CACs as the driving force behind joint investigations. The majority of people who answered these questions felt that the CAC model is more effective than the FSMDT model (n=7). Some participants did note that the CAC model often takes more time but that it is worthwhile (n=3). 2 people felt that the FSMDT model works well while another 2 felt that it very much depends on the team with effectiveness varying greatly from team to team. Some participants felt that the CAC model ensures that investigations are more thorough (n=3) and that families have greater access to important supportive services (n=3).

In addition to these discussion questions, we asked participants to complete a series of Zoom polls regarding their interest expanding the CAC model. For those working with FSMDTs, 5 people said, *“their community would be interested in moving toward an accredited CAC model”* (5/11) and 8 people said, *“their team would be interested in learning about becoming a CAC satellite”* (8/12). For those working with a CAC, 17 people said, *“their team would be interested in supporting a satellite”* (17/29). We know that many participants work with both CACs and FSMDTs and submitted responses for all three polls.

“I think the CAC relationship has been really beneficial. It streamlines our interactions with families. It’s helped with the forensic interview, with aftercare services and supports for families. We can access those things with FSMDTs but the services aren’t all in one place so that feels really different for families. Having it all in one place is really beneficial.”

–Discussion participant

Strategies to Increase Access

Make it Easier for CACs to Expand

In discussing strategies to expand access to CACs, some participants suggested opening accredited CAC satellite offices (n=6). CAC satellites are secondary centers that are started and managed by existing CACs. Satellites are a means of expanding the CAC model to underserved areas without having to double all of the infrastructure needed to run a CAC. It should be noted that 5 participants in the discussion who had experience with satellites raised a variety of considerations and challenges that come with a satellite model. Those lessons learned should be leveraged in any efforts to expand satellites. In addition to opening satellites, some discussion participants shared their desire for a new state funding formula (n=6). Several folks cited concerns with the separate CAMPTA and CAMA funds and the way that FSMDTs and CACs are funded. There were concerns about the funding's effect on rural vs. urban centers as well as the challenges with obtaining accreditation under the funding formula as it stands.

“I don’t know if this is doable, but I would like to see our FSMDT and CAC budgets under one thing. Right now CAMA and CAMPTA are under two different things. I would like all of our funding under one house. As a CAC, we answer to CACO. I would like all of us to be under CACO, even the FSMDTs. That way, we’d be all on the same page in terms of expectations. Right now FSMDTs are kind of doing their own thing and that creates chaos.”

–Discussion participant

Educate and Train MDT Members

The other key theme around expanding access to CACs was about increasing training and education to any and all personnel who may be involved in a child abuse investigation (n=7). As cited above, turnover in law enforcement and DHS workers is a major reason that ongoing education and training is needed. Some discussion participants felt that despite all of the outreach CACs already do, many people working in the field do not know what a CAC is, what a joint response looks like and why it is important to facilitate. Participants acknowledged that law enforcement and DHS personnel have very difficult jobs, high caseloads and limited capacity for additional training. 3 participants shared enthusiasm for a strategy whereby CAC training would be imbedded into CLEET training which is a required training program for law enforcement officers. 2 people also mentioned that more people show up to training when it is messaged from the district attorney's office.

“The [lack of] knowledge about CACs in some counties is a barrier. There’s still LE agencies that don’t know what a CAC is. I’m working on changing that. That’s a huge barrier to the family if they don’t know about it. If DHS and law enforcement don’t know or aren’t trained, that’s an issue.”

—Discussion participant

Summary

The growth and development discussions we hosted were very informative. We learned that child abuse is on the rise and cases are increasing in complexity and severity. Many children in western Oklahoma especially, do not have access to care and justice due to the lack of CAC infrastructure. In addition, cases that are identified are sometimes compromised due to children being interviewed in the field rather than at an accredited center. Given the ever-present turnover in frontline work, participants emphasized the importance of ongoing training to educate key personnel about the CAC model, the benefits of a joint response, and the correct protocols to follow. There is a desire amongst discussion participants to improve the joint investigation process, knowing that when it does happen, it is far better for children, families and MDT members. The majority of discussion participants are very supportive of the CAC model and would like to see it expand. Many people are interested in learning how to support CAC expansion and are open to rethinking state statute to make that happen.

Recommendations

Children's Advocacy Centers of Oklahoma (CACO) offers the following strategic recommendations to core MDT stakeholders to help strengthen and expand Child Advocacy Centers (CACs) throughout Oklahoma. By implementing these recommendations, stakeholders can take meaningful action based on insights gained during this process, furthering the growth and development of CACs and enhancing their impact on child safety and well-being across the state.

1

Actions for CACO

- Assist FSMDTs in gaining knowledge surrounding the CAC accreditation process and provide critical support for FSMDTs throughout the process of developing into accredited CACs.
- Provide education statewide regarding MDT processes to both the public and existing MDT members and major stakeholders.
- Work with major stakeholders to modify Oklahoma's MDT statutes (located in Oklahoma's Children's Code, Title 10a) to reflect a modern MDT system, including updating the CAC/FSMDT funding formula.
- Build internal capacity, in partnership with CACO members and Board of Directors, for CACO to provide robust infrastructure support for the sustainability of existing CACs and the development of new CACs across the state.

2

Actions for OCCY

- Work with CACO staff to identify FSMDTs ready to begin the CAC accreditation process.
- Include in all OCCY MDT trainings education regarding CACO and the CAC accreditation process.

3

Actions for District Attorneys

- Partner with CACO to produce MDT training and encourage MDTs statewide to participate in MDT training.
- Partner with CACO to update Oklahoma MDT statutes.
- In prosecutorial districts not yet covered by accredited CAC services, encourage FSMDTs to develop into accredited CACs and encourage FSMDTs to become CACO members.
- In prosecutorial districts covered by accredited CACs, work with CACs to ensure that all counties within the district are operating under the same MDT Protocols as adopted by the CAC's MDT.
- In prosecutorial districts covered by accredited CACs, when appropriate, work with CACs to encourage FSMDTs located within the same district to become official CAC satellites.

4

Actions for Law Enforcement

- In partnership with both CACO and local CACs (where there are accredited Centers), ensure that all law enforcement agencies mandate CAC/MDT child abuse investigation training for officers.

5

Actions for DHS Child Welfare

- Work with CACO to include CAC/MDT education in CORE education for all child welfare workers as well as ongoing CAC/MDT training for all child welfare supervisors and District Directors.
- Partner with CACO to update Oklahoma MDT statutes.

6

Actions for CACs

- Develop onboarding materials for MDTs members and educate MDT members regularly regarding joint investigation protocols.
- Determine CAC satellite readiness and work with CACO and District Attorneys to begin satellite development as appropriate.
- Develop meaningful relationships, both as fiscal agents and service providers, with all FSMDTs located within the same prosecutorial district as the CAC and work with District Attorneys to develop one MDT protocol for the district.
- CAC Boards of Directors – Develop meaningful funding strategies which reflect a pay and benefit structure which meets the needs of CAC staff recruitment and retention. Rely on CACO to advise when appropriate.

7

Actions for FSMDTs

- Develop meaningful relationships with accredited CACs located within the same prosecutorial district as the FSMDT.
- If located in a prosecutorial district without an accredited CAC, work with CACO to gain knowledge surrounding the CAC accreditation process.
- If located in a prosecutorial district with an accredited CAC, work with the CAC and the District Attorney to develop one MDT protocol for the entire district.

8

Actions for Legislators

- Work with CACO to modernize Oklahoma MDT statutes – including updates to the CAC/MDT funding formula.
- Support CACO in its efforts to sustain existing CACs and to develop CACs ensuring that CAC coverage is accessible for all Oklahoma children.
- Work with CACO to inform existing policy and create new policy which enhances critical supports for children in Oklahoma.