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OF ARIZONA

OFFICE FOR CHILDREN, YOUTH AND FAMILIES

**Arizona Children's Justice Act Assessment**

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## **EXECUTIVE SUMMARY**

### **BACKGROUND**

The Children's Justice Act (CJA) Grant received by the Arizona Governor's Office for Children, Youth and Families (GOCYF) promotes proper handling of child abuse cases, particularly cases of child abuse and exploitation, in order to limit additional trauma to the child. The GOCYF contracted with Arizona-based non-profit agency Pima Prevention Partnership (PPP) to complete an assessment of the multidisciplinary child abuse investigative approaches being used across the state and the current status of multidisciplinary teams (MDTs) for each of the counties in Arizona.

### **PURPOSE OF THIS REPORT**

This report is intended to convey findings from the assessment of joint child abuse investigation and MDT efforts across Arizona, with the purpose of generating actionable state-level and county-specific recommendations that will ultimately further support and enhance the safety and well-being of Arizona children. This Executive Summary includes a description of the methodology used by PPP, key findings from the assessment, as well as recommended next steps.

### **METHODOLOGY**

Professional evaluators from PPP's Program Development Services implemented several simultaneous research strategies, including: analyzing resources on best practices, gathering and reviewing protocols and reports from each Arizona county, speaking with 16 key informants from around the state, and gathering further input from 46 MDT participants and stakeholders via an online survey created by PPP.

### **SUMMARY OF FINDINGS**

*Multidisciplinary Protocols.* All Arizona counties have taken steps to develop a multidisciplinary protocol for the investigation of child abuse. The protocols vary in how they meet statutory requirements for joint investigation protocols, how they incorporate the broader multidisciplinary approach, and how recent and actively used they are.

*MDT Purpose and Composition.* Arizona statute does not define nor require the formation of a multidisciplinary team, and significant variation exists across the state in terms of the composition of MDTs, how formalized they are, and the scope of their activities.

*Case Review.* All of the active MDTs in Arizona conduct some sort of case review. These case reviews vary in terms of purpose, structure, and frequency.

*Investigative Procedures.* Arizona counties' protocols vary in the extent to which they specify expectations and requirements for child abuse investigations, with some going beyond statutory requirements to incorporate practices that are part of a comprehensive multidisciplinary approach.

*Team Functioning.* The level and type of collaboration within MDTs ranges from highly collaborative to minimal. This appears to depend on resources, relationships, and other key factors.

*Minimizing Child Trauma.* Arizona’s MDTs utilize a wide range of best practices to limit secondary trauma to children who have been victims of abuse.

*Resources.* Collectively, Arizona has a number of existing resources in place to support joint child abuse investigations and MDTs; however, there is a disparity in the amount and type of resources available to individual counties.

## RECOMMENDATIONS

**Recommendation 1:** Develop guidelines for MDTs and communicate them to the relevant parties in each county.

Recommended next steps:

1. Establish and disseminate a formal definition of an MDT.
2. Develop recommendations or requirements for MDTs and issue guidance to assist counties in properly interpreting and meeting those recommendations or requirements.
3. Develop guidance to assist counties in properly interpreting and meeting the A.R.S. § 8-817 requirements for joint child abuse investigations and specify how those requirements apply to MDTs.
4. Establish recommendations for necessary elements of a multidisciplinary protocol and provide guidance to the counties to assist them in following the recommendations.
5. Communicate to counties the role of OCWI in joint investigations and MDTs.
6. Consider requiring counties to report on their MDT activities on an annual basis.
7. Establish requirements and guidance around a regular review of protocols.
8. Conduct a prioritization process in which the GOCYF, AJJC, and professionals from all relevant disciplines identify the best practices that are most important to the state.

**Recommendation 2:** Sustain and strengthen existing resources for MDTs, including child or family advocacy centers, Children’s Justice Coordinators, the Arizona Child and Family Advocacy Network, and the DCS advocacy center liaison.

Recommended next steps:

1. Support the development and establishment of child or family advocacy centers (CACs) throughout the state.
2. Promote the importance of CACs throughout the state.
3. Examine and promote the benefits of NCA accreditation for CACs.
4. Support the establishment of a Children’s Justice Coordinator or at least a 0.5 FTE dedicated position in each county that facilitates and coordinates the MDT.
5. Continue to support funding for the efforts of statewide resources such as the Arizona Child and Family Advocacy Network (ACFAN) and the DCS advocacy center liaison.

**Recommendation 3:** Bring together individuals from across the state to promote the exchange of ideas and build a professional network around MDTs.

Recommended next steps:

1. Create a statewide directory of MDT agency members, including contact information.
2. Support the development of MDT “best-practice” learning communities or workgroups to facilitate information-sharing between MDTs.
3. Develop a statewide MDT advisory committee or council.
4. Convene an annual conference to bring MDT members and other stakeholders together from across the state.

**Recommendation 4:** Work with each county to determine technical assistance needs, while acknowledging that every county’s approach to MDTs will be unique and there is no “one-size fits all” model.

Recommended next steps:

1. Develop a toolkit to assist counties in developing and strengthening MDTs.
2. Encourage and support counties to undertake their own assessment and/or strategic planning process around developing MDTs.
3. Provide technical assistance and/or funding to support MDTs in collecting, sharing, and reporting data.
4. Encourage counties to conduct evaluation activities for their MDTs on a regular basis.
5. Encourage counties to pursue and adhere to standards and guidance set forth by reputable agencies such as the NCA and ACFAN.
6. Expand the Children’s Justice Training offerings to include trainings specifically for multidisciplinary teams.
7. Develop and promote strategies that support multidisciplinary investigations and collaboration that can be employed in Arizona’s rural areas.
8. Develop ways to support counties where law enforcement and county attorney offices are small and staffing levels do not allow for specialized units for sexual crimes or child abuse.

**Recommendation 5:** Provide supports to counties to ensure that victim support and advocacy services are routinely made available for both general support and court-specific support through all phases of the entire investigation and prosecution, from the time of disclosure to final disposition.

# 1. BACKGROUND, SCOPE OF WORK, AND PURPOSE

## 1.1. Background and Scope of Work

As a Children’s Justice Grant recipient, the **Governor’s Office for Children, Youth and Families (GOCYF)** and the **Arizona Juvenile Justice Commission (AJJC)** are obligated to undertake a comprehensive review and evaluation of the investigative, administrative, and judicial handling of cases of child abuse and neglect and to make training and policy recommendations. To meet this obligation and to gain a better understanding of the multidisciplinary efforts utilized across the state, GOCYF contracted with **Pima Prevention Partnership (PPP)**, an Arizona-based non-profit agency, to conduct an assessment of the activities centered around joint child abuse investigation efforts.

This report provides an overview of current efforts regarding multidisciplinary child abuse investigations, and is intended to convey findings from the assessment of joint child abuse investigation and multidisciplinary team efforts across Arizona. PPP completed the assessment process over a ten week period, including research, interviews, and analysis in order to meet GOCYF reporting expectations and deadlines necessary for GOCYF to submit information to federal funders. In order to complete this comprehensive assessment given the time constraints, staff from PPP’s Program Development Services deployed numerous simultaneous research strategies, including analyzing resources on best practices, gathering and reviewing protocols and reports from each Arizona County, speaking with key informants from around the state, and gathering further input from multidisciplinary team (MDT) participants and key stakeholders via an online survey created by PPP for the purposes of this assessment. The sum total of these strategies and subsequent analysis is a well-rounded picture of actual MDT functioning that satisfies the needs and expectations set forth by the GOCYF.

## 1.2. Purpose of the Research and Assessment Objectives

PPP’s research was shaped by the need to fulfill GOCYF reporting requirements, but also by Arizona state law which requires each county to develop a joint child abuse investigation protocol that is intended to establish a coordinated approach to child abuse investigations.

*The purpose of this research was to generate actionable state-level and county-specific recommendations to the Governor’s Office for Children, Youth and Families and the Arizona Juvenile Justice Commission for improving protocols and joint child abuse investigation practices that promote the safety and well-being of Arizona children, by assessing the current status of multidisciplinary protocols, identifying national best practices, and ascertaining how multidisciplinary teams are operating throughout the State.*

The specific objectives of PPP’s assessment were to:

1. Describe the MDT efforts in each county based on examination of each county’s written multidisciplinary protocol, annual reports, and information gleaned from interviews and surveys of key informants and MDT participants.
2. Research best practices for conducting joint child abuse investigations and, using a best practices rubric, identify which practices are being implemented in each county.

3. Identify factors that promote or inhibit the functioning of MDTs in each county.
4. Provide GOCYF, AJJC and Arizona’s 15 counties with tangible information that can be leveraged to improve child abuse and neglect investigation and prosecution efforts and reduce secondary child abuse trauma.

### 1.3. Key Definitions

The terms *joint child abuse investigation protocol*, *multidisciplinary team*, and *child advocacy center (CAC)* are used repeatedly in this report. These terms are defined below.

- **Joint child abuse investigation protocol:** Any effort made by an Arizona county to fully comply with Arizona Revised Statute §8-817, which provides guidance for the joint investigation of crimes against children by law enforcement, the Department of Child Safety, and the county attorney.
- **Multidisciplinary team (MDT):** “A group of professionals who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect. Members of the team represent the government agencies and private practitioners responsible for investigating crimes against children and protecting and treating children in a particular community. An MDT may focus on investigations; policy issues; treatment of victims, their families, and perpetrators; or a combination of these functions.”<sup>1</sup> The MDT supports the joint investigation of crimes against children conducted by law enforcement, the Department of Child Safety, and the county attorney.
- **Child advocacy center (CAC):** “A child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse, and hold offenders accountable.”<sup>2</sup> A family advocacy center (FAC) fulfills a similar role but also provides supports for families. In this report, “CAC” will be used as a general and inclusive term to apply to both child and family advocacy centers.

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<sup>1</sup> U.S. Department of Justice. (2000). *Forming a Multidisciplinary Team to Investigate Child Abuse*.

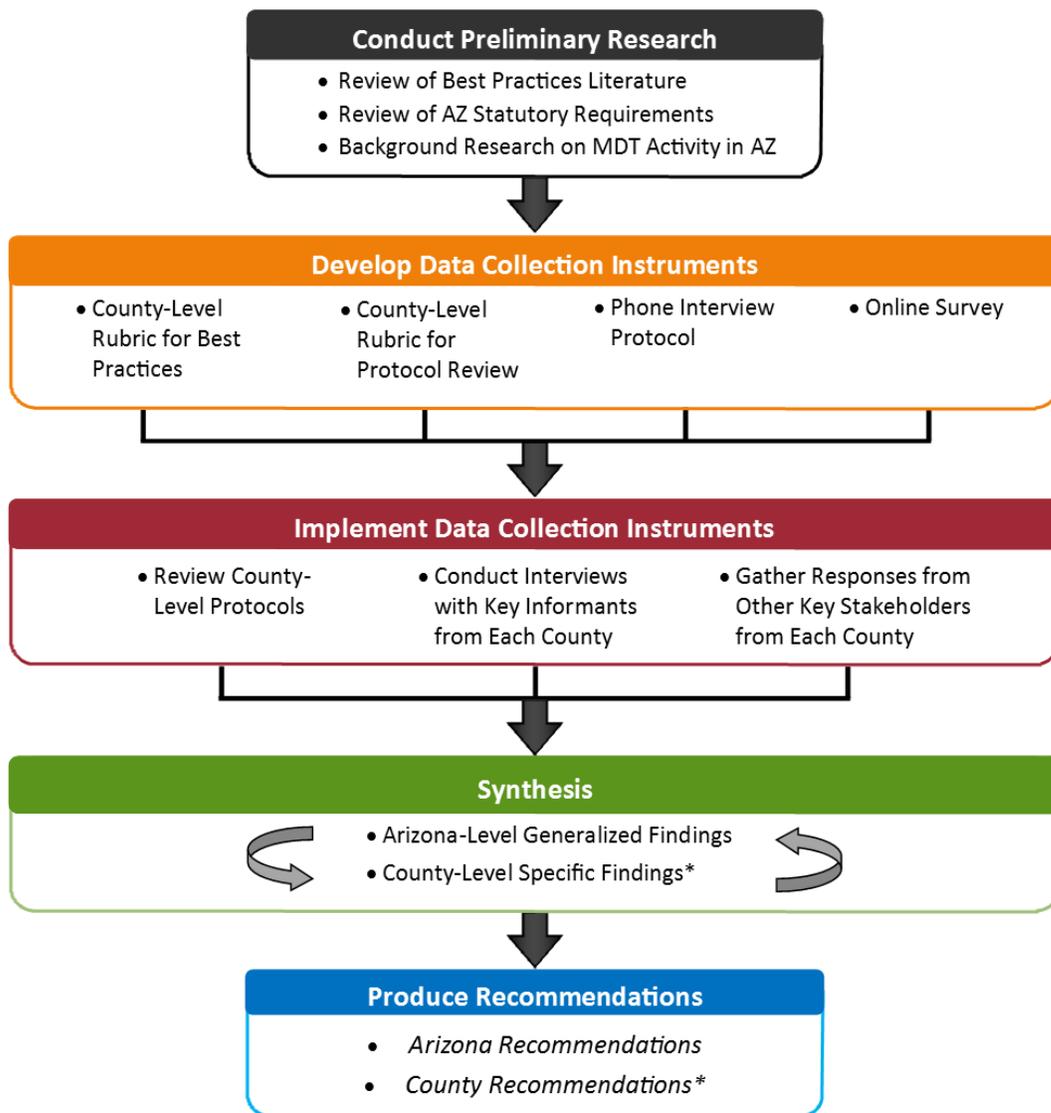
<sup>2</sup> National Children’s Alliance, <http://www.nationalchildrensalliance.org/our-story>.

## 2. ASSESSMENT PROCESS AND METHODOLOGY

### 2.1. Overview of Assessment Process and Methodology

In order to conduct this assessment in a comprehensive manner, to meet the purpose, and to complete all research objectives, PPP employed a multi-faceted and systematic approach. The assessment approach incorporated information on established best practices in multidisciplinary child abuse investigations, reviews of protocols and reports, and feedback and information from key stakeholders via phone interviews and an online survey. Below is a diagram that demonstrates PPP’s process and methodology, followed by detailed descriptions of each step.

Figure 1. PPP Assessment Process



\*County-level findings and recommendations will be shared in forthcoming county-specific reports.

## 2.2. Preliminary Research Steps

The first step in PPP’s assessment process was to conduct preliminary research to inform the development of data collection tools. Research activities included reviewing literature regarding best practices for multidisciplinary child abuse investigations; reviewing the Arizona statutory requirements

regarding mandatory county-level actions and joint child abuse investigation protocols; and conducting general background research on multidisciplinary team (MDT) activities within the state, including interviewing the director of the Arizona Child and Family Advocacy Network (ACFAN), identifying key informants, and obtaining county-specific child abuse investigation protocols. Each of these research tasks are summarized below.

### Conduct Preliminary Research

- Review of Best Practices Literature
- Review of AZ Statutory Requirements
- Background Research on MDT Activity in AZ

**Identified and reviewed resources regarding best practices for multidisciplinary child abuse investigations.** PPP conducted a review of the research on best practices relating to joint child abuse investigations and multidisciplinary teams. This research drew from a variety of academic materials, professional resources, and reports, many of which were found through the National Children’s Advocacy Center’s bibliographies on “Multidisciplinary Teams and Collaboration in Child Abuse Intervention” and “Efficacy of Child Advocacy Centers.”<sup>3</sup>

Another valuable resource was the National Children’s Alliance’s (NCA) *Standards for Accredited Members* (Revised 2011). While NCA standards are for accreditation of Children’s Advocacy Centers (CACs), best practices for a CAC model are nearly universally applicable to an MDT, and NCA’s description of the CAC model can easily be applied to an MDT:<sup>4</sup>

*At its core, the model is about teamwork – bringing the agency professionals involved in a case together on the front end – and about putting the needs of the child victim first. So rather than having a child taken from agency to agency throughout the law enforcement and child protection systems, and having to endure multiple, sequential interviews, the CAC model brings the system to the child, and brings the agency professionals together to work in a collaborative approach that results in effective, efficient and child-centered casework.*

It is through this lens of making the child the focal point, and addressing his or her needs through a truly collaborative process, that PPP approached this assessment. Through review of the literature, PPP developed a list of best practices for MDTs in several key areas, including team composition, team functioning, investigative procedures, case review and management, victim support, and accountability. These practices are detailed later in the report.

**Obtained and reviewed the Arizona statutory requirements.** PPP reviewed Arizona Revised Statutes (ARS) regarding mandatory county-level actions and/or protocols that pertain to joint child abuse investigations in Arizona. PPP identified A.R.S. § 8-817 as being the statute most pertinent to this

<sup>3</sup> <http://calio.org/resources/bibliographies>

<sup>4</sup> <http://www.nationalchildrensalliance.org/cac-model>

assessment. This statute outlines the requirements for joint child abuse investigation protocols and sets forth requirements for annual reporting about such investigations.

**Conducted general background research on MDT activity in Arizona.** The Governor’s Office provided PPP with the contact information for Ms. Kathy McLaughlin, executive director of the Arizona Child and Family Network (ACFAN), which supports the establishment, sustainability and improvement of advocacy centers that serve victims of child abuse, sexual and family violence. Ms. McLaughlin has played a pivotal role in the establishment of multidisciplinary teams across Arizona, and she provided PPP with insights into the current status of multidisciplinary approaches in Arizona and best practices in multidisciplinary child abuse investigations. She was also able to provide PPP with lists of key contacts, which is described in more detail later in this report.

**Obtained most recent protocols for each county.** PPP obtained current multidisciplinary child abuse investigation protocols for 13 out of 15 Arizona counties from the Abuse Information page of the ACFAN website.<sup>5</sup> The Navajo County protocol was recently updated in December 2014 and was obtained directly from the Navajo County Family Advocacy Center. The Pima County protocol on the ACFAN site is from 2010; however, PPP obtained a more recent version from 2014.

**Identified key informants in each county.** PPP set a goal of interviewing at least one key informant from each Arizona county who could help inform PPP of the multidisciplinary approaches used to conduct joint child abuse investigations in their respective county. PPP began the process of engaging with key informants by acquiring from the executive director of ACFAN two lists of key contacts: one list comprised of county-level Children’s Justice Coordinators (CJCs) and another of key informants within counties that do not have a CJC. Additional key informants were identified through the process of conducting key informant interviews.

### 2.3. Development of Data Collection Instruments

The next step in the assessment process was to develop data collection instruments for analyzing the protocols and obtaining qualitative information from representatives from each county. Specific tools that were developed include county-level rubrics for protocol review, a standardized phone interview protocol, and an online survey. Details regarding the development and purpose of these tools are included below.

Develop Data Collection Instruments			
• County-Level Rubric for Best Practices	• County-Level Rubric for Protocol Review	• Phone Interview Protocol	• Online Survey

<sup>5</sup> <http://acfan.net/abuse-info.htm>

**Rubrics to be used in analyzing the county protocols and processes.** Based on research of best practices and statutory requirements, PPP developed three different rubrics to comprehensively analyze the MDT protocols for each county. The rubrics created by PPP include:

1. The **statutory requirements rubric** indicates whether each protocol meets each of the requirements for protocols pertaining to county-level joint child abuse investigations as specified in A.R.S. § 8-817.
2. The **participating agencies rubric** lists joint investigation participants required by Arizona statute (the county attorney, sheriff and/or other law enforcement agencies, and child protective services/DCS), those identified by the NCA as core disciplines for an MDT, and other relevant agencies. Most protocols do not include a list of members but rather list “participating agencies” or signatories to the protocol. Some protocols mention agencies in the protocol that are not included in that list or list(s). Other agencies are not mentioned in the protocol at all. This rubric indicates how each agency is included in the protocol, if at all. PPP also indicates which agencies (if any) are listed within the protocol as being required participants in case reviews.
3. The **protocol contents rubric** includes elements identified as essential components of a multidisciplinary protocol through the best practice research. They are organized into key categories and rated on a scale of “Yes”, “Partial”, or “No” based on whether and to what extent they appear in the protocol document.

**Rubric to be used in analyzing the use of best practices.** The *best practices rubric* was developed to track the practices being implemented in each county. Completion of the rubric drew upon information from the protocol documents, key informant interviews, and online survey responses. The rubric lists practices by key categories, and cells are filled with a “Y” if PPP was able to determine through the protocol, interview, and/or survey responses that this practice is occurring in the county. An “N” is used to indicate that PPP was able to determine that this is not happening in the county or is not occurring at sufficient level. A “U” indicates that PPP did not have enough information to make a determination as to whether the practice is occurring in the county.

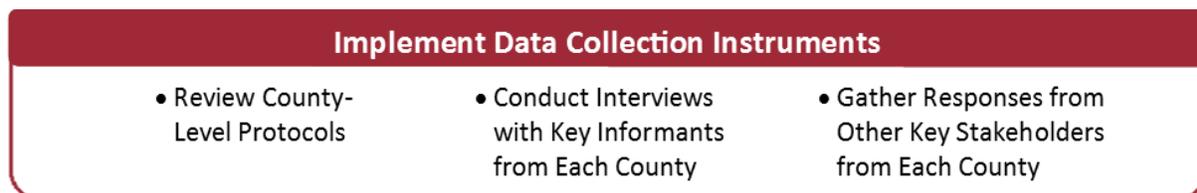
**Interview protocol for key informant interviews.** Based on preliminary research into best practices and preliminary review of the county-level protocols, PPP created two standardized lists of questions for interviews with key informants. PPP created one set of questions specifically for interviews with Children’s Justice Coordinators (CJCs) and one set for key informants in counties where there is not currently a CJC. An assumption of PPP was that MDTs in counties with CJCs may be operating slightly differently than counties without CJCs; therefore, questions differed slightly between the two interview groups. PPP developed each set of questions with the intent of being able to draw out themes and generalized findings that would then allow PPP to characterize how the multidisciplinary approach is working in Arizona, and to provide context to PPP’s review of protocols and child abuse investigation reports. The interview questions are located in Appendices A and B.

**Online survey instrument.** To augment information gathered from interviews with CJCs and other key informants, PPP created a 15-question survey intended for a wide range of individuals involved with multidisciplinary child abuse investigations. The survey included questions about respondents' roles and background and their perceptions of MDT activity in their county; use of and familiarity with the

protocols; factors that support joint investigations; challenges and barriers to joint investigations; training, and familiarity with other multidisciplinary efforts. PPP created the survey using an online survey platform called Checkbox. PPP was mindful to include a balance of categorical and open-ended questions in the survey. Participation in the survey was completely voluntary. The survey questions are located in Appendix C.

#### 2.4. Implementation of Data Collection Instruments

After developing individual data collection instruments, PPP conducted a review of the county-level protocols, carried out key informant interviews with representatives from each county, and gathered responses from other key stakeholders from each county. Details regarding the data collection phase are included below.



**Review of county protocols and completion of rubrics.** PPP systematically reviewed each county’s protocol against the rubrics for statutory requirements, participating agencies, and protocol contents. The intent of the review was that findings would inform both the degree to which each county is meeting statutory requirements for protocols and reporting and incorporating best practices into the protocol document.

**Completion of interviews with key informants.** PPP completed interviews with at least one person with knowledge of county-level operations from all 15 counties in Arizona, including all eight formally funded CJs (though Apache County recently lost funding in January 2015) and eight other key informants. Due to the nature of multidisciplinary approaches and to differences across each of Arizona’s counties, PPP kept interviews with CJs and key informants conversational; this allowed the CJs to highlight or discuss processes or details that may be unique to their county. PPP was also able to gather information from two individuals who work statewide. For all key informant interviews, PPP attempted to have at least two staff on each call in order to ensure accuracy of reporting. Most interviews lasted between 30 and 45 minutes, and PPP staff logged each call and documented the conversations in detail.

**Distribution of the online survey instrument.** The link to the online survey was sent via email by various methods: 1) the link was sent to a CJC or a key informant that PPP had already interviewed, who then disseminated it to their respective MDT on behalf of PPP; or 2) a list of email addresses was supplied by the CJC or key informant and PPP emailed the link directly to members of the MDT; or 3) key points of contacts that act as gatekeepers to many key informants from around the state sent out the link to mailing lists to which they had access. All survey responses were anonymous; however, respondents were given the opportunity to provide contact information so that PPP could potentially follow up with them with additional questions. PPP was given a complete listing of email addresses for some MDT rosters; however, due to the sensitivity of the work and out of respect for privacy concerns, PPP allowed CJs and key informants to forward the online survey link on PPP’s behalf if they did not feel comfortable sharing email addresses with PPP. The result of this approach is that PPP is unable to ascertain the total number of people that were notified of the survey, nor generate a response rate.

## 2.5. Review and Synthesis of Information and Data

PPP synthesized information gathered from all reports, protocols, interviews, and survey data to reach general findings about multidisciplinary child abuse investigations in Arizona, as well as county-level findings, all of which was used to inform PPP’s recommendations to the GOCYF.



**Complete reviews and generate findings based on all information and data sources.** PPP systematically reviewed all applicable and available protocols and reports and completed each rubric for each county. Content analysis of key informant interviews was completed in order to draw out general themes and characterizations about multidisciplinary approaches from across the state. Upon closing of the online survey, PPP exported all results from Checkbox into SPSS software for analysis, and when applicable, information from the online survey was cross-referenced with findings from key informant interviews in order to generate generalized findings applicable to the state of Arizona, as well as inform the county-level profiles to be produced separately. The best practices rubric was completed using information collected through review of the multidisciplinary protocol documents, key informant interviews, and online survey responses to identify best practices being implemented in Arizona’s counties.

**Incorporate findings from all data sources to create recommendations and county profiles.** Based on findings and conclusions from all sources of information, PPP generated a list of actionable recommendations for the GOCYF. Findings will be used to inform and generate county-specific profiles.



\*County-level findings and recommendations will be shared in forthcoming county-specific reports.

### 3. ARIZONA STATUTORY REQUIREMENTS

#### 3.1. Arizona Statutory Requirements for Joint Child Abuse Protocols

PPP reviewed A.R.S. § 8-817(B) to understand the requirements for protocols and reporting set out in the legislation. The statutory requirements are as follows:

A.R.S. § 8-817:

*B. To ensure thorough investigations of those accused of crimes against children, in each county, the county attorney, in cooperation with the sheriff, the chief law enforcement officer for each municipality in the county and the department shall develop, adopt and implement protocols to guide the conduct of investigations of allegations involving criminal conduct. The protocols shall include:*

- 1. The process for notification of receipt of criminal conduct allegations.*
- 2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations.*
- 3. The standards for interdisciplinary investigations involving native American children in compliance with the Indian child welfare act.*
- 4. Procedures for sharing information and standards for the timely disclosure of information.*
- 5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status and standards for the timely disclosure of related information.*
- 6. The training required for the involved child safety workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.*
- 7. The process to ensure review of and compliance with the investigation protocols and the reporting of activity under the protocols.*
- 8. Procedures for annual reports to be transmitted within forty-five days after the end of each fiscal year independently from the department and each county attorney to the governor, the speaker of the house of representatives and the president of the senate and a copy of this report to be provided to the secretary of state. Each agency must submit a separate report. Each report made pursuant to this paragraph must be independently prepared and submitted without any input from or communication with the other reporting entities. Each report is a public document and shall include:
  - (a) The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the investigation protocols established in this subsection.*
  - (b) Information from each county attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.*
  - (c) The reasons why a joint investigation did not take place.**
- 9. Procedures for dispute resolution.*

## 4. COUNTY PROFILES

The fifteen Arizona counties encompass a wide range of practices regarding joint child abuse investigations and multidisciplinary team (MDT) operations. Key information for each county includes the title and date of the county's multidisciplinary protocol, the current status of MDT efforts, and the most recently reported data on joint child abuse investigations.

### 4.1. Apache County

Apache County's protocol document, *Multidisciplinary Protocol for the Investigation of Child Abuse*, was created in 2011. The MDT in this county holds monthly meetings but attendance is not consistent and the county recently lost its funding for the Children's Justice Coordinator position. Apache County does not have a child advocacy center; on occasion the CAC in Show Low (Navajo County) is used. The 2014 Department of Child Safety (DCS) annual report indicates that there were 21 criminal conduct allegations in Apache County during the year and that 16 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 14 cases were presented for review and seven persons were charged. Information about Apache County was obtained through a review of documents and reports, as well as one key informant interview and four online survey responses.

### 4.2. Cochise County

Cochise County's protocol document, *Interagency Protocol of Child Abuse*, was last revised in June 1999. It was reported that there were attempts to update the protocols since that time; however, an updated protocol has not yet been implemented. There is currently no formal MDT in Cochise County, but efforts are currently underway to establish the Cochise Family Advocacy Center (FAC). Once the FAC is operational, it is expected that an official MDT will be established. The 2014 DCS annual report indicates that there were 146 criminal conduct allegations in Cochise County during the year and that 100 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 68 cases were presented for review and 30 persons were charged. Information about Cochise County was obtained through a review of documents and reports, as well as one key informant interview and two online survey responses.

### 4.3. Coconino County

Coconino County's protocol document, *Multidisciplinary Child Abuse Investigation Protocol*, was last revised in July, 2011; it was indicated there are plans to update the protocol in 2016. The MDT in this county is actively meeting, and has an active and broad range of participants. There are two facets of the MDT: the Family Advocacy Council, which is broader in nature, and Case Review, which involves only those agencies necessary for reviewing and responding to cases of child abuse. Coconino County has both a CJC and a CAC (Safe Child Center), which is housed within the Flagstaff Medical Center Hospital. The 2014 DCS annual report indicates that there were 124 criminal conduct allegations in Coconino County during the year and that 51 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 124 cases were presented for review and charges were filed in 42 cases. Information about Coconino County was obtained through a review of documents and reports, as well as one key informant interview and three online survey responses.

#### **4.4. Gila County**

Gila County's protocol document, *Multidisciplinary Protocol for the Joint Investigation of Child Abuse*, was last revised in 2012. The MDT in this county is reportedly meeting two times per month, once each in the north and south parts of the county. There is no fixed CAC in Gila County; there is a mobile unit available. The 2014 DCS annual report indicates that there were 56 criminal conduct allegations in Gila County during the year and that 32 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 23 cases were presented for review and 16 persons were charged. Information about Gila County was obtained through a review of documents and reports, as well as one key informant interview and three online survey responses.

#### **4.5. Graham County**

Graham County has an untitled protocol with no date specified. Graham County currently has minimal MDT activity. The 2014 DCS annual report indicates that there were 40 criminal conduct allegations in Graham County during the year and that 30 were jointly investigated. There was no report located from the County Attorney for 2014. Information about Graham County was obtained through a review of documents and reports, as well as two key informants (one respondent who is based in Graham County and one who operates statewide) and one online survey response.

#### **4.6. Greenlee County**

Greenlee County has an untitled protocol with no date specified as to when it was created or last updated. Greenlee County currently has minimal MDT activity. The 2014 DCS annual report indicates that there were five criminal conduct allegations in Greenlee County during the year and that all five were jointly investigated. The report submitted by the County Attorney for 2014 indicates that one case was presented for review and one person was charged. Information about Greenlee County was obtained through a review of documents and reports, as well as one key informant that operates statewide and two online survey responses.

#### **4.7. La Paz County**

La Paz County's protocol document, *La Paz County Joint Investigation Outline*, is not dated. The MDT was formed in January 2014. There is no CAC in the county and most of the forensic examiners are located outside of La Paz County. The 2014 DCS annual report indicates that there were 19 criminal conduct allegations in La Paz County during the year and that 13 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that eight cases were presented for review and seven persons were charged. Information about La Paz County was obtained through a review of documents and reports, as well as one key informant interview and six online survey responses.

#### **4.8. Maricopa County**

Maricopa County's protocol document, *Multidisciplinary Protocol for the Investigation of Child Abuse*, was last revised in August 2008. Maricopa County has a robust system of active MDTs based out of six child advocacy centers, with co-location of agencies occurring at some of the CACs. The 2014 DCS annual report indicates that there were 4,225 criminal conduct allegations in Maricopa County during the year

and that 2,415 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 2,975 cases were presented for review and 3,060 persons were charged. Information about Maricopa County was obtained through a review of documents and reports, as well as one key informant interview and eight online survey responses.

#### **4.9. Mohave County**

Mohave County's protocol document, *Investigation and Prosecution Protocol for Child Physical and Sexual Abuse Cases*, is undated. Southern Mohave County has an active MDT based out of the Haven Family Resource Center. The MDT for Northern Mohave County was based out of Sarah's House, an advocacy center that recently closed. K.A.A.P. Child & Family Advocacy Center is taking over the MDT operations in this part of the county. The 2014 DCS annual report indicates that there were 200 criminal conduct allegations in Mohave County during the year and that 119 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 165 cases were presented for review and charges were filed in 138 cases. Information about Mohave County was obtained through a review of documents and reports, as well as one key informant interview and four online survey responses.

#### **4.10. Navajo County**

Navajo County's protocol document, *Multidisciplinary Protocol for the Investigation of Child Abuse and Sexual Crimes*, was last revised in December 2014. There is an active MDT that holds monthly meetings facilitated by staff from the Navajo County Family Advocacy Center, which has locations in Show Low and Holbrook. The 2014 DCS annual report indicates that there were 95 criminal conduct allegations in Navajo County during the year and that 73 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 97 cases were presented for review and charges were filed in 48 cases. Information about Navajo County was obtained through a review of documents and reports, as well as one key informant interview; there were no online survey responses from anyone operating within Navajo County.

#### **4.11. Pima County**

Pima County's protocol document, *Protocol for the Multidisciplinary Investigation of Child Abuse*, was last revised in October 2014. There is an active MDT, with monthly meetings facilitated by staff from the Southern Arizona Child Advocacy Center. In addition, some agencies are co-located at the CAC. The 2014 DCS annual report indicates that there were 1,288 criminal conduct allegations in Pima County during the year and that 759 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 832 cases were presented for review and 830 persons were charged. Information about Pima County was obtained through a review of documents and reports, as well as one key informant interview and three online survey responses.

#### **4.12. Pinal County**

Pinal County's protocol document, *Multidisciplinary Protocols for the Joint Investigation of Child Abuse*, was last revised in March 2014. The MDT was reorganized in early 2014 and now has a defined MDT based out of the Eloy Family Advocacy Center and is in the process of developing a second team for the

recently opened San Tan Valley FAC. The MDTs will operate independently due to the large distance between the two locations. The 2014 DCS annual report indicates that there were 236 criminal conduct allegations in Pinal County during the year and that 156 were jointly investigated. It was not clear from the report submitted by the County Attorney for 2014 the number of cases presented for review or the number of persons charged. Information about Pinal County was obtained through a review of documents and reports, as well as one key informant interview and nine online survey responses.

#### **4.13. Santa Cruz County**

Santa Cruz County's protocol document, *Joint Investigation Protocol*, has been recently revised and is under final review by the County Attorney as of May 2015. For many years the MDT was not meeting consistently, but a facilitator was hired in January, 2015 and the team has now begun meeting consistently. There is no CAC in Santa Cruz County, and forensic interviews occur at the CAC in Tucson. The 2014 DCS annual report indicates that there were 29 criminal conduct allegations in Santa Cruz County during the year and that 28 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 17 cases were presented for review and 16 persons were charged. Information about Santa Cruz County was obtained through a review of documents and reports, as well as one key informant interview and three online survey responses.

#### **4.14. Yavapai County**

Yavapai County's protocol document, *Multidisciplinary Protocols for the Investigation of Child Abuse*, was last revised in 2012. The MDT has been active since 2000 and conducts case reviews on a weekly basis. Yavapai Family Advocacy Center is the CAC in Yavapai County. The 2014 DCS annual report indicates that there were 188 criminal conduct allegations in Yavapai County during the year and that 111 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 56 cases were presented for review and 33 persons were charged. Information about Yavapai County was obtained through a review of documents and reports, as well as one key informant interview and six online survey responses.

#### **4.15. Yuma County**

Yuma County's protocol document, *Child Abuse Investigative Protocol for Yuma County Multidisciplinary Team*, was last revised in 2013. The MDT in this county is very active, holding three distinct meetings monthly for case review, family advocacy coalition, and peer review. The CAC in this county, Amberly's Place, is well-recognized and active in fostering collaboration between the different MDT partners. The 2014 DCS annual report indicates that there were 152 criminal conduct allegations in Yuma County during the year and that 126 were jointly investigated. The report submitted by the County Attorney for 2014 indicates that 143 cases were presented for review and charges were filed in 76 cases. Information about Yuma County was obtained through a review of documents and reports, as well as one key informant interview and three online survey responses.

## 5. REVIEW OF BEST PRACTICES FOR MULTIDISCIPLINARY TEAMS

PPP conducted a literature review around the topic of best practices for multidisciplinary teams that focus on child abuse investigations, with the intent of identifying established best practices and creating a rubric by which MDTs in Arizona could be assessed. PPP's research yielded a great number of findings, which have been categorized into six key areas: 1) team composition; 2) team functioning; 3) investigative procedures; 4) case review and management; 5) victim support; and 6) accountability.

### 5.1. MDT Composition

- The three absolutely necessary members of an MDT are the agencies responsible for conducting a joint child abuse investigation: 1) law enforcement; 2) child protective services; and 3) prosecution.
- It is recommended that MDTs also include representatives from a child advocacy center (CAC) or family advocacy center (FAC), mental or behavioral health provider, victim advocate and/or court-appointed advocate, and medical professionals. Domestic violence advocates and schools can also be valuable participants in an MDT.
- The preferred practice is for an MDT to be connected to or based out of a CAC.
  - However, MDTs can follow and implement many of the policies and practices (as outlined in the National Children's Alliance (NCA) standards) that CACs employ in order to support children throughout the process and minimize trauma.
- The Department of Justice states that if an MDT covers an area including federally recognized Indian Country and/or government reservations (such as a military base), the FBI has jurisdiction in such areas and should be included in the MDT.

### 5.2. MDT Functioning

#### *Team operations*

- The purpose and scope of the MDT should be clearly stated in the protocol and understood by members.
- The MDT protocol should clearly outline the roles and responsibilities of each agency involved in the joint investigation, and team members should have an understanding of each other's roles.
- The MDT should work together on a regular basis, rather than just coming together for formal meetings.
- Attention should be paid to encouraging a positive team dynamic that includes mutual understanding, shared values, clear purpose, and a common language.
- Co-location of agencies is beneficial for facilitating collaboration and communication among MDT members.

### *Conflict resolution*

- A.R.S. § 8-817 requires that the joint child abuse investigation protocol specify procedures for conflict resolution.
- The Department of Justice recommends that MDTs establish “Conflict resolution practices that ensure core issues are aired and resolved satisfactorily based on mutual respect and recognition that child abuse investigations are complex, demanding, and frustrating but that they are also important, meaningful, and rewarding.”<sup>6</sup>

### *Sustainability*

- Commitment to the MDT should be found at the upper levels of all agencies involved.
- Securing ongoing funding to adequately support the necessary facilities, resources, and staff is crucial for an MDT to be sustained over the long term.
- An MDT that becomes part of agency culture and structure will be more sustainable.
- In Arizona, leadership on the part of the county attorney is critical to a successful and active MDT.

## **5.3. Investigative Procedures**

### *Forensic interviews*

- Forensic interviews should be conducted at a child or family advocacy center.
  - If a CAC is not available, the interview should take place at a child-friendly facility. Interviews should not be conducted at a school or in the home unless absolutely necessary.
- Efforts should be made to minimize duplication of information gathering from the child and non-offending family members, including the forensic interview and medical exam.
- Interviews should be recorded (video or audio) or conducted in a facility that allows for live observation by MDT members. The purpose of this is to minimize the need for repeated interviews and to increase the accuracy of interview records.

### *Medical examinations*

- The MDT protocol should specify the circumstances under which a medical evaluation is recommended and how medical emergency situations should be addressed.
- Specialized medical examinations should be available and accessible to all clients regardless of ability to pay.
- As with forensic interviews, medical examinations should ideally be conducted at a CAC. If not, they should take place at a child-friendly facility.
- Forensic medical examinations should be conducted by a qualified child medical forensic examiner to maximize the quality of the exam and minimize trauma to the child.

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<sup>6</sup> U.S. Department of Justice. (2000). *Forming a Multidisciplinary Team to Investigate Child Abuse*.

### *Special populations*

- Joint investigations should be conducted in a cultural competent manner, with mindfulness that working with children and families during the investigation process may require sensitivity towards language barriers, disabilities, or other special needs.
- A.R.S. § 8-817 requires that each joint child abuse investigation protocol include standards for interdisciplinary investigations of Native American Children in compliance with the Indian Child Welfare Act.

## **5.4. Case Review and Management**

### *Case review*

- Case review should occur on a regular and frequent basis with consistent attendance by all MDT members as well as additional professionals involved in the cases being discussed as needed.
- Case review should be led by an objective facilitator, rather than a representative from one of the agencies involved in the case. The facilitator should work to ensure that no one party dominates the discussion and that the dialogue remains respectful even when individuals may have strong or differing opinions about a case.
- The case review should involve discussion of ongoing cases in order to facilitate collaboration and address challenges to moving the case forward.
- Case review can also include closed cases in order to discuss what went well and what did not, whether protocols were properly followed, and what can be learned for future cases.

### *Data sharing and tracking*

- A.R.S. § 8-817 requires that the protocol include procedures for sharing information and standards for the timely disclosure of information in a joint child abuse investigation.
- The MDT protocol should identify issues related to confidentiality of information and how and under what circumstances it may be shared across agencies. The NCA CAC standards call for “information sharing that ensures the timely exchange of relevant information among MDT members, staff, and volunteers and is consistent with legal, ethical and professional standards of practice.”
- The MDT should have in place procedures for tracking case progress and outcomes. A shared case tracking system or a common identifier for cases tracked by multiple agencies are recommended approaches.

## **5.5. Victim Support**

### *Victim advocacy*

- Victim support and advocacy services should be routinely made available for both general support and court-specific support through all phases of the entire investigation and prosecution, from the time of disclosure to final disposition.

### *Mental health*

- Trauma-focused mental or behavioral health services should be made available to all children and families involved in joint child abuse investigations, whether directly through the MDT or by referral.
- Both crisis intervention and ongoing support services should be made available.

## **5.6. Accountability**

### *Training*

- A.R.S. § 8-817 requires that the joint child abuse investigation protocol specify the training required for child safety workers, law enforcement, and prosecutors to conduct joint investigations, including forensic interviewing training.
- Peer review of forensic interviewers is recommended for purposes of quality improvement and professional development.
- Providing training for new MDT members on the protocol is recommended.
- In addition to receiving the proper training for their individual role, MDT members should also participate in team trainings that focus on cross-training and on how to work together effectively as a team.

### *Evaluation*

- The MDT should identify and address barriers to collaboration.
- The MDT should regularly solicit, collect, and analyze feedback and other information for use in improving team functioning and processes, including feedback from team members, agencies involved, and children and families who go through a joint investigation.
- A combination of internal and external evaluation approaches should be used.

## 6. REVIEW OF MULTIDISCIPLINARY PROTOCOLS

The protocol review process included three steps: identifying the multidisciplinary protocols for each county, reviewing them for compliance with A.R.S. § 8-817 as appropriate, and completing the protocol review rubrics.

### 6.1. List of Protocols

The following table provides an overview of the protocol titles, dates, and authors for each Arizona county.

*Table 1. Multidisciplinary Protocols, by Arizona County*

County	Title	Date of most recent update	Date of original and other updates	Developed by
<b>Apache</b>	Multidisciplinary Protocol for the Investigation of Child Abuse	N/A	January 2011	Apache County Youth Council & Apache County Children's Justice Project
<b>Cochise</b>	Interagency Protocol of Child Abuse	June 1999		Not specified
<b>Coconino</b>	Multidisciplinary Child Abuse Investigation Protocol	July 2011	1999	Coconino County Interagency Council
<b>Gila</b>	Multidisciplinary Protocol for the Joint Investigation of Child Abuse	2012	1995	Multidisciplinary Team/Gila County Children's Justice Project
<b>Graham</b>	No title	Not specified	Not specified	Not specified
<b>Greenlee</b>	No title	Not specified	Not specified	Not specified
<b>La Paz</b>	La Paz County Joint Investigation Outline	Not specified	Not specified	Not specified
<b>Maricopa</b>	Multidisciplinary Protocol for the Investigation of Child Abuse	August 2008	Created July 1995; Revised July 1999, September 2003, June 2004	Interagency Council, Maricopa County Children's Justice Project & Richard M. Romley, Maricopa County Attorney
<b>Mohave<sup>7</sup></b>	Investigation and Prosecution Protocol For Child Physical and Sexual Abuse Cases	Not specified	Not specified	Mohave County Children's Justice Task Force
<b>Navajo</b>	Multidisciplinary Protocol for the Investigation of Child Abuse and Sexual Crimes	December 2014	Created July 1995; Revised December 2009, July 2011, August 2012, January 2013, May 2013, May 2014	Navajo County Interagency Council

<sup>7</sup> The publicly-available multidisciplinary protocol for Mohave County was analyzed by PPP, but it is not currently in use by the active MDT in the southern part of the county, which is using its own CAC-specific protocol.

County	Title	Date of most recent update	Date of original and other updates	Developed by
<b>Pima</b>	Protocol for the Multidisciplinary Investigation of Child Abuse	October 2014	Created in 1993; Revised 1999, 2003, March 2004, January 2007, December 2010	Office of the Pima County Attorney
<b>Pinal</b>	Multidisciplinary Protocols for the Joint Investigation of Child Abuse	March 2014	Not specified	Pinal County Attorney's Office
<b>Santa Cruz<sup>8</sup></b>	Joint Investigation Protocol	Currently undergoing revision	Not specified	Not specified
<b>Yavapai</b>	Multidisciplinary Protocols for the Investigation of Child Abuse	2012	Created 1996; Revised 2004, 2009	Yavapai County Law Enforcement Partners, Child Protective Services, and the Yavapai County Attorney
<b>Yuma</b>	Child Abuse Investigative Protocol for Yuma County Multidisciplinary Team	2013	Not specified	Not specified

## 6.2. Statutory Requirements for Protocols

The table on the next page gives an overview of each county's protocol in relation to the requirements specified in A.R.S. § 8-817. PPP looked for six out of the nine components required by the statute. Three components were not rated because the language used in the statute was too broad to enable an objective determination of whether or not a protocol fulfills that requirement. It is important to note that these requirements refer only to the joint investigation, which is conducted by law enforcement, DCS, and prosecutors. In determining whether the protocol meets the statutory requirements, PPP looked only at the sections of the protocol concerned with the joint investigation.

Out of the six required components analyzed by PPP, the protocols included between one and five. None included all six. As shown in the table, all of the protocols PPP reviewed specified a process for notification of receipt of criminal conduct allegation, and all but one provided procedures for dispute resolution. Fewer protocols (10 of 14) specified procedures for the annual report to be submitted to State officials, and even fewer met the requirements for specifying training for joint investigation participants (7 of 14) or a process for ensuring review of and compliance with the protocols (7 of 14). Only three of the 14 protocols included information about how the joint investigation would take place when Native American children were involved, and how the Indian Child Welfare Act (ICWA) would be followed.

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<sup>8</sup> The Santa Cruz County protocol was not analyzed by PPP because a newly revised version is in the final stages of approval by the County Attorney's Office and could not be made available to PPP. Santa Cruz will not be included in subsequent tables in this section.

Table 2. Statutory Requirements Rubric for Protocols

§ 8-817(B). The protocols shall include:	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Total
Total included (out of 6)	1	5	5	2	5	4	5	4	2	5	4	5	4	5	
1. Process for notification of receipt of criminal conduct allegation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14
2. Standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations	Not rated														
3. Standards for interdisciplinary investigations involving native American Children in compliance with the Indian Child welfare act			✓								✓			✓	3
4. Procedures for sharing information and standards for the timely disclosure of information	Not rated														
5. Procedures for the coordination of screening, response, and investigation with other involved professional disciplines and notification of case status and standards for timely disclosure of related info	Not rated														
6. Training required for the involved CPS workers, Law Enforcement Officers and prosecutors to execute the investigation protocols, including forensic interviewing skills[1]		✓			✓		✓	✓		✓		✓	✓		7
7. Process to ensure review of, and compliance with, the investigation protocols and the reporting of activity under the protocols.		✓	✓		✓	✓	✓			✓		✓		✓	8
8. Procedures for an annual report to be transmitted from CPS and each County attorney to Governor, Speaker of House of Rep and President of Senate		✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	11
9. Procedures for dispute resolution		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13

[1] A protocol was determined to have met this requirement if it specified training for each of the three parties.

Note: Items 2, 4, and 5 were not rated because PPP did not feel the language used in the statute was clear enough to enable an accurate determination of whether or not a protocol fulfills these requirements.

### 6.3. Participating Agencies

As described in the Methodology section, the *participating agencies rubric* identifies agencies that are included in the multidisciplinary protocol as well as the agencies (if any) that are listed as being required participants in case reviews.

While A.R.S. § 8-817 requires that the county attorney, sheriff, chief law enforcement officers, and DCS “develop, adopt and implement protocols to guide the conduct of investigations of allegations involving criminal conduct,” there are no requirements for participants on the larger multidisciplinary team.

As there is no published list of Arizona MDTs or their members, PPP looked at the protocol documents to determine which agencies are involved in the MDT. Most of the protocols include some combination of a list of original authors, a list of revision authors, members of an interagency council, and, in some cases, a list of MDT members. PPP analyzed the lists in each protocol to come up with the following table, which shows the extent to which each agency is included in each county's multidisciplinary protocol.

Because very few protocols identify a list of MDT members, PPP created a category called “MDT member/participating agency” that encompasses agencies that have agreed to follow the protocols. The table also shows “associated agencies” (often agencies that are listed as being part of a related task force or council but are not clearly part of the MDT) and agencies that are mentioned at some point in the protocol (e.g. as a service provider to which a victim might be referred) but that are not otherwise identified as being part of the MDT.

As the table shows, all of the protocols at least mention the joint investigation participants required under A.R.S. § 8-817, though some do not place those agencies in the context of a larger multidisciplinary team. The Department of Justice states that if an MDT covers an area including federally recognized Indian Country and/or government reservations (such as a military base), the FBI has jurisdiction in such areas and should be included on the MDT. However, as the table shows, only three protocols mention the FBI.

The NCA and professional standards recommend that a MDT include the following agencies in addition to law enforcement, DCS, and prosecution: medical, mental/behavioral health, victim advocate, and CAC. The table shows that the involvement of these agencies (as presented in the protocol documents) varies across counties. Additional agency types that are part of the multidisciplinary effort in at least one county are also listed in the table.

Seven of the protocols specify the agencies that are required to attend case reviews (identified by a diamond in the table). This ranges from the three joint investigation partners to as many as seven different agencies. The table shows only the required attendees; most of these protocols also state that other agencies are to be involved in case reviews as needed.



#### **6.4. Protocol Contents**

PPP developed a *protocol contents rubric* that includes elements of the multidisciplinary protocol identified as essential through the best practices research. For the majority of these elements, including them in the protocol is the best practice. For some, the content that is specified in the protocol is the best practice (e.g. videotaping of a forensic interview).

The rubric displays the findings for each county's protocol, using a rating scale of "Yes", "Partial", and "No", indicated by Y, P, or N (as well as different colors). A "Yes" rating was given by PPP if the protocol includes the element in a comprehensive manner, with sufficient detail for it to be understood and implemented by a user of the protocol. A "Partial" rating was given if the protocol mentions the element in a cursory manner or the detail provided is insufficient to be thoroughly understood and implemented by a user. This rating is also used in cases where the element is not explicitly stated but can be inferred based on other information provided. A "No" rating means that no reference to the element was found in the protocol document. It is important to note that, depending on the item, these ratings can be subjective in nature and are based on interpretation by PPP.

The rubric includes some references to the A.R.S. § 8-817 requirements for joint child abuse investigation protocols, but it should be noted that the statute refers only to the joint investigation conducted by law enforcement, DCS, and prosecutors. Any inclusion of the larger multidisciplinary team or its activities in the protocol goes beyond those requirements. An asterisk indicates a protocol element that is included in the National Children's Alliance (NCA) standards for child advocacy center documents.

**Key Features**

As shown in the table below, four of the protocols are undated and another four are more than three years old. Only three have been updated to reflect new terminology for child protective services in Arizona (Department of Child Safety or DCS instead of Child Protective Services or CPS) and to reflect the creation of the Office for Child Welfare Investigations (OCWI). Ten of the protocols include a mission statement that explains the purpose of the document and/or the multidisciplinary team.

Table 4. Protocol Contents Rubric: Key Protocol Features

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Key Features	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
Date of most recent version of protocol:	2011	2005	2011	2012	ND	ND	ND	2008	ND	2014	2014	2014	2012	2013			
<b>Mission</b>																	
The protocol includes a mission statement or statement of purpose for the protocol and/or MDT	Y	N	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	10	0	4
<b>Terminology</b>																	
The protocol has been updated to reference OCWI	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	N	3	0	11
The protocol has been updated to reference DCS instead of CPS	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	N	3	0	11

## Investigative Procedures

Most of the protocols provide key information about the multidisciplinary approach to child abuse investigation, such as the criteria for cases to be jointly investigated (cases of criminal conduct or extremely serious conduct) and the process for notification of receipt of criminal conduct allegations (specifically, how DCS and law enforcement notify each other). All of the protocols either fully or partially explain the procedures that should be followed by law enforcement and child safety (DCS) in conducting a joint investigation, but only ten do the same for the county attorney. The protocols vary more significantly in their content regarding other participants in the multidisciplinary team. These participants are not required by law but it is a recommended practice that they be involved in the MDT and play a supportive role in the investigation and in minimizing trauma to the child victim.

Table 5. Protocol Contents Rubric: Roles and Responsibilities

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Roles and Responsibilities	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
The protocol clearly identifies criteria for cases to be investigated by the MDT	P	Y	Y	P	Y	P	Y	Y	Y	Y	Y	Y	Y	Y	11	3	0
The protocol clearly specifies a process for notification of receipt of criminal conduct allegations - A.R.S. § 8-817	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	Y	Y	13	1	0
<i>Protocol/procedures for participating in or supporting a joint investigatoin are specified for:</i>																	
Law enforcement	Y	P	Y	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	P	11	3	0
Child protection	Y	P	Y	Y	Y	Y	P	Y	Y	Y	P^	Y	Y	P	10	3	0
County Attorney	Y	P	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	N	9	1	4
Child or family advocacy center (CAC/FAC)	N	N	Y	Y	N	N	N	Y	N	Y	Y	Y	Y	P	7	1	6
Mental/behavioral health provider	Y	P	Y	Y	N	N	N	Y	Y	P	Y	Y	Y	N	8	2	4
Victim advocate	Y	N	Y	P	N	N	N	Y	Y	Y	Y	Y	Y	N	8	1	5
Medical professional	Y	P	Y	P	N	N	N	Y	Y	Y	Y	Y	Y	Y	9	2	3
OCWI	N	N	N	N	N	N	N	N	N	Y	P^	Y	N	N	2	0	11
The protocol specifies roles, responsibilities, and/or procedures for schools	Y	P	Y	Y	N	N	N	Y	Y	Y	Y	P	Y	N	8	2	4

The forensic interview is an important part of a child abuse investigation, and a comprehensive multidisciplinary protocol should specify key aspects of this part of the process. Many of the protocols reviewed by PPP specify who should conduct the interview, where it is to be conducted, and who is to be present, though only five include a detailed explanation of the interview process. All of the protocols indicate that the interview will be video or audio recorded, which is a recommended best practice. Five counties' protocols include all of the protocol elements reviewed in this area.

Table 6. Protocol Contents Rubric: Forensic Interview

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Forensic Interview	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
<i>The protocol specifies:</i>																	
Who conducts the interview	Y	N	Y	Y	Y	P	Y	Y	P	Y	Y	Y	Y	Y	11	2	1
Where the interview is to be conducted	Y	P	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	12	1	1
Who is to be present and/or not present for the interview	Y	P	Y	N	P	P	N	Y	Y	Y	Y	Y	Y	Y	9	3	2
That the interview will be video and/or audio recorded	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	14	0	0
The protocol describes the general forensic interview process including pre- and post-interview information sharing and decision making, and interview procedures*	P	N	Y	P	P	P	N	Y	P	Y	Y	Y	P	P	5	7	2

The MDT can also play a role in the forensic medical examination, and some of the protocols provide extensive information about when, how, where, and by whom such an examination should be conducted. Overall, the protocols provide less detail about medical examinations than about the forensic interview, but three protocols do include all of the elements identified by PPP. Only four protocols include sufficient information about how medical emergency situations are addressed.

Table 7. Protocol Contents Rubric: Medical Examination

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Medical Examination	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
<i>The protocol specifies:</i>																	
The circumstances under which a medical evaluation is recommended*	Y	P	Y	N	N	P	P	Y	Y	Y	Y	Y	Y	Y	9	3	2
Who conducts medical examinations	P	P	Y	Y	Y	N	N	Y	P	Y	Y	Y	Y	Y	9	3	2
Where the examination is to be conducted	N	P	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	9	1	4
Who is to be present and/or not present for the examination	N	P	N	N	N	N	N	Y	P	Y	Y	Y	Y	Y	6	2	6
How medical emergency situations are addressed*	N	N	P	N	N	P	N	Y	P	Y	Y	Y	P	N	4	4	6
How medical care is documented and shared*	P	N	P	N	N	P	N	Y	N	Y	Y	Y	Y	N	5	3	6

**Compliance with the Indian Child Welfare Act**

A.R.S. § 8-817 requires that each joint investigation protocol include standards for interdisciplinary investigations of Native American children in compliance with the Indian Child Welfare Act. Only one of the multidisciplinary protocols adequately addresses this requirement, with another two partially doing so. Most of the remaining protocols mention that this is a requirement but do not provide any information about how it will be addressed in the joint investigation or by the MDT.

*Table 8. Protocol Contents Rubric: Compliance with ICWA*

ICWA	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
The protocol includes standards for interdisciplinary investigations of Native American Children in compliance with the Indian Child Welfare Act - A.R.S. § 8-817	N	N	P	N	N	N	N	N	N	N	Y	N	N	P	1	2	11

### Case Review and Management

Case review is a central activity of an MDT, as it enables the various agencies to come together to discuss cases. Four of the protocols specify the frequency with which case review should occur, whom should be present, a clear process for the review, and whom should lead the meeting. Three protocols do not specify any of this information.

Table 9. Protocol Contents Rubric: Case Review

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Case Review	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
<i>The protocol specifies:</i>																	
The frequency with which case review is to occur	N	N	Y	Y	P	P	Y	N	N	Y	N	Y	Y	Y	7	2	5
Members to be present	N	N	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y	Y	9	0	5
A clear process/procedures for reviewing cases*	N	N	Y	P	N	N	N	P	N	Y	N	Y	Y	N	4	2	8
Leadership for team meetings is specified*	N	N	Y	Y	N	N	N	N	N	Y	Y	Y	Y	Y	7	0	7

The ability of an MDT to collaborate effectively on cases depends in part on information-sharing between agencies. However, very few protocols specify processes for sharing information, tracking cases, ensuring confidentiality, or other standards for sharing data. Only two protocols clearly outline specific procedures for tracking case progress.

Table 10. Protocol Contents Rubric: Data Sharing and Tracking

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Data Sharing and Tracking	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
<i>The protocol specifies:</i>																	
Specific procedures or systems for case tracking	N	N	Y	N	N	N	N	N	N	N	N	Y	N	N	2	0	12
Policies and/or procedures to ensure confidentiality of case review discussions	N	N	Y	Y	N	N	N	P	N	N	N	Y	Y	N	4	1	9
Policies and/or procedures regarding confidentiality and information sharing outside of case review	N	N	N	Y	N	N	N	P	P	P	P	Y	P	N	2	5	7
Legal, ethical and/or professional standards regarding information sharing are referenced*	N	P	Y	P	N	N	N	P	Y	N	Y	Y	Y	N	5	3	6

### Victim Supports

The multidisciplinary approach is intended to limit secondary trauma to children who have been victims of abuse by providing supports throughout the investigation process. While not required by law, a best practice is to provide mental or behavioral health services to all victims who need it and to assign a victim advocate who is responsible for helping the child and family through the process. As the table below shows, the provision of mental health services is not outlined in all of the multidisciplinary protocols, and many also do not clearly specify procedures to be followed by victim advocates.

Table 11. Protocol Contents Rubric: Supports for Children and Families

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Supports for Children and Families	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
The protocol specifies a process for urgent or immediate mental/behavioral health response.	N	N	N	Y	N	N	N	P	N	Y	Y	Y	P	N	4	2	8
The protocol specifies a process for extended mental/behavioral health counseling	N	P	P	N	N	N	N	Y	P	P	Y	Y	P	N	3	5	6
The protocol specifies procedures followed by victim advocates and/or the supports they provide to children and families	Y	N	P	P	N	N	N	Y	Y	Y	Y	Y	Y	N	7	2	5

Another important consideration for multidisciplinary teams is to ensure that all victims are provided with supports that are sensitive to their cultural background, language, and special needs. As the table below shows, this is an area that is rarely addressed within the protocols, with no protocol explicitly stating the importance of cultural competency.

Table 12. Protocol Contents Rubric: Special Populations

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Supports for Special Populations	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
The protocol addresses the importance of sensitivity to the cultural background of children and families*	P	N	N	P	P	P	N	P	N	P	N	P	P	N	0	8	6
<i>The protocol specifies procedures for:</i>																	
Victims who speak a language other than English	P	N	Y	N	P	P	N	N	N	Y	P	Y	P	N	3	5	6
Preverbal or nonverbal victims	P	N	Y	N	N	N	N	P	N	P	P	P	P	N	1	6	7
Victims with developmental disabilities	P	N	Y	N	N	N	N	P	N	P	P	Y	P	N	2	5	7

## Accountability

Training is an important component of an effective multidisciplinary team, in the sense that individuals should be well-trained in their areas of expertise, sufficient forensic interviewers should be available during investigations, and all team members should receive training on the protocols and how to implement them. A.R.S. § 8-817 specifies that joint investigation protocols should specify the training required for child safety workers, law enforcement officers, and prosecutors to carry out a joint investigation in correspondence with the protocols and to include forensic interviewing. While ten of the protocols do clearly specify the training to be received by forensic interviewers, fewer provide sufficient detail about training for participants from each of the three required disciplines. Only three protocols explicitly outline procedures for training MDT members on the protocol itself. Some of the protocols do go beyond the statutory requirements to provide information about training that is required for other participants in the MDT, including medical and mental health professionals and victim advocates.

Table 13. Protocol Contents Rubric: Training

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Training	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
<i>The protocol specifies training required for the following to execute the investigation protocols:</i>																	
CPS workers - A.R.S. § 8-817	N	P	Y	N	Y	N	P	Y	P	P	N^	Y	Y	N	5	4	4
Law enforcement officers - A.R.S. § 8-817	Y	P	N	Y	Y	P	P	Y	P	P	Y	Y	Y	N	7	5	2
Prosecutors - A.R.S. § 8-817	N	P	N	Y	Y	N	P	Y	N	P	N	Y	P	N	4	4	6
Medical professionals	P	N	N	N	P	N	N	P	N	N	P	Y	Y	N	2	4	8
Mental/behavioral health professionals	P	N	N	N	P	N	N	Y	N	N	Y	Y	P	N	3	3	8
Advocates	N	N	Y	N	P	N	N	N	N	N	N	Y	P	N	2	2	10
Forensic interviewers (regardless of profession)	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	P	P	10	2	2
Procedures for training MDT members on the protocol are outlined	P	Y	N	P	Y	N	Y	P	N	P	P	N	N	N	3	5	6

Nine of the protocols include procedures to meet the reporting requirements of the joint child abuse investigation annual report as outlined in A.R.S. § 8-817, while only two meet the requirement to specify a process to review and ensure compliance with the protocols. Recommended best practices include soliciting both internal and external feedback regarding MDT operations, but only five protocols address the former and none address the latter. Nine protocols meet the statutory requirement to include procedures for dispute resolution, while another four refer to a dispute resolution process but do not include details.

Table 14. Protocol Contents Rubric: Evaluation

Y = Yes P = Partial N = No \*Indicates an NCA standard for CACs

Evaluation	County														Total		
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Yes	Partial	No
The protocol includes a process to ensure review of, and compliance with, the investigation protocols and the reporting of activity under the protocols - A.R.S. § 8-817	N	P	Y	N	P	P	P	N	N	Y	N	P	N	P	2	6	6
Procedures for internal evaluation and monitoring are specified (e.g. member feedback, review of procedures)*	N	P	Y	N	N	N	P	N	N	N	N	P	P	N	1	4	9
Procedures for soliciting external feedback are specified*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	0	0	14
The protocol includes procedures for an annual report that meets the reporting requirements outlined in AZ law - A.R.S. § 8-817	N	P	Y	N	Y	P	Y	Y	N	Y	Y	Y	Y	Y	9	2	3
<b>Dispute Resolution</b>																	
The protocol includes procedures for dispute resolution - A.R.S. § 8-817	N	Y	P	Y	Y	P	Y	Y	Y	Y	P	Y	Y	P	9	4	1

**6.5. Overall Functionality of Protocols**

In addition to the detailed review of protocol elements presented above, PPP also rated each protocol on four global characteristics, using a scale of 1 to 4, with 1=Not at all and 4=Very much so. The purpose of these ratings was to provide a more complete picture of each protocol document by addressing how effective it is in communicating how the MDT functions, the specific roles and interactions between the participating agencies, and the purpose of the MDT.

The variation in ratings as shown in the table below reflects significant variation across the protocol documents. For example, while seven protocols present a clear, comprehensive picture of how the MDT is structured, five do not do so at all. Six counties received high ratings (3 or 4) on all items, three received low ratings (1 or 2) on all items, and the remaining five counties received a mixture of ratings.

*Table 15. Overall Functionality of Protocols*

	County														Total			
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma	Very much so 4	3	2	Not at all 1
Overall, this is a cohesive document that presents a clear, comprehensive picture of how the MDT is structured and how team members work together.	3	2	4	2	1	1	1	3	1	4	4	4	1	3	4	3	2	5
Agency-specific protocols address interagency cooperation.	3	2	4	2	2	2	1	4	3	4	4	4	3	1	5	3	4	2
The protocol includes sufficient information for agencies beyond DCS, law enforcement, and prosecution to actively support a joint investigation.	3	2	4	2	1	1	1	4	3	4	4	4	3	1	5	3	2	4
The document demonstrates that a priority of the MDT is to limit the trauma experienced by victims of child abuse.	3	3	4	3	1	1	2	4	3	4	4	4	3	2	5	3	2	2

## 7. THEMES AND RESULTS FROM KEY INFORMANT INTERVIEWS AND ONLINE SURVEY

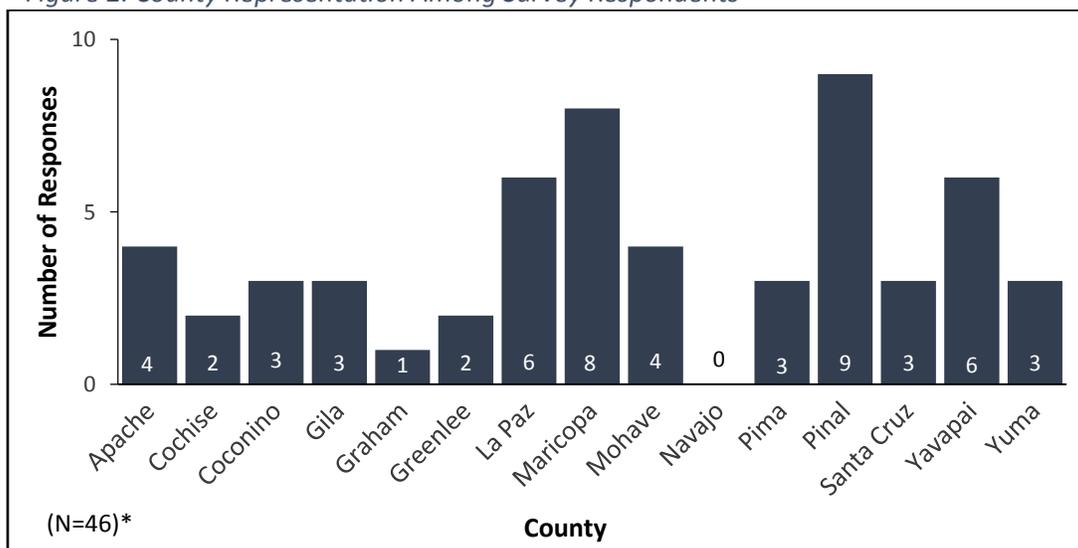
This section details some of the major themes identified through an analysis of 16 interviews with key informants and 46 online survey responses. Similar themes were identified in both the key informant interviews and survey responses, and information from both was used to explore factors impacting the mobilization and engagement of multidisciplinary teams within Arizona. Tables and figures presented within this section pertain to results from the online survey only and, unless otherwise noted, percentages reported are based on the total number of respondents for the specific survey item. A complete summary of survey responses is located in Appendix D.

### 7.1. Responses and Representation

PPP completed 16 interviews with key informants from across the state, including interviews with all Children’s Justice Coordinators (CJs) (n=8), key informants that work within or help lead multidisciplinary teams (MDT) (n=4), and other key stakeholders working in their community or across multiple communities to establish an MDT (n=4).

PPP also utilized an online survey to elicit responses from 46 MDT members and key stakeholders from across Arizona.<sup>9</sup> Respondents were asked to identify the county or counties in which they primarily engage in multidisciplinary investigations of child abuse. Respondents work in 14 out of 15 Arizona counties (there were no responses from Navajo County), with approximately one third of the respondents being involved in multidisciplinary efforts in Maricopa (n=8) or Pinal (n=9) Counties.

Figure 2. County Representation Among Survey Respondents

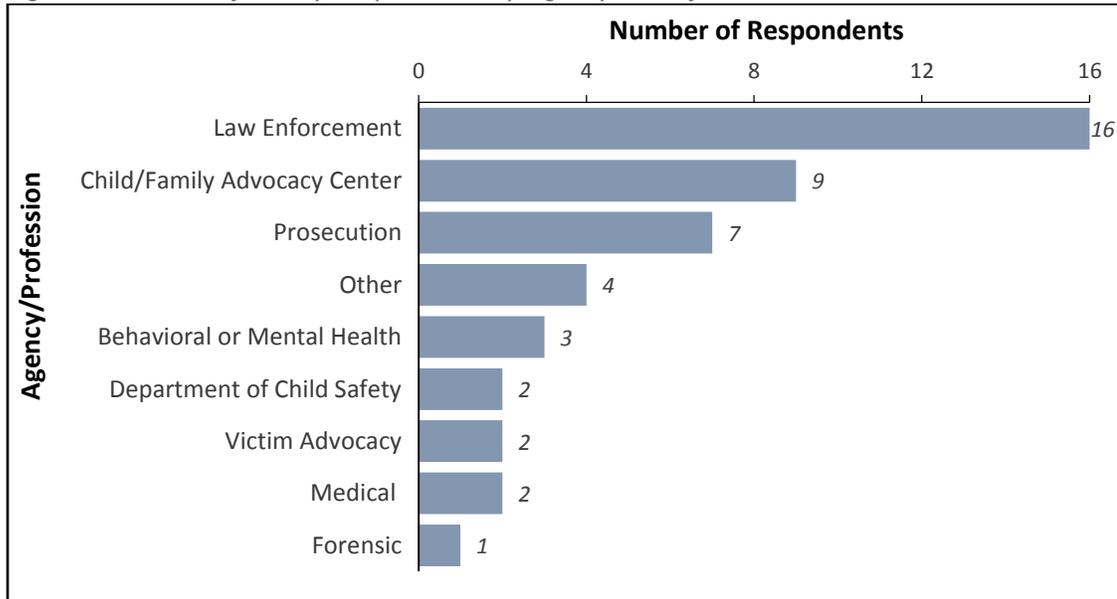


\*Note: Respondents were allowed to mark more than one county, as some respondents may work in more than one county.

<sup>9</sup> Some individuals may have completed both the key stakeholder interview and the online survey.

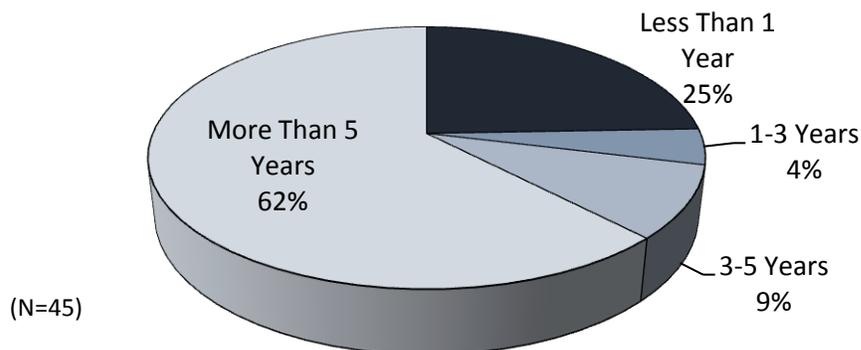
Survey respondents were asked to indicate the agency or field that best reflects their work or profession. The majority of survey respondents work in law enforcement (35%), child or family advocacy centers (20%) or prosecution (15%). The Department of Child Safety, victim advocacy, and medical or mental health professionals were each represented by two respondents and forensic by only one respondent.

Figure 3. Number of Survey Respondents by Agency or Profession



Most survey respondents (62%, 28 out of 45) indicated that they have more than five years of experience participating in joint or multidisciplinary child abuse investigations.

Figure 4. Respondents' Years of Experience Participating in Joint or Multidisciplinary Child Abuse Investigations



It is important to note that the respondents to the online survey do not necessarily comprise a representative sample of all MDT participants across the state. Therefore, findings from the survey should not be assumed to apply on a larger scale. However, the responses are still useful in providing insight into individuals' participation in MDTs and how the teams function.

## 7.2. Major Themes

**Most respondents characterize the MDT in which they work as being moderately to highly collaborative.**

The vast majority of survey respondents (90%, 34 of 39) indicated that there is a moderate or high degree of collaboration between agencies in the MDT they participate in. There were four respondents who indicated there was minimal to no collaboration (n=2) or the respondent (n=2) didn't know to what degree the agencies involved in MDTs collaborated. It is important to note that the MDT members who responded to the survey might be especially active MDT participants, which may shape their answer to this question.

Table 16. Degree of Collaboration between Agencies

Response	Percent (Frequency)
High Collaboration	55.3% (21)
Moderate Collaboration	34.2% (13)
Some Collaboration	5.3% (2)
Minimal to No Collaboration	-
Don't Know	5.3% (2)

Key informants also indicated that collaboration and active participation are key components of a successful multidisciplinary approach. In some instances, key informants indicated that certain agencies may struggle to stay involved on a regular basis, but that overall MDT members are collaborating well or that things are headed in the right direction. Key informants identified several factors which can affect the overall collaboration of a MDT such as personal relationships, buy-in from agency leadership, and resources.

*"I have limited knowledge of other Counties to compare our collaboration to, but feel we are on the right path currently." (Survey respondent from La Paz County)*

*"We work together to solve problems." (Survey respondent from Pinal County)*

*"I would consider the level of collaboration at this center to be among the best in the valley. I believe this is due to the co-location of each of partners on the MDT, but also the level of experience and expertise of the professionals housed here." (Survey respondent from Maricopa County)*

*"Generally speaking we enjoy very good inter-agency collaboration" (Survey respondent from Yavapai County)*

***Participation from the recommended key disciplines/agencies necessary to comprise a multidisciplinary team varies by county.***

The six key recommended disciplines/agencies within an MDT focused on child abuse are: 1) law enforcement, 2) child safety (DCS), 3) prosecution (county attorney), 4) victim advocate, 5) medical, and 6) mental/behavioral health.

In general, Arizona counties are making an effort to include each of the recommended disciplines in their multidisciplinary approach to child abuse investigations; however, the level of involvement of each discipline varies greatly within and between counties, and depends on several key factors identified by key informants.

*Law enforcement.* An individual MDT may work with as many as 13 law enforcement agencies, each with varying levels of resources and commitment to the MDT concept. Some law enforcement agencies, particularly in rural counties, are small and do not have a dedicated detective, let alone a unit specializing in child abuse or sexual crimes. Sending one of two officers to a monthly MDT meeting that requires a long drive may simply not be feasible for that agency. Even those counties that do have specialized units sometimes have a policy of rotating officers every few years, which several key stakeholders felt presents challenges for the MDT.

*Child safety.* Several stakeholders and survey respondents indicated that getting full participation from child safety workers can be challenging due to high caseloads, limited specialized training, and high turnover in those positions. However, several key informants also mentioned that relationships with DCS staff has been improving over time.

*County attorney.* Participation by the county attorney and/or a deputy seems to vary depending on the office's resources and commitment to the MDT. In some counties, the county attorney or deputy attend case reviews regularly, while in other counties they are not as active.

*Medical and behavioral health.* It became apparent from the key stakeholder interviews that while counties are cognizant of the need to include medical and mental/behavioral health professionals in the MDT, many utilize these professionals on an as-needed basis. This appears to be due to two primary factors: 1) many of the more rural counties have few if any individuals in these fields who have specialized training in working with children and abuse victims and 2) even when such individuals do exist, the MDT is usually an extra responsibility in addition to private practice or a hospital position; while they are available on-call to participate investigations, it is not feasible for them to be at every meeting.

*Victim advocate.* Victim advocates can come from the county attorney's Office and/or from a CAC or other community-based organization. If the former, their level of involvement tends to be linked to the county attorney's involvement. If the MDT is based out of or very closely linked to a CAC, often all of the center's staff will attend case reviews and serve as advocates for the child as the case is being discussed.

***A CJC can provide benefits to an MDT by building capacity and facilitating collaboration among team members.***

Having an additional staff member, such as a CJC, that is dedicated to organizing the MDT helps promote stability of the team. Key stakeholders indicated that CJCs play an important role by facilitating and organizing MDT meetings, communicating across agencies, and conducting trainings across their respective county. A CJC is not necessary for a well-functioning MDT, but without such a position the responsibility of organizing and facilitating MDT meetings may be less clearly defined or fall on members of the MDT who do not have sufficient time or resources to devote to such tasks.

Best practices recommend an impartial facilitator for case reviews and a CJC often fills this role. CJCs who were interviewed reported one of their primary duties as being a MDT meeting facilitator and organizer, acting as an impartial mediator who is able to negotiate and facilitate dialogue between agencies that in the past may not have worked well together. CJCs reported also being tasked with providing trainings to mandatory reporters of child abuse, which supports the community's ability to respond to cases of child abuse.

***MDTs differ in how they are organized and how often meetings occur.***

The process for convening MDTs varies across the state. Ten Arizona counties have a functional MDT that meets at least once per month, and in some cases bi-monthly or weekly. Regularly scheduled MDT meetings may cover a variety of topics; agency updates, trainings, news and events, and case reviews may all be topics for discussion. There are three counties in which the MDT, comprised of agencies most central to child abuse investigations, is part of a larger coalition which meets to discuss non-investigation topics. In some instances, case reviews specifically dedicated to covering the details of investigations occurs separately from a larger MDT meeting, while others may only meet to discuss cases.

Case reviews vary in how they are utilized by MDTs. In some counties, active cases are discussed and agencies strategize about how to work together to support the investigation. In other counties, the county attorney is not comfortable allowing discussion of active cases, and case reviews focus on how investigations were carried out for closed cases and on what can be learned and applied to future cases. Most counties discuss a combination of open and closed cases. At least one county also conducts Peer Review meetings in which an internal review of investigative processes is covered.

While most Arizona counties have a county-level MDT, there are several instances in Arizona where more than one MDT operates at a localized level. Key stakeholders indicate that factors affecting this arrangement include staffing availability, degree of buy-in or commitment of agencies or leadership, geography, and the existence or lack of a CAC as a focal point.

***The majority of respondents are aware of their county's multidisciplinary protocols for child abuse investigations, though many do not use the document on a regular basis.***

Survey respondents were asked to indicate how familiar they were with the multidisciplinary protocol for their county, and approximately half of respondents (54.5%, 24 of 44) indicated they actively use or refer to the protocol on a regular basis. Another 11 respondents (25.0%) responded that they have read or referred to the protocol at some point within the past year, which indicates some familiarity with the document but not regular use. The remaining respondents said they had never read the protocol (9.1%,

4 of 44), that they did not know whether a protocol exists (9.1%, 4 of 44), or stated that a protocol does not exist for their county (2.3%, 1 of 44). See the table below for results.

*Table 17. Survey Respondents’ Familiarity with Multidisciplinary Protocols*

<b>Response</b>	<b>Percent (Frequency)</b>
I actively use or refer to the protocol on a regular basis.	54.5% (24)
I have read or referred to the protocol within the past year.	25.0 % (11)
I have read the protocol, but not within the past year.	0.0 % (0)
I have never read the protocol.	9.1% (4)
I do not know if a protocol for my county exists.	9.1% (4)
A protocol for my county does not exist.	2.3% (1)

The survey findings do not speak to the usefulness of the protocols or whether they establish best practices, but they do indicate that most MDT members are, at minimum, aware of the standardized procedures to be followed during the investigation process.

Some key informants indicated during interviews that the protocol was generally used and known by those team members that were active participants, but not necessarily by everyone who might be involved in responding to a criminal conduct allegation. For example, uniformed officers or health professionals who are not active members of the MDT may be put into a position to respond to an alleged case of child abuse and provide services. They may have some training to be able to respond, but may not be intimately familiar with the protocols. In addition, key informants noted that it can be challenging to ensure that everyone involved with a joint investigation be trained on the protocol due to staff turnover or changes in assignments at agencies, as well as competing needs and limited time for other training required in those positions.

***Establishment of a permanent CAC is an important factor in being able to build and sustain a functional MDT and multidisciplinary approach in a county.***

Child or family advocacy centers (CACs) provide multifunctional, child-friendly spaces that help to enable proper treatment of children and their families when sensitivity and care is needed, and facilitate interaction and collaboration among MDT members. Key informants indicated that a CAC can help to ensure consistency and stability of meetings and MDT processes, and may directly or indirectly help to build team member trust by serving as a neutral location. Because a CAC is focused on providing support to victims, the involvement of a CAC in an MDT helps to ensure that this focus on the child’s well-being is a central component of the multidisciplinary approach.

Some CACs in Arizona have either permanent or temporary ability to allow staff from various agencies to work on site, and key stakeholders in other areas expressed a desire to explore co-location in the future. Co-location not only enables quick mobilization of staff and resources, but allows MDT members to build relationships and work together outside of formal MDT meetings. However, several key informants noted that co-location was not feasible in their county due to geographical distances or other constraints.

The absence of a CAC within a county may, in some cases, inhibit the process of responding to the needs of children and their families in a timely and sensitive manner, as counties that do not have a CAC within their jurisdiction often have to rely on advocacy centers in other counties or on mobile units. Some key informants stated that transporting children to another county in order to receive proper treatment at a CAC adds stress for the victim and stretches the resources of the agency (oftentimes law enforcement) that must transport and monitor the child.

***Involvement of the county attorney's office is integral to the functioning of an MDT.***

Key informants described the county attorney as being important for a successful MDT by their leadership and desire to mobilize necessary agencies within a county was reported as an indicator of whether a county has an MDT.

Additionally, key informants cited the county attorney as taking the lead for updating and maintaining the MDT protocol. In counties where the county attorney took the responsibility of updating the MDT protocol, some key informants indicated that the County Attorney took sole responsibility for managing the protocols, while others characterized the county attorney as being more collaborative in updating and maintaining the protocols.

For key informants in counties where the county attorney is not taking the lead on updating protocols or promoting their use, it was reported that it was unknown when the MDT protocol would be updated and unclear which agency would take the lead in updating it. In at least one instance, a key informant stated that members of the MDT desired to have updated protocols but it was unclear as to who was ultimately responsible for leading the process.

***Group dynamics, relationships, and leadership, are factors that help to enable and support a well-functioning MDT.***

There are contextual factors that contribute to the successes of an MDT that vary by location; however, there are several factors that both key informants and survey respondents indicated were components of well-coordinated and collaborative approaches. Some factors such as the availability of a CJC, presence of a CAC, use and knowledge of the protocols, and buy-in or involvement from the county attorney have already been described.

Other contextual factors noted by respondents (n=31) in the online survey included but were not limited to: group dynamics, membership agency leadership, communication and co-location. See the table below for details.

*“Current factors that enable our well-coordinated collaboration of child abuse investigations are: the relationships we have with the team members; MDT process which has been agreed upon by the multiple agencies; consistent meeting time at central facility; leadership displayed by consistent team members and welcoming of new team members to participate in the case review process” (Pinal County)*

*Table 18. Supportive or Enabling Factors to Well-Coordinated Multidisciplinary Investigations, Among Survey Respondents*

Supportive/Enabling Factors	Frequency
Group Dynamics/participation/collaboration/relationships	13
Leadership	10
Staff Dedication and/or Availability	5
Use and/or Knowledge of Protocols	5
Communication	4
Well Planned/Coordinated Meetings	4
Facilities	4
Training/Trained Staff	3
Trust/Mutual Trust	3
Co-location	3
Information/Sharing Info/Access to Info	2
Formal cooperative agreements	2

\*Note: Some respondents may have provided multiple answers

Key informants provided similar information about factors that help to enable a well-functioning MDT. All CJs cited the importance of personal and professional relationships with individuals from other agencies as being a key element to a successful MDT, as did many non-CJC key informants. Respondents from rural counties noted the importance of building personal relationships with others because of limited resources (e.g. time, man-power, competing priorities, etc.). Also similar to online survey results, Key informants noted that the buy-in of agency and field staff helped to ensure participation in the MDT.

***Individuals with a strong commitment to the well-being of children were noted as a supportive factor for MDTs.***

On several occasions, key informants described situations where key stakeholders across the state went above and beyond reasonable expectations to help make sure the process was working or that their county was progressing towards establishing an MDT. In Cochise County, where there is no MDT, there is a couple that is reportedly using their own money and time to physically build and establish an FAC, which is expected to help spur the establishment of an MDT in the county. Police Officers in La Paz County reportedly attend MDT meetings in their off-time, so that they may participate. The County Attorney in Yuma personally helps to conduct trainings on child abuse throughout his community. Key informants and survey respondents described MDT members as being passionate about their work, committed to the process, and frequently possessing a child-centric view of their work.

***Geography and distance, lack of training, and staff turnover are cited factors that pose challenges or barriers to operating a well-functioning MDT.***

Key informants, particularly those in rural counties, indicated that agencies and staff are faced with competing priorities that require them to attend to other duties, and may inhibit personal participation in the MDT or supporting a multidisciplinary process to the fullest extent. Key informants also indicated that access to specialized care or trained staff can be limited (e.g. forensic interviewers, sexual assault

nurse examiner (SANE), medical and behavioral health professionals and inclusion of these professionals is necessary for an MDT. Key informants also indicated staff turnover can be a barrier to a well-functioning MDT.

Survey respondents were asked to respond to an open-ended question about what they thought were factors that were barriers or challenges to multidisciplinary investigations. The most commonly cited barriers or challenges by the 26 respondents to a well-functioning MDT were geography (n=6) (e.g. rural locations, with far distances to cover) as well as appropriate training (n=6). See the table below for results.

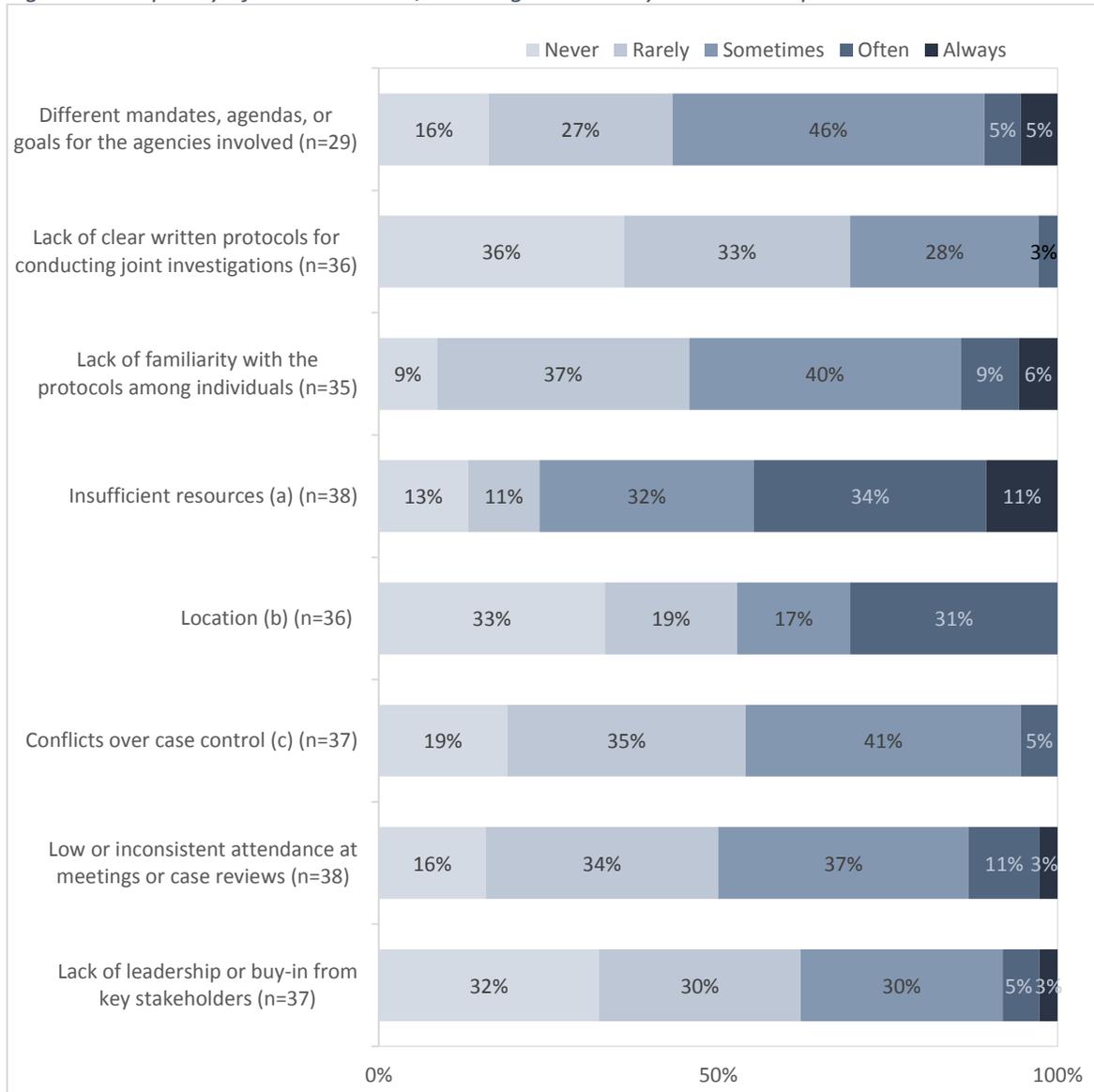
*Table 19. Barriers and Challenges to Well-Coordinated Investigations*

Barriers/Challenges	Frequency
Geography/distance/rural location	6
Lack of training	6
Rotation/turn-over of personnel	5
Lack of communication between agencies	4
Lack of access to staff	4
Lack of funding	4
Lack of understanding roles and responsibilities	3
Competing priorities	3
Lack of collaboration	3
Lack of resources	2
Other notable responses: Lack of trust; lack of completed and signed protocols; inability to legally share information with all stakeholders; lack of a distinct leader at MDT meetings; too many MDT participants; technology; and facilities.	1

Note: Some respondents may have provided multiple answers

In addition to an open-ended question, the survey also included a list of eight specific factors identified by a literature review in which respondents were asked to indicate how often (Never, Rarely, Sometimes, Often, or Always) each of them presents as a challenge or barrier to well-coordinated multidisciplinary investigation. Seventeen of 38 respondents (45%) indicated that an insufficient amount of resources (e.g. lack of time, high caseload, frequent turnover, and lack of funding), “Often” or “Always” was a barrier or challenge. Thirty-one percent (11 out of 36) noted location (e.g. lack of facilities for conducting interviews, geographical distances between agencies and/or facilities) as “Often” being a barrier. Interestingly, a higher percentage of respondents (33%, 12 of 36) responded that location is “Never” a barrier or challenge. The highest percentage of respondents (36%, 13 out of 36) indicated that a lack of clearly written protocols “Never” poses as a barrier to investigations. See figure below for detailed results.

Figure 3. Frequency of Select Barriers/Challenges in County in which Respondent Works



(a) e.g. lack of time, high caseload, frequent turnover, lack of funding

(b) e.g. lack of facilities for conducting interviews, geographical distances between agencies and/or facilities

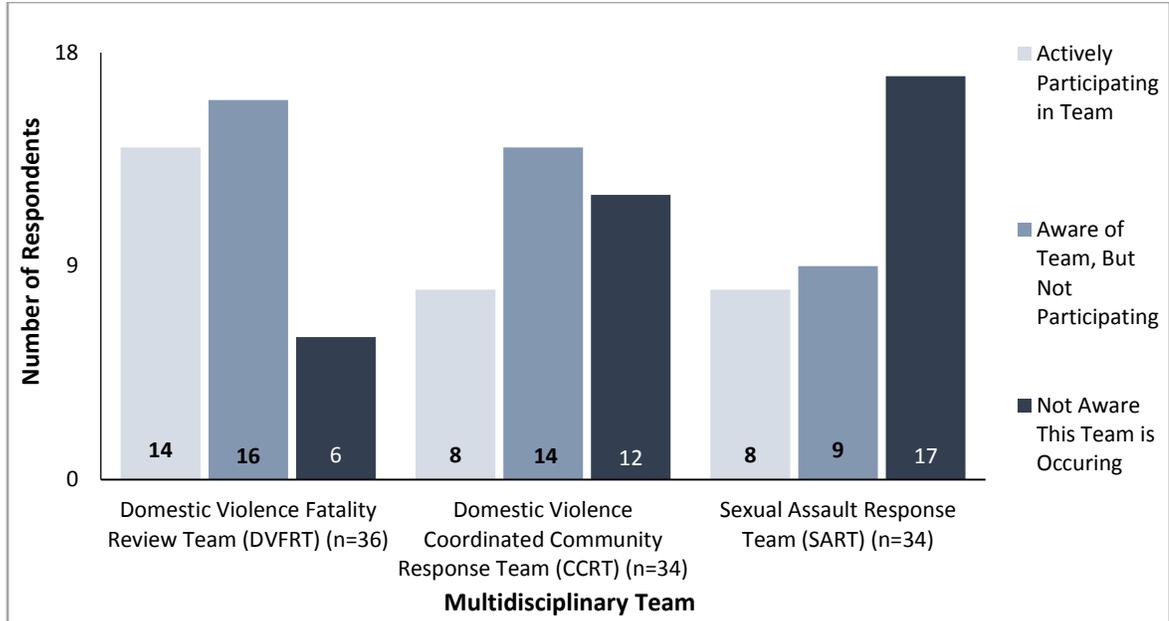
(c) e.g. territorial issues, power struggles, assumptions about others' roles, different views on which cases should be pursued

**Members of MDTs that are focused on child abuse investigations have varying degrees of awareness regarding other multidisciplinary teams in their county.**

Survey respondents were asked about whether they were aware of the Sexual Assault Response Team (SART), the Domestic Violence Coordinated Community Response Team (CCRT), and the Domestic Violence Fatality Review Team (DVFRT), three other multidisciplinary investigation teams that may or may not be operating and mobilized within their county). The highest number of respondents (14 of 36) were actively participating in the DVFRT. A similar percentage of respondents were aware of the CCRT

(41%; 14 out of 34) and DVRT 44%, 16 of 36) but not actively participating in them. The largest percentage, 50% (17 out of 34) were not aware of the activities of SART in his or her respective county. See the figure below for survey results.

Figure 4. Survey Respondents' Familiarity with Other Multidisciplinary Efforts



## 8. USE OF BEST PRACTICES BY ARIZONA MULTIDISCIPLINARY TEAMS

PPP created a best practices rubric that incorporates practices found through the literature review (identified with an asterisk in the following tables) as well as other important practices and characteristics of MDTs as identified by the PPP team. PPP used information gathered through the protocol review, key stakeholder interviews, and online survey to determine which practices are in use by the MDTs in Arizona's counties.

In the best practices rubric, a "Y" (Yes) indicates that PPP was able to determine, through the protocol content review, interview, and/or online survey responses that the practice is occurring in the county. An "N" (No) indicates that PPP was able to determine that the practice is not occurring in the county at all or is not occurring at a sufficient level. (Something that received a "partial" rating in the protocol review would fall into this category.) A "U" (Unknown) indicates that PPP did not have enough information to make a determination about the use of this practice in the county. A shaded box indicates that the item is not applicable for that county, such as in cases where the county does not have an active MDT.

Beneath each table is a list of the sources on which the ratings were based as well as any notes that are important for proper interpretation of the information presented. As with the protocol review rubric, some of the determinations made for the rubric are subjective and were based on PPP's own interpretation of the available information.

The following table shows some key practices regarding protocol documents.<sup>10</sup> Of the fifteen Arizona counties, ten have multidisciplinary protocols that are actively being used by an MDT. Mohave County has an MDT that is using a FAC-based protocol rather than the County protocol, and Santa Cruz County is in the final stages of approving a revised version, which is not yet publicly available. (The current Santa Cruz protocol was not reviewed since it has undergone substantial changes for the new version.) Three counties do not have an active MDT.

Overall, the protocols are not very recent; only six have been updated in the past three years and only three in the past year and a half. Many counties indicated that they are aware of changes that need to or should be made, but that it is challenging to undertake the process due to the number of agencies involved, limited time and resources for staff, no requirement that updates be made, and no clear party responsible for the process.

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<sup>10</sup> Notes: 1) While there is a publicly-available protocol regarding child abuse investigations for Cochise, Graham, and Greenlee Counties, these counties do not have an active MDT. 2) The publicly-available multidisciplinary protocol for Mohave County was analyzed by PPP, but it is not currently in use by the active MDT in the county, which is using its own CAC-specific protocol. 3) The publicly-available multidisciplinary protocol for Santa Cruz County was not analyzed by PPP because an updated version is in the final stages of approval by the County Attorney's Office and could not be obtained by PPP.

Table 20. Best Practices Rubric: Characteristics of the Multidisciplinary Protocol Document

Y = Yes N = No U = Unknown / = Not applicable

\*Indicates a best practice identified in the literature review or in the NCA CAC standards

Multidisciplinary Protocol	County															Total
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	Yes
The publicly available multidisciplinary protocol for the county is currently being used by MDT members	Y	/	Y	Y	/	/	Y	Y	N	Y	Y	Y	N	Y	Y	10
The protocol has been:																
Revised in the past three years (2012 or later)	N	N	N	Y	N	N	N	N	N	Y	Y	Y	/	Y	Y	6
Updated to reference OCWI	N	N	N	N	N	N	N	N	N	Y	Y	Y	/	N	N	3
Updated to reference DCS instead of CPS	N	N	N	N	N	N	N	N	N	Y	Y	Y	/	N	N	3
The protocol clearly outlines procedures to be followed by the three required joint investigation participants:*																
Law enforcement	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	/	Y	N	11
Child protective services	Y	N	Y	Y	Y	Y	N	Y	Y	Y	N	Y	/	Y	N	10
Prosecution	Y	N	Y	Y	N	N	N	Y	Y	Y	Y	Y	/	Y	N	9
The protocol clearly outlines procedures to be followed by these recommended MDT participants:*																
Child advocacy center	N	N	Y	Y	N	N	N	Y	N	Y	Y	Y	/	Y	N	7
Mental/behavioral health provider	Y	N	Y	Y	N	N	N	Y	Y	N	Y	Y	/	Y	N	8
Victim advocate and/or court-appointed advocate	Y	N	Y	N	N	N	N	Y	Y	Y	Y	Y	/	Y	N	8
Medical professionals	Y	N	Y	N	N	N	N	Y	Y	Y	Y	Y	/	Y	Y	9

Source: Protocol document review.

A primary best practice identified through the literature review conducted by PPP is the use of a child or family advocacy center (CAC). A CAC can play a valuable role in minimizing child trauma and in supporting effective child abuse investigations. A CAC can be a safe space for child victims, a child-friendly location for forensic interviews and medical examinations, a facility where MDT members can be co-located, and a neutral site for case reviews to be conducted. In addition, CAC staff can serve as coordinators for the MDT and as facilitators for case reviews.

In Arizona, 9 out of 15 counties have an MDT based out of or closely associated with a CAC. Five of these counties have a center that is accredited by the National Children's Alliance, which requires meeting an extensive set of standards set forth by the NCA. Another three counties have a center that is pursuing accreditation with the NCA. Co-location of agency staff is another best practice for MDTs, but is often difficult to implement in practice due to logistical and funding constraints. Three counties currently have some co-location of MDT members, and several others mentioned that it is something they would like to pursue in the future. See Appendix E for a listing of the CACs associated with MDTs in Arizona.

Table 21. Best Practices Rubric: MDT Structure and CAC Involvement

Y = Yes N = No U = Unknown / = Not applicable

\*Indicates a best practice identified in the literature review or in the NCA CAC standards

MDT Structure	County															Total
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	Yes
The MDT is based out of or closely linked to a Child Advocacy Center (CAC) or Family Advocacy Center (FAC)*	N	/	Y	Y	/	/	N	Y	Y	Y	Y	Y	N	Y	Y	9
The CAC/FAC is an:																
Accredited Member of the National Children's Alliance (NCA)	/	/	Y	N	/	/	/	Y	N	N	Y	Y	/	Y	N	5
Associate/Developing Member of the NCA	/	/	N	N	/	/	/	Y	Y	Y	N	N	/	N	Y	4
Affiliate Member of the NCA	/	/	N	N	/	/	/	Y	N	N	N	N	/	N	N	1
Some or all of the MDT team members are co-located.*	N	/	N	N	/	/	N	Y	N	N	Y	Y	N	N	N	3
The MDT is associated with a youth or family advocacy council or coalition that meets regularly.	Y	/	Y	N	/	/	N	N	N	N	N	N	N	N	Y	3

**Sources:** Protocol document review, key stakeholder interview, National Children's Alliance website. **Notes:** In counties where there is more than one CAC/FAC (Coconino, Maricopa, and Mohave), all membership types held by these organizations are indicated. The NCA membership levels are defined as follows: An Accredited Member has met each of the NCA's ten Standards for Accreditation. An Associate/Developing Member is working toward, but has not yet achieved, implementation of all Standards for Accreditation. And an Affiliate Member is an MDT that is working to improve services for abused children through a collaborative approach to intervention.

The definition of an MDT provided by the Department of Justice notes that “an MDT may focus on investigations; policy issues; treatment of victims, their families, and perpetrators; or a combination of these functions.” The table below shows the functions of the MDT(s) in each county. There is no one “best practice” in terms of an MDT, but it is an area where MDTs may benefit from guidance as to which functions they are expected to fulfill. All of the 12 active MDTs in Arizona help to facilitate relationships between parties involved in supporting joint investigations, while only two have taken a hands-on role in establishing systems for tracking and sharing data among those parties. Eight of the MDTs actively participate in the joint investigation process and four are involved in conducting advocacy or training efforts in the community.

Table 22. Best Practices Rubric: MDT Activities

Y = Yes N = No U = Unknown / = Not applicable

\*Indicates a best practice identified in the literature review or in the NCA CAC standards

MDT Activities	County															Total
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	Yes
The MDT actively participates in or supports the joint child abuse investigation as it occurs	N	/	Y	U	/	/	U	Y	Y	Y	Y	Y	U	Y	Y	8
MDT members (beyond the CJC) are involved in conducting advocacy, awareness, and/or training efforts related to child abuse	U	/	U	U	/	/	U	Y	U	Y	U	Y	U	U	Y	4
The MDT helps to facilitate relationships between parties involved in supporting joint investigations	Y	/	Y	Y	/	/	Y	Y	Y	Y	Y	Y	Y	Y	Y	12
The MDT has established specific procedures or systems for facilitating data sharing and tracking among agencies.*	U	/	Y	U	/	/	U	U	U	U	U	Y	U	U	U	2

Sources: Protocol document review, key stakeholder interviews, online survey responses

Twelve of the MDT protocols indicate that a priority of the MDT is to minimize the amount of additional trauma experienced by children who are victims of abuse. MDTs can support victims by providing child-friendly facilities for forensic interviews and medical examinations (preferably within the county), by ensuring that victims receive support from the county attorney’s victim services office (and in some cases, an additional advocate provided by the CAC or a community-based organization), and by making mental health services available to the child and non-offending family members, either directly or via referral. As shown in the table below, the majority of counties do have an MDT that provides such supports to child victims. However, not every county has sufficient child-friendly facilities, especially for medical examinations.

Table 23. Best Practices Rubric: Minimizing Child Trauma

Y = Yes N = No U = Unknown / = Not applicable

\*Indicates a best practice identified in the literature review or in the NCA CAC standards

Minimizing Child Trauma	County														Total	
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai		Yuma
Sufficient facilities exist for forensic interviews to routinely take place in a child friendly location*																
Within the county	Y	/	Y	Y	/	/	N	Y	Y	Y	Y	Y	N	Y	Y	10
In a neighboring county	/	/	/	/	/	/	Y	/	/	/	/	/	Y	/	/	2
Sufficient facilities exist for forensic medical examinations to routinely take place in a child friendly location*																
Within the county	U	/	Y	N	/	/	N	Y	Y	U	Y	Y	N	Y	Y	7
In a neighboring county		/	/	Y	/	/	Y	/	/	U	/	/	Y	/	/	3
Children and families receive support from the County Attorney's victim services division.	Y	/	Y	Y	/	/	Y	Y	U	Y	Y	Y	U	Y	Y	10
The MDT response routinely involves mental/behavioral health services and/or additional victim advocacy for the child and family*	U	/	Y	Y	/	/	Y	Y	Y	U	Y	Y	U	Y	Y	9
The multidisciplinary protocol demonstrates that a priority of the MDT is to limit the trauma experienced by victims of child abuse*	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	/	Y	Y	12

Sources: Protocol document review, key stakeholder interviews

Case reviews are a central part of the MDT, providing the setting in which individuals from different agencies come together and discuss cases. All active MDTs in Arizona hold some sort of case review. However, these case reviews vary in terms of their frequency, structure, and how they are used by the MDT. For example, nine counties discuss ongoing cases in the case review while one does not (and for the others it is unclear). The NCA standards describe case review as a process “intended to monitor current cases and...not meant as a retrospective case study.” Yet some county attorneys are not comfortable with ongoing cases being discussed and either prohibit or limit the discussion of such cases, meaning that MDT members are not able to actively collaborate on investigations and providing support to victims during the process.

Table 24. Best Practices Rubric: MDT Case Reviews

Y = Yes N = No U = Unknown / = Not applicable

\*Indicates a best practice identified in the literature review or in the NCA CAC standards

Case Reviews	County															Total
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	Yes
Case reviews are:																
Held on at least a monthly basis	Y	/	N	Y	/	/	Y	Y	U	Y	Y	Y	Y	Y	Y	10
Facilitated by an objective facilitator*	Y	/	Y	Y	/	/	U	U	U	Y	Y	Y	Y	Y	Y	9
Overall, consistently attended by all agencies involved in the MDT	N	/	U	N	/	/	U	U	Y	U	Y	Y	Y	N	Y	5
Case reviews are used as a way to:																
Foster collaboration among MDT members by facilitating discussion and information-sharing about ongoing cases*	N	/	Y	U	/	/	U	Y	Y	Y	Y	Y	Y	Y	Y	9
Review previous cases and discuss what worked and what did not	Y	/	Y	U	/	/	U	U	U	Y	U	Y	U	U	Y	5
Discuss the protocols, including how they are or are not being followed and what changes may need to be made	U	/	Y	U	/	/	N	U	U	Y	U	Y	Y	N	U	4
Provide cross- training, professional development, and other resources to MDT members*	U	/	U	U	/	/	U	Y	Y	Y	Y	Y	U	Y	U	6

Sources: Protocol document review, key stakeholder interviews, online survey responses.

Arizona counties vary in the amount and type of resources they have available to support joint child abuse investigations and MDTs. For instance, seven counties have a Children’s Justice Coordinator who is funded through the Children’s Justice Act and provides supports for county efforts around child abuse, including conducting mandatory reporter trainings and multidisciplinary protocol trainings and facilitating and coordinating the MDT. As outlined elsewhere in this report, the CJC is a valuable resource for a county. The counties that do not have a CJC also tend to be low in other resources, including access to trained forensic professionals.

Y = Yes N = No U = Unknown / = Not applicable

Table 25. Best Practices Rubric: Resources

\*Indicates a best practice identified in the literature review or in the NCA CAC standards

Resources	County															Total
	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	
The county currently has a funded Children's Justice Coordinator	N	N	Y	Y	N	N	N	Y	N	N	Y	Y	N	Y	Y	7
Investigators have sufficient access to fully trained forensic interviewers																
Within the county	U	/	Y	U	/	/	N	Y	Y	Y	Y	Y	N	Y	Y	8
In a neighboring county	U	/	/	Y	/	/	Y	/	/	/	/	/	Y	/	/	3
Investigators have sufficient access to fully trained (in child abuse and sexual abuse) forensic medical professionals*																
Within the county	U	/	Y	N	/	/	N	Y	Y	U	Y	Y	N	Y	Y	7
In a neighboring county	U	/	U	Y	/	/	Y	/	U	U	/	/	Y	/	/	3
Some or all law enforcement agencies involved in the MDT have units or individuals that specialize in child abuse investigations.	N	/	N	U	/	/	U	Y	U	U	Y	Y	U	U	U	3

Sources: Governor’s Office for Children, Youth and Families; key stakeholder interviews; online survey responses

## 9. LIMITATIONS AND CHALLENGES

Below are some of the limitations and challenges encountered by PPP during the course of collecting, analyzing, and reporting data for this assessment.

### 9.1. Identifying Arizona's MDTs

The Arizona statute sets forth the requirement that “the county attorney, in cooperation with the sheriff, the chief law enforcement officer for each municipality in the county and the department shall develop, adopt and implement protocols to guide the conduct of investigations of allegations involving criminal conduct.” Locating these joint investigation protocols was a straightforward process, as each county’s document is posted on the ACFAN website.

The concept of a “multidisciplinary team” or MDT proved to be more nebulous. The statute does define nor require the formation of an MDT, and there is no official “MDT” designation. Accordingly, there is no list of Arizona MDTs. The task of identifying key stakeholders to interview was straightforward for the eight counties with a Children’s Justice Coordinator, but finding contacts in the other counties required asking individuals who are familiar with joint investigation efforts and/or child advocacy centers in those counties to provide suggestions for someone with whom PPP should speak.

Through those discussions it was discovered that some counties have an active, clearly defined MDT (or, in some cases, more than one), while others have some activity around joint investigations but less clarity about the role of the MDT or even whether one exists. In some cases PPP received conflicting information from different sources as to whether there is an active MDT in a given county.

These challenges meant that it was not a simple task to develop a contact list for the key informant interviews, but also that PPP researchers’ understanding of MDTs evolved as these conversations were held.

### 9.2. Other Challenges and Limitations

#### *Protocols*

- Discussions with key informants revealed that many MDTs that lack updated protocols are aware that their protocol needs to be revised and may be in the process of making revisions. PPP’s efforts were limited to reviewing the contents of the most recently published protocol. It is important to note that some MDT members may already be aware of the necessary revisions to their county’s protocol, and may be actively working to update either the entire protocol or particular sections. Therefore, PPP may have reviewed protocols that are already in the process of being updated.

#### *Key informant interviews*

- Due to time limitations and a lack of a formal contact list, PPP was unable to conduct interviews with more than one person from each county. While PPP attempted to reach individuals via the

online survey in order to augment and clarify information received from key informants, findings and interpretations of information may lack the nuance that more interviews would have afforded.

#### *Online survey*

- Distribution of the online survey to MDT participants, beyond just the key informants was challenging, as PPP was unable to acquire a comprehensive contact list of MDT members for each county. PPP relied on key informants to help distribute the survey to the relevant individuals and team members in their county. There were some instances in which the key informant provided PPP with a list of names and email addresses, thus enabling directly communication with potential respondents, but this was not a common occurrence. More often, the key informant preferred that PPP send the survey link to them to distribute. The inability to acquire or generate a complete list of current contacts during the research phase of the assessment prevented PPP from generating a response rate and limited PPP's ability to reach MDT members directly.

## 10. SUMMARY OF FINDINGS

The following is a summary of the major findings from PPP's assessment of joint child abuse investigations and multidisciplinary team (MDT) efforts in Arizona. Sources include research on best practices, Arizona statutory requirements for joint child abuse investigation protocols and reporting, analysis of counties' multidisciplinary protocol documents, key informant interviews, and an online survey of MDT members and stakeholders.

### 10.1. Multidisciplinary Protocols

PPP reviewed the multidisciplinary protocols for 14 of Arizona's 15 counties and found that the documents vary in both scope and application. Four key aspects of the protocols and their usage vary across Arizona: 1) adherence to statutory requirements; 2) explanation of mission and functionality; 3) use and application; and 4) revision and maintenance.

#### *Statutory Requirements*

- Three of the nine elements of A.R.S. § 8-817 that apply to joint child abuse investigations were not reviewed by PPP as part of this analysis because the language used in the statute was too broad to enable an objective determination of whether or not a protocol fulfills that requirement. Of the six A.R.S. § 8-817 requirements that were reviewed, PPP found that no multidisciplinary protocol contained all six statutory requirements; protocols included between one and five elements.
- All of the protocols reviewed either fully or partially explain joint child abuse investigation procedures for law enforcement and child safety (DCS), but only ten contain procedures for the county attorney.
- Only two protocols fully address the statutory requirement to specify a process for reviewing and ensuring compliance with the protocols.

#### *Mission and Functionality*

- Ten county protocols include a mission statement and an explanation of the purpose of the document and/or the multidisciplinary team.
- Each protocol varies in how it addresses four key elements: 1) establishing a purpose for the MDT; 2) communicating how the MDT functions; 3) clearly describing interactions between participating agencies; and 4) specifying roles for multidisciplinary team members. Six counties' protocols received high ratings in all four of these areas, three received low ratings in all areas, and the remaining five counties received a mixture of ratings.

#### *Use of Protocols*

- Ten counties have multidisciplinary protocols that are actively being used by an MDT; one county has an MDT using a protocol created by a family advocacy center rather than the county protocol; one county is in the final stages of approving a revised version (not yet publicly available); and three counties do not have an active MDT.
- The majority of survey respondents and key informants indicated that protocols were being actively used by members of the MDT; however, some respondents indicated that protocols are not discussed or referenced on a regular basis.

### *Protocol Revisions and Updates*

- Only six protocols have been updated in the past three years; of those, only three have been updated in the past year and a half.
- Only three protocols contain explicit references to the Department of Child Safety (DCS) rather than Child Protective Services (CPS) and contain language that reflects the creation of the Office of Child Welfare Investigations (OCWI) in 2014.
- Key informants working in MDTs that lack updated protocols recognize the need to update the protocols; however, lack of clarity as to which agency is responsible for leading that process, the number of agencies involved, limited time and resources for staff, and no requirements around mandatory updates were cited as factors that contribute to outdated protocols.

### **10.2. Multidisciplinary Team Composition and Scope**

Arizona statute does not define nor require the formation of a multidisciplinary team. Through review of protocols and key informants, PPP found significant variation across the state in terms of the composition of each MDT, the degree to which they are established, and the scope of their activities.

#### *MDT Composition*

- Each protocol identifies the required joint investigation participants, per A.R.S. § 8-817 (county attorney, sheriff, chief law enforcement officers, and DCS), although some protocols do not place those agencies in the context of a larger multidisciplinary team.
- There are no statutory requirements around which agencies must participate on the larger multidisciplinary team. The National Children's Alliance (NCA) recommends that a multidisciplinary team include the following six disciplines: 1) law enforcement, 2) child safety (DCS); 3) prosecution; 4) victim advocate; 5) medical; and 6) mental/behavioral health.
- In general, counties are making efforts to include each of the recommended disciplines in their MDT, but involvement of each discipline varies by county. Key informants identified lack of buy-in from agency leadership, shortage of professional staff and resources, and geographic constraints as barriers to regularly involving professionals from each key discipline.
- Some counties have an active, clearly defined MDT (or, in some cases, more than one), while others have some activity around supporting joint investigations but less clarity about the role of the MDT or even whether one exists.

#### *MDT Scope*

- An MDT may fill a number of roles; all 12 active MDTs in Arizona help to facilitate relationships between parties involved in supporting joint investigations, eight MDTs actively participate in the investigation process, four MDTs are involved in conducting advocacy or training efforts in the community, and two MDTs have taken a hands-on role in establishing systems for tracking and sharing data among those parties.

### 10.3. Case Review

All active MDTs in Arizona conduct some form of case review. However, these case reviews vary in terms of their frequency, structure, and how they are incorporated into the MDT.

- In many Arizona counties, case review of ongoing cases is a key facilitator of multidisciplinary collaboration during the joint child abuse investigation (a recommended best practice by the National Children’s Alliance). In other counties, MDTs are limited in their ability or not allowed to discuss open cases, giving the MDT more of a post-investigation review role.
- Seven of the multidisciplinary protocols specify the agencies that are required to attend case reviews, which ranges from three to as many as seven different agencies. Most of these protocols also specify that other agencies may be involved in case reviews as needed.
- Four protocols specify the frequency with which case review should occur, whom should be present, a clear process for the review, and who should lead the meeting. Three protocols do not specify any of this information.
- In some counties, case reviews are consistently attended by representatives of all key disciplines, and there are always cases brought for discussion. In other counties, attendance is less consistent, frequently does not involve certain parties, and few cases are brought for discussion.

### 10.4. Investigative Procedures

Arizona counties’ multidisciplinary protocols vary in the extent to which they specify expectations and requirements for child abuse investigations.

#### *Forensic Interviews*

- All of the protocols indicate that forensic interviews are to be video or audio recorded, which is a recommended best practice; most protocols specify who should conduct the forensic interview, where it is to be conducted, and who is to be present.
- Overall, the protocols provide less detail about forensic medical examinations than about the forensic interview; three protocols do include information about when, how, where, and by whom an examination should be conducted.

#### *Training*

- A.R.S. § 8-817 specifies that protocols should include training requirements, including on the topic of forensic interviewing, for all child safety workers, law enforcement officers, and prosecutors that execute the protocols and engage in joint investigations. While ten of the protocols do clearly specify the training to be received by forensic interviewers, fewer provide sufficient detail about training for each of the three disciplines.
- Seven protocols go beyond the statutory requirements to provide information about training that is required for other participants in the MDT, including medical and mental health professionals and victim advocates.
- Only three protocols explicitly outline procedures for training MDT members on the protocol.

#### *Jurisdictional Issues*

- A.R.S. § 8-817 requires that each joint investigation protocol include standards for interdisciplinary investigations of Native American children in compliance with the Indian Child

Welfare Act. However, only one protocol adequately addresses this requirement, and another two do so partially. Most of the other protocols mention that this is a requirement but do not provide any information about how it will be addressed in the joint investigation or by the MDT.

- The US Department of Justice states that if an MDT covers an area that includes a federally recognized Indian Country and/or government reservations (such as a military base), the FBI has jurisdiction in such areas and should be included on the MDT.<sup>11</sup> Some key stakeholders and survey respondents indicated working with the FBI on some cases; however, only three of the multidisciplinary protocols explicitly address interactions with the FBI.

### **10.5. Team Functioning**

The level and type of collaboration within multidisciplinary teams varies across agencies and counties, depending on resources, relationships, and other key factors.

#### *Collaboration*

- The vast majority of online survey respondents (90%, 34 of 39) indicated that there is a moderate or high degree of collaboration between agencies in the MDT in which they participate.
- Nine of the multidisciplinary protocols meet the statutory requirement to include procedures for dispute resolution, while another four refer to a dispute resolution process but do not include details.
- Group dynamics, relationships, and leadership were cited as factors that help enable and support a well-functioning MDT.
- Geography and distance, lack of training, and staff turnover were cited as factors that pose challenges or barriers to operating a well-functioning MDT.

#### *Best Practices*

- Co-location of agency staff in a single location (such as a CAC) is a best practice, but is often difficult to implement due to logistical and funding constraints. Three counties currently have some degree of co-location of MDT members; several other counties may pursue co-location in the future.
- The ability of an MDT to collaborate on cases depends in part on information-sharing between agencies; however, very few protocols specify processes for sharing information, tracking cases, ensuring confidentiality, or other standards for sharing data. Only two protocols clearly outline specific procedures for tracking case progress.
- A best practice is to include soliciting both internal and external feedback regarding MDT operations; only five protocols address the former at all, and none address the latter.

### **10.6. Minimizing Child Trauma**

Arizona's multidisciplinary teams utilize multiple strategies to limit secondary trauma to children who have been victims of abuse.

- Twelve protocols clearly show that a priority of the MDT is to minimize additional trauma experienced by children who are victims of abuse. The majority of counties have an MDT that

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<sup>11</sup> U.S. Department of Justice. (2000). *Forming a Multidisciplinary Team to Investigate Child Abuse*.

supports victims by providing child-friendly facilities for forensic interviews and medical examinations, ensure that victims receive support from the county attorney's victim services office (and in some cases, an additional advocate provided by the CAC or a community-based organization), and directly or by referral make mental health services available to the child and non-offending family members. Despite the attention paid to the needs of children throughout the state, some counties still do not have sufficient child-friendly facilities, especially for medical examinations.

- Child and family advocacy centers (CACs) exist in order to facilitate a collaborative approach to child abuse investigations that puts the needs of the child at the forefront. In Arizona, nine counties have an MDT based out of, or are closely associated with a CAC. Five of these counties have a CAC that is accredited by the National Children's Alliance, and another three have a CAC that is currently pursuing NCA accreditation.
- While not required by law, a best practice for limiting secondary trauma to child abuse victims is to provide mental health and victim advocacy services to the child and non-offending family members. Provision of mental health services is not outlined in all of the multidisciplinary protocols, and many also do not clearly specify procedures to be followed by victim advocates.
- An important consideration for MDTs is to ensure that all victims are provided with services that are sensitive to their cultural background, language, and other special needs. This is rarely addressed within the protocols, and no protocol explicitly addresses the importance of cultural competency.
- Individuals and agencies possessing a strong commitment to the well-being of children were noted as a supportive factor for MDTs.

### **10.7. Resources**

Arizona counties vary in the amount and type of resources they have available to support joint child abuse investigations and MDTs.

- A Children's Justice Coordinator (CJC) can provide benefits to an MDT by building capacity and facilitating collaboration among team members. Seven counties have a CJC who is funded through the Children's Justice Act. The CJC provides supports responses to incidences of child abuse, including conducting mandatory reporter trainings and multidisciplinary protocol trainings, and facilitating and coordinating the MDT.
- Counties without a CJC tend to also have fewer resources, including access to trained professionals.
- Establishment of a permanent CAC is an important factor in being able to build and sustain a functional MDT and multidisciplinary approach in a county.
- Involvement and buy-in from the county attorney's office is integral to the functioning of an MDT.

## 11. Recommendations

PPP synthesized the findings from all sources in order to generate actionable recommendations that can be leveraged by the Governor’s Office for Children Youth and Families (GOCYF), the Arizona Juvenile Justice Commission (AJJC), and others to improve child abuse and neglect investigation and prosecution efforts and reduce secondary child abuse trauma.

**Recommendation 1:** Develop guidelines for MDTs and communicate them to the relevant parties in each county.

### Recommended Next Steps:

- 1. Establish and disseminate a formal definition of an MDT.** The first step in promoting effective MDTs across the state is to develop an official definition of what an MDT is and what it does. This definition should establish a clear description of what the State of Arizona considers an MDT to be, while also allowing for the unique needs and resources of each individual county. Resources for developing a definition of an MDT may include the US Department of Justice document, *Forming a Multidisciplinary Team to Investigate Child Abuse* and the National Children’s Alliance *Standards for Accredited Members*, as well as discussions with professionals involved in MDTs in Arizona or other states.
- 2. Develop recommendations or requirements for MDTs and issue official guidance to assist counties in properly interpreting and meeting those recommendations or requirements.** Arizona Revised Statutes address joint child abuse investigations but do not directly reference MDTs. The State may wish to clarify some or all of the following: the mission of an MDT, its membership, the type and extent of its involvement in joint investigations, the supports that it should provide available to victims, and the frequency and purpose of case reviews.
- 3. Develop official guidance to assist counties in properly interpreting and meeting the A.R.S. § 8-817 requirements for joint child abuse investigations and specify how those requirements apply to MDTs.** Much of the language used in this statute is vague and subject to interpretation. The State should issue guidance clarifying what is meant by each of the nine items under A.R.S. § 8-817B. (See Appendix F for some proposed areas for clarification.) This guidance should also explain how counties can interpret the requirements within a document that incorporates the joint investigation protocols into a more comprehensive set of multidisciplinary protocols.
- 4. Establish recommendations for necessary elements of a multidisciplinary protocol and provide guidance to the counties to assist them in following the recommendations.** Currently, aside from the A.R.S. § 8-817 requirements for joint child abuse investigations, there are no specifications from the State regarding the elements that should be included in a multidisciplinary protocol. As such, it is not always clear who comprises the MDT in each county (if one exists) or how the MDT operates. Having more detailed protocols will enhance coordination among the professionals involved in investigating child abuse. Possible required elements for MDT protocols can be found in the above-referenced US Department of Justice

document and the NCA standards, the protocol review rubric developed by PPP for this report, and discussions with professionals involved in MDTs in Arizona or other states.

- 5. Clarify the role of the Office of Child Welfare Investigations (OCWI) in joint child abuse investigations and multidisciplinary teams and specify the counties in which OCWI is currently active.**
- 6. Consider requiring counties to report on their MDT activities on an annual basis.** Currently, the annual joint investigation reports for each county provide summary statistics as to the number of cases investigated and the outcome of such cases but do not provide details on the activities of the MDT or the degree to which agencies are collaborating with one another during the investigation process. Adding such a requirement may serve to inform the legislature as to the extent to which counties and MDTs are truly engaging in multidisciplinary processes, could hold agencies and jurisdictions accountable, and would create a formal mechanism for highlighting creative strategies and dedication to the work that is occurring within MDTs across the state.
- 7. Establish requirements and guidance around a regular review of protocols.** Review of individual county protocols revealed that only six have been updated in the past three years. Without requirements or guidance around protocol updates, protocols may fail to be updated for many years and become obsolete. For example, only three of the protocols reflect the creation of DCS and OCWI. Requirements or guidance should clearly establish which agency(s) is responsible for leading the process of reviewing and revising the protocol, which agency(s) should be involved, and how often the process should occur.
- 8. Conduct a prioritization process in which the GOCYF, AJJC, and professionals from all relevant disciplines identify the best practices that are most important to the state.** As part of the assessment process, PPP identified an extensive list of MDT-related best practices, as shown in Appendix G. While counties should be encouraged to explore best practices and implement those which they find to be most valuable or feasible, it may also be advantageous for the state to focus its efforts on building MDT capacity around particular practices.

**Recommendation 2:** Sustain and strengthen existing resources for MDTs, including child or family advocacy centers, Children’s Justice Coordinators, the Arizona Child and Family Advocacy Network, and the DCS advocacy center liaison.

**Recommended Next Steps:**

- 1. Support the development and establishment of child or family advocacy centers (CACs) throughout the state.** Establishment and use of a CAC is a best practice, and provides direct and indirect benefits. Child abuse victims are best served when there is a readily available space that is tailored to their needs. Resources, whether operational or financial, should be made available to those grassroots efforts and key stakeholders that are working hard in their communities to establish a CAC. Many CACs extend services beyond just victims of child abuse, such as victims of domestic violence or elder abuse, and provide wrap-around services to these individuals and their families. Investment and support for a CAC within a community can have far reaching effects, and serve to protect some of Arizona’s most vulnerable populations.
- 2. Promote the importance of CACs throughout the state.** Many of the CACs already in existence are doing very important work, but feel that their value is sometimes overlooked or not understood by individuals in fields such as law enforcement, child safety, and prosecution. The state can and should play a role in promoting the importance of CACs and in establishing relationships between CACs and professionals involved in child abuse investigations.
- 3. Examine and promote the benefits of NCA accreditation for CACs.** Currently, there are seven CACs within Arizona that are accredited by the National Children’s Alliance (NCA) and an additional seven that are members but not yet accredited. CACs within Arizona that are not already accredited would benefit from both the process and the results of becoming accredited, as accreditation can bolster capacity within the MDT and the CAC, and serve to guide in the establishment of recognized best practices and to formalize those practices in the protocol document.
- 4. Support the establishment of a Children’s Justice Coordinator or at least a 0.5 FTE dedicated position in each county that facilitates and coordinates the MDT.** It is recommended that every county have a dedicated staff person who can help to address the organizational and day-to-day needs of the MDT, thereby building the sustainability and effectiveness the MDT. Half of Arizona counties currently have a state-funded Children’s Justice Coordinator (CJC) who helps to organize and run case reviews, provide trainings, and ensure that the MDT is functioning, while counties that do not have CJsCs are compelled to fill that same role using staff or resources that often have to be pulled away from other duties or tasks.
- 5. Continue to support funding for the efforts of statewide resources such as the Arizona Child and Family Advocacy Network and the DCS advocacy center liaison.** The Arizona Child and Family Advocacy Network (ACFAN) is an Arizona-based agency (and a member of the NCA) that has been involved in the development of many of the state’s CACs and MDTs and provides ongoing capacity-building support to those bodies. It is recommended that counties be

encouraged to leverage the knowledge and support of these agencies so that they may not only build capacity within the MDT and CAC, but also adhere to best practices. The DCS advocacy center liaison has played and can continue to play a valuable role in this process, both on its own and in partnership with ACFAN.

**Recommendation 3:** Bring together individuals from across the state to promote the exchange of ideas and build a professional network around MDTs.

**Recommended Next Steps:**

- 1. Create a statewide directory of MDT agency members, including contact information.** Currently, a comprehensive statewide list of agencies members involved in MDT efforts in each county does not exist. In order to provide support and technical assistance opportunities to MDTs or engage in future statewide assessment activities, it will be important to identify the MDT members in each county and how to contact them. A contact list could also help to facilitate a statewide professional network of MDT members or best-practice “work groups.”
- 2. Support the development of MDT “best-practice” learning communities or workgroups to facilitate information-sharing between MDTs.** MDTs can be strengthened by the exchange of information between teams and across counties. Regardless of the characteristics of the MDT, each team has something valuable to share and can learn from the experiences of others.
- 3. Develop a statewide MDT advisory committee or council.** By engaging invested individuals in decisions related to MDTs, such a body could pool resources and knowledge to ensure that MDTs in Arizona have sufficient resources and support to effectively carry out their mission.
- 4. Convene an annual conference to bring MDT members and other stakeholders together from across the state.** This could provide a regular forum to discuss state requirements, expectations, and recommendations with respect to MDTs and to further promote the exchange of information.

**Recommendation 4:** Work with each county to determine technical assistance needs, while acknowledging that every county’s approach to MDTs will be unique and there is no “one-size fits all” model.

**Recommended Next Steps:**

- 1. Develop a toolkit to assist counties in developing and strengthening MDTs.** There currently is no set of resources regarding MDT implementation for specific use in Arizona, and such a resource could be very valuable to both existing MDTs and those who are working to establish a team. Key components of a comprehensive toolkit commissioned by the State could include but need not be limited to guidance on how to interpret and meet the A.R.S. § 8-817 requirements for joint child abuse investigations, recommended elements for creating comprehensive

multidisciplinary protocols, information regarding implementation of best practices, and a list of other available resources for creating effective MDTs.

- 2. Encourage and support counties to undertake their own assessment and/or strategic planning process around developing MDTs.** The county-specific results compiled as part of PPP's assessment could be used as a basis for discussion and further assessment. A first step could be to review the individual county snapshots with the MDT and/or other stakeholders involved in conducting joint child abuse investigations, confirm or update information, and prioritize which best practices the MDT wishes to work towards implementing.
- 3. Provide technical assistance and/or funding to support MDTs in collecting, sharing, and reporting data.** Even the strongest Arizona MDTs seem to be challenged in sharing information across agencies and tracking case progress and outcomes. Challenges range from incompatible systems used by different law enforcement agencies to different definitions used for data collection to lack of formal information-sharing agreements between agencies. While systems and infrastructures may be difficult or expensive to change, it is still worth exploring ways to standardize how data are collected and reported by individual agencies and across counties. For example, some CACs have a case tracking form that is completed for each case from initial report to resolution of the legal process. Improvements in data collection, sharing, and reporting will likely lead to improved case outcomes and a more accurate understanding of what is happening in terms of child abuse cases involving criminal conduct allegations.
- 4. Encourage counties to conduct evaluation activities for their MDTs on a regular basis.** Some recommended best practices related to evaluation of MDTs include soliciting feedback from members, related agencies, and victims and their families. This could include analyzing the data collected through the system as well as soliciting and examining feedback from team members, other professionals, victims and families. Tools such as the NCA's Outcome Measurement System (OMS) can be leveraged to support these efforts.
- 5. Encourage counties to pursue and adhere to standards and guidance set forth by reputable agencies such as the NCA and ACFAN.** The NCA is a nationally recognized accrediting body that promotes the use of best practices, trainings, and services that strengthen the ability of CACs and multidisciplinary teams to respond to the needs of abused children and their families and the Arizona Child and Family Advocacy Network (ACFAN) is an Arizona-based agency (and NCA member) that provides support to CACs and MDTs throughout the state. It is recommended that counties be encouraged to leverage the knowledge and support of these agencies so that they may not only build capacity within the MDT and CAC, but also learn about and implement best practices.
- 5. Expand the Children's Justice Training offerings to include trainings specifically for multidisciplinary teams.** These trainings organized by Prevent Child Abuse Arizona are a valuable resource frequently utilized by MDT members across the state, primarily to learn about specific aspects of the investigation process such as forensic interviewing. The offerings could be expanded to include trainings that are focused on MDTs, with potential topics to include

communication and conflict resolution skills, team-building, understanding each other's roles, and information-sharing practices.

6. **Develop and promote strategies that support multidisciplinary investigations and collaboration that can be employed in Arizona's rural areas.** Geography and distance was frequently cited as a barrier to a well-functioning MDT. There may be methods for leveraging technology to improve or enhance participation and communication between agencies, and thereby increasing the degree of collaboration and investigation effectiveness. For example, utilization of technology may prove as a more effective method for discussing and conducting case reviews for some agencies. Incorporation of low-cost technology solutions for communication between MDT members may serve as a solution to persistent challenges posed by geography and distance.
7. **Develop ways to support counties where law enforcement and county attorney offices are small and staffing levels don't allow for specialized units for sexual crimes/child abuse.** Such strategies could include establishing partnerships with larger agencies or providing support for applications for grant funding to increase capacity in this area.

**Recommendation 5:** Provide supports to counties to ensure that victim support and advocacy services are routinely made available for both general support and court-specific support through all phases of the entire investigation and prosecution, from the time of disclosure to final disposition.

## Appendix A: Children’s Justice Coordinator Interview Questions

1. How long have you held this position as a CJC?
2. Before becoming a CJC, did you have any kind of working relationship or association with the MDT in your county, an MDT in another county, or with any of the agencies that are currently participating in the MDT?
3. Please describe your primary responsibilities and your role is as a CJC.
4. Can you tell us for how long there has been a functional MDT for child abuse investigations in the county you work in?
5. What are the agencies that comprise the MDT where you work?
6. There is a document that has been established for your county that contains protocols for conducting child abuse investigations that involve multi-disciplinary teams. Are you familiar with this document and the protocols contained within the document?
7. To the best of your knowledge, how frequently are the county’s MDT Protocols reviewed for potential updates or corrections?
8. In your opinion, do you believe that the people that participate and directly work within the MDT(s) are aware of the document that contains the MDT protocols?
9. Based on your training as a CJC, as well as your knowledge of the county protocols and best practices in child abuse investigations, to what degree do you believe that the members of the MDT(s) in your county adhere to the county’s protocols and engage in best practices while engaging in investigations?
10. In your opinion, what are some things that are working well for the MDTs as they engage with one another to investigate child abuse allegations? We are most curious about whether the protocols established in the county’s MDT protocol document are sound and realistic; however we would like to know what your perceptions are on what is enabling the MDT(s) to succeed in their work.
11. Conversely, what are your perceptions or thoughts on the barriers that may inhibit the MDT(s) from operating well together, or that may hinder the investigation process in your community?
12. In your opinion as a CJC, do you believe that the processes and protocols set forth in the MDT protocol document are realistic and serve as an asset to agencies that participate in the MDT(s) in [XX COUNTY]?
13. Are there any other comments that you would like to add or have any clarifications to any responses that you may have provided us?

## Appendix B: Non-CJC Interview Questions

1. Please tell me about your role in your agency and your involvement in joint child abuse investigations.
2. Can you please describe the extent to which your county has a functioning and collaborative multi-disciplinary team (MDT) for the purposes of engaging in joint child abuse investigations?
3. Do you know if a joint child abuse investigation protocol exists for your county?
  - a. If so, can you please tell me about the extent to which it is utilized by agencies involved in joint investigations?
  - b. If not, do you think your county would benefit from such a protocol? Are you aware of any efforts to develop a protocol?
4. Does your county have a child advocacy center or family advocacy center?
  - a. If yes, what is the center's role in joint child abuse investigations?
  - b. If not, do you think your county would benefit from such a center? Are you aware of any efforts to establish a center?
5. In your opinion, what is working well with joint child abuse investigations in your county?
6. What would you say are some of the barriers or challenges that hinder:
  - a. The joint investigation process in your county?
  - b. The formal establishment of a functioning MDT? (IF APPLICABLE)
7. Is there anything else you would like to share with me about joint child abuse investigations in your county?

## Appendix C: Online Survey Questions

1. Which category best represents the agency or professional field in which you work?

- Law Enforcement
- AZ Department of Child Services
- Office of Child Welfare Investigations
- Child or family advocacy center
- Victim advocacy
- Prosecution
- Behavioral or mental health
- Forensic
- Medical
- Other

2. If you would like to further describe your work title or role within your agency or field of work, please use the space below.

3. Please mark the Arizona county or counties in which you primarily engage in joint child abuse investigations. If applicable, you may select more than one county.

- Apache
- Cochise
- Coconino
- Gila
- Graham
- Greenlee
- La Paz
- Maricopa
- Mohave
- Navajo
- Pima
- Pinal
- Santa Cruz
- Yavapai
- Yuma

4. How many years of experience do you have in participating in joint or multidisciplinary child abuse investigations?

- Less than one year
- 1-3 years
- 3-5 years
- More than 5 years

5. How familiar are you with the multidisciplinary team (MDT) protocol for joint child abuse investigations for the county in which you primarily work?

- I actively use or refer to the protocol on a regular basis.
- I have read or referred to the protocol within the past year.
- I have read the protocol, but not within the past year.
- I have never read the protocol.
- I do not know if a protocol for my county exists.
- A protocol for my county does not exist.

6. Does the county in which you primarily work have an established multidisciplinary team (MDT) that engages one another in the process of conducting joint child abuse investigations?

- Yes
- No
- I Don't Know

7. If the county in which you work has an MDT, please mark those child or family advocacy centers that are used on a regular basis by the MDT of which you are a part. If your county does not have an MDT, please mark those child or family advocacy centers that are accessed or used most frequently by investigation team members. If the county does not ever utilize or access a child or family advocacy center please mark the box at the end of the list that is labeled “NONE.” You may mark more than one item.

- Safe Child Center, Flagstaff
- ChildHelp - Gila Children’s Advocacy Center (Gila County)
- ChildHelp Children’s Center of Arizona (Phoenix)
- City of Phoenix Family Advocacy Center (Phoenix)
- Glendale Family Advocacy Center (Glendale)
- Mesa Police Department Center Against Family Violence (Mesa)
- Salt River Pima Maricopa Indian Community Family Advocacy Center (Scottsdale)
- Scottsdale Family Advocacy Center (Scottsdale)
- Southwest Family Advocacy Center (Goodyear)
- Navajo County Show Low Family (Show Low)
- Southern Arizona Children’s Advocacy Center (Tucson)
- Pinal County Attorney’s Family Advocacy Center (Eloy)
- Pinal County Attorney’s Family Advocacy Center (to be located in San Tan Valley)
- Yavapai Family Advocacy Center (Prescott)
- Amberly’s Place (Yuma)
- ChildHelp Mobile Children’s Center of Arizona (Coconino, Navajo, Apache, & La Paz Counties)
- H.A.V.E.N. Family Resource Center Mobile Unit (Mohave & La Paz Counties)
- Northern Arizona Center Against Sexual Assault Mobile Unit (Apache, Navajo, & Coconino Counties)
- NONE

8. How would you characterize the degree of collaboration that exists between all agencies that are expected to be involved in a multidisciplinary, joint child abuse investigation in the county in which you primarily work?

- Minimal to no collaboration between agencies
- Some collaboration between agencies
- Moderate collaboration between agencies
- High collaboration between agencies

8B. If you care to elaborate on your response regarding the degree of collaboration between agencies, please feel free to do so in the space provided below.

9. In the county in which you primarily work, what do you think are some current factors that help to support or enable well-coordinated joint investigations of child abuse? Factors might include specific protocols, leadership, availability of facilities, signed agreements, group dynamics, etc.

10. In the county in which you primarily work, what do you think are some current barriers or challenges that may prevent or inhibit well-coordinated joint investigations of child abuse?

11. Below is a list of factors that have been identified by researchers as potential challenges or barriers to conducting well-coordinated joint investigations of child abuse. How often do each of the following factors pose a challenge or barrier in the county in which you primarily work? [RESPONDENTS SELECT ONE RESPONSE: Never, Rarely, Sometimes, Often, Always]

- A. Different mandates, agendas, or goals for the agencies involved
- B. Lack of clear written protocols for conducting joint investigations
- C. Lack of familiarity with the protocols among individuals
- D. Insufficient resources (e.g. lack of time, high caseload, frequent turnover, lack of funding)
- E. Location (e.g. lack of facilities for conducting interviews, geographical distances between agencies and/or facilities)
- F. Conflicts over case control (e.g. territorial issues, power struggles, assumptions about others' roles, different views on which cases should be pursued)
- G. Low or inconsistent attendance at meetings or case reviews
- H. Lack of leadership or buy-in from key stakeholders

12. In the past year have you personally participated in any training that is designed to help joint investigations function more effectively in your county?

- Yes
- No

12a. If you have participated in any training related to joint investigations, can you please tell us which training topics were covered and/or who conducted the trainings?

13. Please list any training topics you feel would be helpful for the individuals who are conducting joint child abuse investigations in your county.

14. Lastly, please indicate your level of awareness or involvement in other multidisciplinary efforts that may be occurring in the county in which you primarily work. [RESPONDENTS SELECT ONE RESPONSE: Actively Participating In This Team, Aware Of Team But Not Actively Participating, Not Aware That This Is Occurring]

- A. Sexual Assault Response Team (SART)
- B. Domestic Violence Coordinated Community Response Team (CCRT)
- C. Domestic Violence Fatality Review Team (DVFRT)

15. Do you have any other comments or concerns that you care to share with us regarding joint child abuse investigations in your county, or comments or concerns with the survey? Please feel free to share any other thoughts you may have in the space below.

## Appendix D: Raw Data from Online Survey

The online survey consisted of 15 questions. While there was an overall total of 46 responses, not all respondents answered every question. Because of this, the number of responses may differ by question, but is noted at the end of each question asked.

1. Which category best represents the agency or professional field in which you work? (N=46)

Agency/Profession	n
Law Enforcement	16
AZ Department of Child Services	2
Office of Child Welfare Investigations	0
Child or family advocacy center	9
Victim advocacy	2
Prosecution	7
Behavioral or mental health	3
Forensic	1
Medical	2
OTHER (1 Coordinator, 2 Public Health, 1 Team Facilitator)	4

2. If you would like to further describe your work title or role within your agency or field of work, please use the space below (n=29)

Response	n
Apache County Youth Council	1
Attorney	1
Chief of Police	1
DCS	1
Detective	2
Detective specializing in Child Crimes	1
Detective that works with the Family Violence Unit and Child cases	1
Director	1
Director/Victim Advocate	1
Family Violence Unit Detective.	1
FBI Victim Specialist	1
Forensic Interviewer	2
Forensic interviewer employed in a hospital-based child abuse evaluation clinic, housed in a children's advocacy center.	1
Forensic nurse examiner working out of 5 advocacy centers in Maricopa county. Providing medical care/medical forensic exams to sexual assault, strangulation, and child abuse to all ages, primarily over the age of 12. All cases for the city of Scottsdale including under 12.	1
General Investigations	1
Home visitation	1

Response	n
I am the administrator for an Advocacy Center which is under the umbrella of the local County Attorney's office. We have a diverse multi-agency team consisting of LE, DCS, Victim Advocates, Forensic Interviewers, Medical staff, and referral to a mental health counseling component.	1
I am the Senior Detective at Payson Police and I have been a Detective for 15 years. I have been conducting Child Abuse investigations for 15 years and have been part of the MDT team for 15 years.	1
I participate in monthly MDT case reviews	1
I'm a Detective within the Gila County Attorney's Office, so I would also fall under the Law Enforcement category	1
Investigations Lieutenant	1
Medical director of advocacy center	1
Patrol Sergeant	1
Prosecuting attorney.	1
School psychologist	1
Special Victims Unit--child abuse, sex crimes, domestic violence	1
Supervisor for Law Enforcement	1
Victim advocate within a prosecution agency.	1
Victim therapist	1

3. Please mark the Arizona county or counties in which you primarily engage in joint child abuse investigations. If applicable, you may select more than one county

County	n
Apache	4
Cochise	2
Coconino	3
Gila	3
Graham	1
Greenlee	2
La Paz	6
Maricopa	8
Mohave	4
Navajo	0
Pima	3
Pinal	9
Santa Cruz	3
Yavapai	6
Yuma	3

The number of counties worked in by Respondents (N=46)

Number of counties worked in	n
Works only one county	41
Works in two different counties	2
Works in three different counties	1
Works in four different counties	1
Works in five different counties	1

4. How many years of experience do you have in participating in joint or multidisciplinary child abuse investigations? (n=45)

Years of experience	n
Less than 1 year	11
One to 3 years	2
Three to 5 years	4
More than 5 years	28

5. How familiar are you with the multidisciplinary team (MDT) protocol for joint child abuse investigations for the county in which you primarily work? (n=44)

Familiarity with MDT protocol	n
A protocol for my county does not exist	1
I actively use or refer to the protocol on a regular basis	24
I have read or referred to the protocol within the past year.	11
I have never read the protocol	4
I do not know if a protocol for my county exists	4

6. Does the county in which you primarily work have an established multidisciplinary team (MDT) that engages one another in the process of conducting joint child abuse investigations? (N=46)

MDT in county	n
Yes	42
I don't know	4

7. Please mark those child or family advocacy centers that are used on a regular basis by the MDT of which you are a part...

CAC/FAC	n
Amberly's Place (Yuma)	3
ChildHelp - Gila Children's Advocacy Center (Gila County)	7
ChildHelp Children's Center of Arizona (Phoenix)	2
ChildHelp Mobile Children's Center of Arizona (Coconino, Navajo, Apache, & La Paz Counties)	4
City of Phoenix Family Advocacy Center (Phoenix)	3
Glendale Family Advocacy Center (Glendale)	4
H.A.V.E.N. Family Resource Center Mobile Unit (Mohave & La Paz Counties)	5
Mesa Police Department Center Against Family Violence (Mesa)	3
Navajo County Show Low Family (Show Low)	1

<b>CAC/FAC</b>	<b>n</b>
Northern Arizona Center Against Sexual Assault Mobile Unit (Apache, Navajo, & Coconino Counties)	5
Pinal County Attorney's Family Advocacy Center (Eloy)	5
Pinal County Attorney's Family Advocacy Center (to be located in San Tan Valley)	0
Safe Child Center, Flagstaff	5
Salt River Pima Maricopa Indian Community Family Advocacy Center (Scottsdale)	8
Scottsdale Family Advocacy Center (Scottsdale)	5
Southern Arizona Children's Advocacy Center (Tucson)	7
Southwest Family Advocacy Center (Goodyear)	0
Yavapai Family Advocacy Center (Prescott)	3
NONE	1

The number of CAC or FACS utilized by the different MDTs respondents participate in (n=42)

<b>Number of CACs or FACS</b>	<b>n</b>
Only one CAC or FAC	25
Two different CACs or FACS	11
Three different CACs or FACS	2
Four different CACs or FACS	1
Five different CACs or FACS	3

8. How would you characterize the degree of collaboration that exists between all agencies that are expected to be involved in a multidisciplinary, joint child abuse investigation in the county in which you primarily work?(n=38)

<b>Degree of collaboration between agencies</b>	<b>n</b>
I Don't Know	2
Some collaboration between agencies	2
Moderate collaboration between agencies	13
High Collaboration between agencies	21

8b. If you care to elaborate on your response regarding the degree of collaboration between agencies, please feel free to do so in the space provided below. (n=17)

<b>Collaboration between agencies</b>	<b>n</b>
Depends on the agency. Some - very high. Others are not.	1
Detectives from the Lake Havasu City Police Department have an excellent working relationship with our local DCS investigators, family/victim advocacy center (H.A.V.E.N.), County Attorney's Office, and other law enforcement agencies.	1
Don't know. Whoever gets money to collaborate, is very active until the money runs out. Then they change and provide services that fit whatever grant money is available. Our advocacy center started out with the purpose of increasing successful prosecution of perpetrators by using a coordinated investigation	1

<b>Collaboration between agencies</b>	<b>n</b>
Generally speaking we enjoy very good inter-agency collaboration, some of which is facilitated by Y.F.A.C.	1
I feel that we do have a good amount of collaboration however there is always room for improvement. Especially between law enforcement and DCS.	1
I feel the various agencies work well together to utilize the advocacy center model to provide care and support to our families	1
I have limited knowledge of their Counties to compare our collaboration to, but feel we are one the right path currently.	1
I work primarily at the Childhelp Children's Advocacy Center. I would consider the level of collaboration at this center to be among the best in the valley. I believe this is due to the co-location of each of partners on the MDT, but also the level of experience and expertise of the professionals housed here.	1
I've attended MDT meetings in Lake Havasu that have just involved the Lake Havasu issues and MDT meetings that have attempted to involve many agencies throughout Mohave County. I have found that there is better corroboration within a small group of people who know each other well and when the meeting is direct	1
Monthly meetings. Very friendly.	1
Representative s from DCS have not regularly attended the meetings. Recently with a change in program managers, he has been attending.	1
Smaller community and everyone knows the players.	1
Some agencies attend our MDT less regularly or if in attendance do not participate actively.	1
Some agencies collaborate better than others but for the most part it is very established and we work well as an MDT.	1
We utilize the Yavapai County Family Advocacy Center on a regular basis and work closely with DCS.	1
We work together to solve problems	1
Within the Gila County area we have monthly MDT meeting but only a few law enforcement agencies attend, and it's hit and miss for anyone representing the state's child welfare agency attend	1

9. In the county in which you primarily work, what do you think are some current factors that help to support or enable well-coordinated joint investigations of child abuse? Factors might include specific protocols, leadership, availability of facilities, etc. (n=31)

<b>Factors to support/enable well coordinated joint child abuse investigations</b>	<b>n</b>
A smaller group of people who attend. This way, we are able to discuss issues and resolve them without having too many generals. I've attended meetings where there is no clear agenda and too many people attending and I find it unwieldy.	1
All of the items mentioned are important: leadership, signed agreements, group dynamics; commitment to the multidisciplinary process and to NCA standards.	1
Availability of facilities, communication, strong prosecutorial efforts	1
Being new to Investigations, I believe the principals involved in the MDT have contributed significantly to the positive, working relationships between members of the MDT that result in successful investigations. Our facilities at the advocacy center also contribute meaningfully to the successful outcomes of the investigations.	1

<b>Factors to support/enable well coordinated joint child abuse investigations</b>	<b>n</b>
Co-located is the single most important factor contributing to success. It is also important that the "leaders" from each discipline work together and are supportive of finding solutions to issues that arise.	1
Confidentiality, mutual trust, support for others on the team, understanding the challenges that each system faces and is governed by.	1
Current factors that enable our well-coordinated collaboration of child abuse investigations are: the relationships we have with the team members; MDT process which has been agreed upon by the multiple agencies; consistent meeting time at central facility; leadership displayed by consistent team members and welcoming of new team members to participate in the case review process	1
Currently the leadership and personnel are positives for our area.	1
Getting list of cases for review in advance. And having 2 meetings at different location (1 in AM and the other PM) that is set on second Wednesday of each month.	1
Group dynamics	1
Group training. MDT meetings with multi disciplines present and organized. Some cities are very limited in the team members involved in the meetings, other are very open to large group of individual with many different opinions and suggestions. Great things come from those meetings and collaboration.	1
I don't think we need a coordinated joint investigation team. We could design cooperative agreements and confidentiality waivers and then just meet informally to share information. Sharing information with all family or child stakeholders would be a huge help in making sure everything gets addressed. The ability to share information is the most serious barrier to the process. We don't need to throw more money into this.	1
I think leadership either makes MDT a priority or it doesn't in specific agencies. The MDT for child crimes is better attended than the adult sexual assault MDT though. Easily twice the number of participants.	1
Investment of team members; commitment to their perspective jobs, protection and justice for the families served	1
Leadership and group dynamics.	1
Leadership reinforces implementing the protocol	1
Leadership, familiarity with the Maricopa County Protocol, and co-location of all the agencies.	1
New training that has now been made available to LE, both at the initial reporting and investigations.	1
On all criminal conduct case the Department must take law enforcement for assistance. However often times Law Enforcement allows DCS to take the lead on the investigation.	1
Our joint investigations work best when there is good participation by all agencies at MDT case reviews and communication between agencies on individual investigations.	1
Police agency leadership that supports the use of protocols.	1
protocols, communication between agencies, MDT meetings	1
Regular communication between partners and ongoing supervision and leadership on how to work within the model	1
The existence of the Apache County Youth Council	1
The most important supporting factor is the bringing together of all agencies to provide a safe environment (safe as in not being criticized by your peers unfairly) this	1

<b>Factors to support/enable well coordinated joint child abuse investigations</b>	<b>n</b>
environment, once established, provides trust among agencies. This trust creates a relationship among the members of the MDT. Once you have trust and a relationship the team members are able to learn from each other. The new members of the team benefit from the years of experience and mistakes made in the past to learn from. The veteran members like myself, learn new perspectives and thought processes from the new members that increase everyone's investigative ability. The backside is that when one piece of the puzzle (an agency that is involved in child abuse investigation like DCS rarely attends) Trust and relationship is not established and a breakdown in all aspects of investigations occur. I could go on for a while, but I think you get my position.	
The people that work at all the different departments, also the facilities and leadership.	1
Trust among the MDT members	1
Use of all agencies for prevention	1
Well established protocols, availability of facilities and staff	1
Well I believe the things that help to promote good coordination in joint investigations is a well-trained FAC staff that ask questions of LE regarding if DCS is involved in the case and who and where their office is located. The more information the better. Many times until we ask if DCS was notified is when LE starts to call DCS.	1
Yes. We work with the Apache County Youth Council and have great input and participation.	1

10. In the county in which you primarily work, what do you think are some current barriers or challenges that may prevent or inhibit well-coordinated joint investigations of child abuse? (n=28)

<b>Barriers or Challenges</b>	<b>n</b>
Agencies do not reach out to others for support in cases in some particular cities in our county. I feel this limits the resources that are willing and able to assist. Priority of the meeting is not seen as important in some cities.	1
As with every other social service delivery system ongoing issues related to funding, training and space present logistical concerns	1
Barriers which I have directly seen that inhibit well-coordinated Joint Investigations: DCS's lack of training of their of policy in investigating criminal conduct cases; turn over in the DCS and law enforcement field of trained/qualified/competent workers/officers/detectives; and distrust between DCS and law enforcement regarding interference with joint investigations.	1
DCS changes and lack of support from upper management of DCS	1
DCS is detached and separated physically and operationally from Law Enforcement. They are not trained to conduct criminal investigations. Their methods that they are trained in do not meet the needs of Law Enforcement. They do not conduct investigations thinking about evidence preservation or destruction, culpable mental states to prove etc. Coordinating timing of investigations that meet DCS and Law enforcement needs need to be addressed. No trust or relationship with Law Enforcement. Lots of barriers.	1
Different goals that need to be accomplished	1
Education/Training.	1
Eloy location is somewhat far for folks not on south end of county	1
I think many times there is a lack of communication between LE and DCS because	1

Barriers or Challenges	n
there have been so many changes to the DCS system in the past couple of years. Workers come and go and it is hard to find consistency with workers that are knowledgeable in this field. It seems the new DCS staff are not being properly trained on procedures from my personal observation. Also new Detectives need to be trained as well in the process. We have a thoroughly written protocol it's just getting all parties involved to follow it.	
I think there is a smaller pool of people and programs are competing even though they're not duplicating services	1
Lack of attendance by local LE. CPS not taking cases seriously and often recommends closure at meetings.	1
Lack of communication between agencies is the biggest barrier to effective joint investigations. We have had a substantial amount of personnel turnover w/in many agencies over the past year, which makes communication more difficult, but notifications of personnel changes by the leadership of the various agencies to the other MDT participants becomes paramount in these situations.	1
Lack of completed and signed protocol (currently in final stage of completion), lack of state involvement in most MDT meetings, due to problems of staffing team members in the Globe area. Lack of resources	1
Lack of understanding of the investigative protocols by first responders such as uniformed law enforcement personnel and inexperienced case managers of the Dept. of Child Safety.	1
No one knows what OCWI does or is responsible for. That creates tension and confusion between Law Enforcement/CPS and OCWI. All of my responses below regarding unfamiliarity with protocols pertains to OCWI solely.	1
None	1
Not having a clear leader to the MDT. Having too many people involved in the meeting.	1
Not sure.	1
Resources (funding, manpower, training), large expansive area between population centers in county	1
Rural area/lack of appropriate resources/trainings	1
Rural county so at times, travel creates challenges	1
The legal ability to share information with all stakeholders.	1
The only inhibitors are the rotation of personnel involved in the MDT. However, this issue is short-lived.	1
The rural area and need for additional Law Enforcement Detectives to assist in the cases to get the alleged victims a proper case file.	1
The typical barriers of not sharing info at the time of an event but later. We all feel strongly and sometimes have too much ownership on a case.	1
The Youth Council did not receive grant funding this year and is in danger of dissolving	1
We have one system that does not have the same degree of engagement as the other systems. Our geography poses a significant barrier (ie. - size of the county and the rural isolated areas). This translates into small LE agencies unable to send officers to case review.	1
Yes. Technology and funding are limiting factors.	1

11. Below is a list of factors that have been identified by researchers as potential challenges or barriers to conducting well-coordinated joint investigations of child abuse. How often do each of the following factors pose a challenge or barrier in the county in which you primarily work?

	Never	Rarely	Sometimes	Often	Always
Different mandates, agendas, or goals for the agencies involved (n=29)	-	10	17	-	2
Lack of clear written protocols for conducting joint investigations (n=36)	13	12	10	1	-
Lack of familiarity with the protocols among individuals (n=35)	3	13	14	3	2
Insufficient resources (e.g. lack of time, high caseload, frequent turnover, lack of funding) (n=38)	5	4	12	13	4
Location (e.g. lack of facilities for conducting interviews, geographical distances between agencies and/or facilities) (n=36)	12	7	6	11	-
Conflicts over case control (e.g. territorial issues, power struggles, assumptions about others' roles, different views on which cases should be pursued) (n=37)	7	13	15	2	-
Low or inconsistent attendance at meetings or case reviews (n=38)	6	13	14	4	1
Lack of leadership or buy-in from key stakeholders (n=37)	12	11	11	2	1

12. In the past year have you personally participated in any training that is designed to help joint investigations function more effectively in your county? (n=37)

Training in past year	n
Yes	20
No	17

12b. If you have participated in any training related to joint investigations, can you please tell us which training topics were covered and/or who conducted the trainings? (n=18)

Training	n
ACFAN - MDT trainings	1
Assisted in developing and presenting DCS-Law Enforcement Joint Protocol Investigation Training in Yavapai County. Training has been presented to approximately 40 individuals in past 12 months with another 40-50 to receive training in next 6-12 months.	1
Child fatality review protocol	1
Child Strangulation. I was a presenter or co-presenter of this topic at 2 conferences OCWI and Child abuse conference with Chris Schopen and Brad Eith.	1
CPS protocols, investigations from beginning to end.	1
Forensic Interviewing.	1

Training	n
I am an instructor for both the basic and advanced forensic interview trainings coordinated by Prevent Child Abuse Arizona (PCAA), and a trainer for the CORE training for new DCS case managers. In each of these trainings, I stress the importance of familiarity with county protocols on the investigation of child abuse, and the importance of joint investigations.	1
I have attended several.	1
Joint Investigation Protocol - LE and DCS were present. It was presented by the Forensic Interviewers of Eloy FAC and San Tan Valley FAC	1
Mandated reporting, trauma informed care	1
NCAC, NCA, WRCAC, SRCAC, MRCAC EduNet Webinars - Resiliency, Accreditation, Medical for the Non-Medical Professional, Real Colors, Strategic Planning, Scottsdale Health Care - VAWA Revisions; MCAO - Cold/Sex Abuse Cases; A New Leaf - Neurobiology of Trauma;	1
Peer review, group meetings	1
Prescott Valley PD. Covered DV fatality review.	1
Recent training on human trafficking was helpful in showing how law enforcement, child services, and victim advocates can work together to ensure successful prosecutions of human trafficking cases and to point out signs of potential sex trafficking victims in cases reported in other situations, such as domestic violence.	1
Specific protocol training, legal needs from forensic interviews, investigative training.	1
The CJC coordinates protocol trainings	1
The medical personnel in my advocacy center has on a few occasions offered multidisciplinary training. Resources are our biggest barrier to doing this event more often. It would seem to me that the state could offer more regional support for medical personnel in this matter. The restructuring of DCS and creation of OCWI did not appear to consider medical support.	1
We do regular training in our MDT. Additionally I just attended a conference through EVAW.	1

13. Please list any training topics you feel would be helpful for the individuals who are conducting joint child abuse investigations in your county. (n=16)

Training Topics	n
Addressing secondary trauma of those who work child abuse cases.	1
Basic training from each participating group on their functions/responsibilities to the other MTD member agencies. While prosecution and law enforcement may work together frequently, prosecutors and CPS and mental health providers rarely work directly w/ each other. I believe this would aid in the overall effectiveness of the investigations if each participating agency were more familiar w/ the details of the other agencies.	1
Child abuse investigation in general.	1
Current best practices	1
Extended Forensic Interviewing	1
Forensic interviewing	1
I feel our detectives, along with the other MDT members, have received good training that has afforded them the ability to conduct successful investigations. I would like to see more advanced investigation-type training brought to our area; injury	1

identification, advanced investigative techniques, etc.	
I think that all new DCS and all new Detectives should attend Joint Investigation 101 and be given a written protocol for their own reference.	1
It is not the training topics, it is the lack of understanding about the importance of training and the lack of resources and personnel to attend the training.	1
Just getting to know the people in each area of their field	1
Please define and explain what OCWI does and where they fit into the multidisciplinary protocol.	1
Summary of what is needed	1
Team building is always helpful to review for new members if people transition out of their jobs	1
The training topics and courses developed by the Children's Justice Task Force Training Team and PCAA are comprehensive and valuable to all involved in child abuse investigations.	1
Training on how the various agencies can work more closely together would be helpful	1
What is MDT and CPT? The difference.	1

14. Lastly, please indicate your level of awareness or involvement in other multidisciplinary efforts that may be occurring in the county in which you primarily work

	Actively Participating In This Team	Aware Of Team But Not Actively Participating	Not Aware That This Is Occurring
Sexual Assault Response Team (SART) (n=34)	8	9	17
Domestic Violence Coordinated Community Response Team (CCRT) (n=34)	8	14	12
Domestic Violence Fatality Review Team (DVFRT) (n=36)	14	16	6

15. Do you have any other comments or concerns that you care to share with us regarding joint child abuse investigations in your county, or comments or concerns with the survey? Please feel free to share any other thoughts you may have in the space below. (n=9)

Response	n
Aid with small rural counties in investigative assistance would be great.	1
Attend the meetings at tribal level not state.	1
Funding is needed to keep the Youth Council, a node of coordination, functioning	1
I would like to see OCWI include a medical member to their team at a regional level. This would ensure appropriate processing of cases on an interagency bases and from underserved regions of the state.	1
Please feel free to just ask if you need any assistance with this project or survey. I am willing and happy to help.	1
Thank you for your survey, I appreciate your inquires. I believe that there needs to be more coordination between DCS and LE regarding joint investigations and any future training in this regard would be helpful. Thank you. Also we do not have a SART Team. We do have medical staff from Phoenix Children's Hospital in house 5 days a week split between both Centers and the assigned detectives on these cases depend on the jurisdiction of case occurrence.	1

Response	n
The joint investigation protocol was reinforced when we applied for National Accreditation and that required all of the team members to come to the table and update their section of the MDT protocol.	1
The question asked regarding if we have a MDT in our county what advocacy centers does it use doesn't really make sense to me. Each advocacy center has their own MDT in Maricopa County.	1
We actively participate in the 3 teams listed in 14, however, I truly believe it is wasted money and effort if nothing comes of it. CCRT does put on good community awareness events, but we don't have to pay hundreds of thousands of dollars to have a CCRT to put on awareness events.	1

## Appendix E: Child and Family Advocacy Centers Associated with MDTs, by Arizona County

County	Primary child or family advocacy center for MDT
<b>Apache</b>	None
<b>Cochise</b>	None (and no active MDT)
<b>Coconino</b>	<p><b>Safe Child Center***</b>  Flagstaff Medical Center  1200 N Beaver St, West Campus  Flagstaff, AZ 86001  (928) 773-2053  <i>MDT is based here</i></p>
<b>Gila</b>	<p><b>ChildHelp- Gila Children’s Advocacy Center</b> (In cooperation with ChildHelp mobile unit)  (928) 978-2490</p>
<b>Graham</b>	None (and no active MDT)
<b>Greenlee</b>	None (and no active MDT)
<b>La Paz</b>	None
<b>Maricopa</b>	<p><b>ChildHelp Children’s Center of Arizona***</b>  2120 N Central Ave, Ste 130  Phoenix, AZ 85004  (602) 271-4500</p> <p><b>City of Phoenix Family Advocacy Center</b>  2120 N Central Ave, Ste 250  Phoenix, AZ 85004</p> <p><b>Glendale Family Advocacy Center*</b>  4600 W Glendale Ave  Glendale, AZ 85301  (623) 930-3720</p> <p><b>Mesa Family Advocacy Center***</b>  130 N Robson  Mesa, AZ 85201  (480) 644-4075</p> <p><b>Scottsdale Family Advocacy Center**</b>  10225 E Via Linda  Scottsdale, AZ 85258  (480) 312-6309</p> <p><b>Southwest Family Advocacy Center***</b>  2333 N Pebble Creek Pkwy, Ste A-200  Goodyear, AZ 85395  (623) 333-7900</p> <p><i>Separate MDT based out of each center, with some co-location of agencies.</i></p>

\*\*\*NCA Accredited Member    \*\*NCA Associate/Developing Member    \*NCA Affiliate Member

County	Primary child or family advocacy center for MDT
<b>Mohave</b>	<p><b>H.A.V.E.N. Family Resource Center**<sup>12</sup></b>            2174 McCulloch Blvd N            Lake Havasu City, AZ 86403            (928) 505-3153  <i>Southern Mohave County MDT is based here</i></p> <p><b>Sarah's House**</b> (Closed)  <i>Northern Mohave County MDT was based here</i></p>
<b>Navajo</b>	<p><b>Navajo County Family Advocacy Center**</b>            902 E Deuce of Clubs            Show Low, AZ 85901            (928) 532-6047  <i>MDT is based here</i></p> <p>Governmental Complex            100 E Code Talkers Dr.            Holbrook, AZ 86025  <i>Second location</i></p>
<b>Pima</b>	<p><b>Southern Arizona Children's Advocacy Center***</b>            2329 E Ajo Way            Tucson, AZ 85713            (520) 243-6420  <i>MDT is based here with some co-location of agencies</i></p>
<b>Pinal</b>	<p><b>Pinal County Attorney's Family Advocacy Center***</b>            4045 Coolidge Ave            Eloy, AZ 85223            (520) 866-7500  <i>MDT is based here with some co-location of agencies</i></p> <p>San Tan Valley Family Advocacy Center            36375 N Gantzel Rd. Suite 101            San Tan Valley, AZ 85140  <i>Location opened December 2014, efforts are underway to establish a second core MDT team here</i></p>
<b>Santa Cruz</b>	None
<b>Yavapai</b>	<p><b>Yavapai Family Advocacy Center***</b>            Prescott Valley, AZ            (928) 775-0669  <i>MDT is based here</i></p>
<b>Yuma</b>	<p><b>Amberly's Place**</b>            1350 W Colorado St            Yuma, AZ 85364            (928) 373-0849  <i>MDT is based here</i></p>

\*\*\*NCA Accredited Member    \*\*NCA Associate/Developing Member    \*NCA Affiliate Member

<sup>12</sup> NCA site visit for full accreditation occurring in May 2015

## Appendix F: Recommendations for Clarification and Guidance of A.R.S. § 8-817

Below are suggestions for questions to answer and clarifications to issue for the Arizona statute regarding joint investigations of child abuse.

A.R.S. § 8-817(B):

*To ensure thorough investigations of those accused of crimes against children, in each county, the county attorney, in cooperation with the sheriff, the chief law enforcement officer for each municipality in the county and the department shall develop, adopt and implement protocols to guide the conduct of investigations of allegations involving criminal conduct. The protocols shall include:*

### *1. The process for notification of receipt of criminal conduct allegations.*

- Consider offering guidance to explain whether this requirement includes some or all of the following:
  - How a call to the DCS hotline reporting criminal conduct is handled
  - How law enforcement should notify DCS when on a scene where criminal conduct is suspected
  - How DCS should notify law enforcement when on a scene where criminal conduct is suspected
  - How the MDT facilitator should notify the team that a new case has been taken on
- Are there any legal requirements for this process? If so, consider sharing these with the counties.
- Consider sharing best practices for this process.

### *2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations.*

- Does “standards” mean a way to designate a case as a specific type of abuse or neglect or is it referring to procedures for conducting the investigation?
  - If the latter, this is a very broad statement and is an area where more specific guidance could be provided to counties, incorporating best practices for investigations.
- Provide guidance on what constitutes a “timely” forensic medical evaluation and how that may vary based on the specific circumstances.

### *3. The standards for interdisciplinary investigations involving Native American children in compliance with the Indian child welfare act.*

- Very few protocols specify much about this beyond that they will comply with the ICWA.
- More guidance is needed as to how to comply with the ICWA and how to handle different types of situations involving Native American Children (e.g. combinations of native/non-native victims and offenders and whether abuse happens on/off tribal land.)
- Also specify when and how the FBI and/or BIA should be involved.

*4. Procedures for sharing information and standards for the timely disclosure of information.*

- This is an area in which most protocols lack significant detail. Some might specify how some information is shared between some of the parties, but very few present a detailed process for sharing information among all agencies throughout the case.
- Guidance on what constitutes “timely” disclosure of information and how this might vary depending on the type of information, the circumstances of the case, and who is sharing it with whom.
- The State may wish to recommend best practices as far as having MOUs in place, having confidentiality agreements signed by case review participants, etc.

*5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status and standards for the timely disclosure of related information.*

- This is very broad and seems to cover the entire purpose of the protocol. It also seems to be related to items 1, 2, and 4 but it is unclear if it is referring to the same things.
- What constitutes “other involved professional disciplines”? Is this referring to agencies other than DCS or law enforcement? If so, this should be clarified.
- Coordination – To what extent should coordination procedures be clarified in the protocol? This could be an area to recommend best practices.
- Response – What “response” is being referred to? The initial response? By whom? Is this related to or the same as “notification of case status”?
- Investigation – Is this the entire investigative process undertaken by the MDT? If so, provide specific guidance incorporating best practices to enable counties to know what is expected.

*6. The training required for the involved child safety workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.*

- If the State has recommendations or requirements for training, this should be communicated to the counties.
- Does this include training required by their professional position or just the additional training that should be completed to be part of the MDT?
- The state may wish to recommend or require that all MDTs provide training on the protocol to all members and that joint trainings be held to encourage team functioning and communication.

*7. The process to ensure review of and compliance with the investigation protocols and the reporting of activity under the protocols.*

- Currently the extent of this seems to be quite limited both within the protocols and in practice.
- Many counties are interested in revising their protocol but there is a lack of clarity about who should or can be in charge of that process.
- Many counties refer to the protocol when discussing cases during case review – this practice should be encouraged.

*8. Procedures for annual reports to be transmitted within forty-five days after the end of each fiscal year independently from the department and each county attorney to the governor, the speaker of the house of representatives and the president of the senate and a copy of this report to be provided to the secretary of state. Each agency must submit a separate report. Each report made pursuant to this paragraph must be independently prepared and submitted without any input from or communication with the other reporting entities. Each report is a public document and shall include:*

*(a) The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the investigation protocols established in this subsection.*

*(b) Information from each county attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.*

*(c) The reasons why a joint investigation did not take place.*

- These procedures could be clarified in terms of which agency/ies are required to submit a report, what it should include, and which agencies are allowed to collaborate on reports (i.e. multiple law enforcement agencies submitting one report, or the county attorney receiving info from law enforcement agencies)
- The terms used should be defined (e.g. what is the official definition of a “joint investigation”?)
- The State should make an effort to make these reports publicly available.
- Consider encouraging counties to include with these reports an explanation of any issues with collecting, analyzing or reporting data. This can help to place the reported data in context as well as identify possible approaches to improving the accuracy of the data.
- The requirements do not speak to the level of involvement of the MDT. Consider issuing recommendations or requirements for MDTs to report on their activities, attendance, and the involvement of each agency.

*9. Procedures for dispute resolution.*

- Most protocols do include some sort of procedure, but the degree of specificity varies greatly.
- The state may wish to recommend best practices for such dispute resolution, and ensure that there are procedures that go beyond law enforcement and DCS.

## **Appendix G: Best Practices for Multidisciplinary Investigations of Child Abuse**

The following is a listing of selected best practices for multidisciplinary teams, child advocacy centers, and limiting secondary trauma to child abuse victims. The list is not exhaustive, but provides suggested practices based on the literature review conducted by PPP and discussions with MDT coordinators and participants across Arizona.

\*Indicates a standard included in the National Children's Alliance *Standards for Accredited Members (Revised 2011)*, which contains more extensive practices for CACs and MDTs and is available at [http://www.nationalchildrensalliance.org/sites/default/files/download-files/NCARevisedStandardsforMembers\\_0.pdf](http://www.nationalchildrensalliance.org/sites/default/files/download-files/NCARevisedStandardsforMembers_0.pdf).

### **MDT Composition**

#### *Team Members and Participating Agencies*

- The MDT includes the three necessary members: law enforcement, child protective services, and prosecution
- The MDT includes these other key members:
  - Mental/behavioral health provider\*
  - Victim advocate and/or court-appointed advocate\*
  - Medical professional\*
- The MDT is connected to or based out of a child advocacy center or family advocacy center (CAC)
- The FBI is included on the MDT (if in an area that includes federally recognized Indian Country and/or government reservations where FBI has jurisdiction)

### **MDT Functioning**

#### *Protocol Use and Revision*

- The multidisciplinary protocol reflects current structure and practices.
- There is a clear process or plan for making revisions to the protocol.
- Team members are familiar with the protocols and follow them on a regular basis.
- Case reviews include references to the protocols.

#### *Team Operations*

- The importance of regular contact/collaboration is emphasized/mentioned throughout the protocol
- Some or all team members are co-located\*
- The MDT works together on a regular basis (e.g. throughout the investigation) rather than just when required (e.g. attending case review).
- Attendance at case reviews and other MDT meetings is consistent.

*Conflict Resolution*

- The protocol specifies procedures for conflict resolution
- Personality or interagency conflicts do not inhibit the functioning of the MDT.
- Mutual respect among members is strong.

*Sustainability*

- Overall, commitment to the MDT is found at the upper levels of the agencies involved
- The county attorney displays commitment to having an active MDT.
- The MDT has adequate funding to support the necessary facilities, resources, and staff.
- The MDT has been in contact with MDTs from other counties to learn about joint investigations, get ideas for protocol revisions, etc.
- The MDT exchanges information, services, or other resources with MDTs from other counties.
- There is a strong infrastructure for the MDT that goes beyond personal relationships between current members.

**Investigative Procedures***Forensic Interview*

- Interviews are conducted by trained forensic interviewers\* (And there are enough trained forensic interviewers to meet the need)
- Interviews take place at a child advocacy center (CAC)\* or, interviews do not take place at a CAC but a child-friendly location is used.
- Interviews do not take place at home or school unless absolutely necessary\*
- Efforts are made to minimize duplication of information gathering from the child and non-offending family members, including the forensic interview\*
- Interviews are recorded (video or audio) or conducted in a facility that allows for live observation by MDT members\*
- MDT members with investigative responsibilities are routinely present for the forensic interview(s)\*

*Medical Examination*

- The protocol specifies the circumstances under which a medical evaluation is recommended and how medical emergency situations should be addressed
- Medical examinations are conducted by trained forensic medical professionals\*
- Medical examinations take place at a CAC\* or, medical examinations do not take place at a CAC but a child-friendly location is used\*
- The medical evaluation is coordinated with the MDT in order to avoid duplication of interviewing and history taking
- Specialized medical evaluations are available and accessible to all clients regardless of ability to pay\*

### *Special Populations*

- The MDT displays cultural competency in conducting joint investigations and in working with children and families\*
- The MDT has procedures in place for working with victims who are preverbal or nonverbal, who have developmental disabilities, and/or speak a language other than English
- The MDT has procedures in place for interdisciplinary investigations of Native American Children (in compliance with the Indian Child Welfare Act)

### **Case Review and Management**

#### *Case Review*

- Case review occurs on a routine and frequent basis\*
- Representatives routinely participating in case review include, at a minimum:
  - Law enforcement
  - Child protective services
  - County attorney
  - Medical
  - Mental/behavioral health
  - Victim advocate and/or child or family advocacy center staff
- Case reviews are led by an objective facilitator
- Case review involves discussion of ongoing cases

#### *Data Sharing and Tracking*

- Procedures are in place for tracking case progress and outcomes\*
- MDT agencies have a shared case tracking system
- MDT agencies use a common identifier for cases tracked by multiple agencies
- Agencies sign data sharing agreement(s)
- Confidentiality agreement/policy
- Procedures are in place for sharing information in a timely manner

### **Victim Support**

#### *Advocacy and Mental Health Supports*

- Victims are provided with comprehensive and coordinated victim support and advocacy services\*
- Specialized trauma-focused mental health services are routinely made available to victims (either directly or through linkage agreements)\*
- Mental health services are routinely made available to non-offending family members (either directly or through linkage agreements)\*
- Both crisis intervention and ongoing support services are made available\*

**Accountability***Training*

- MDT members have the necessary training in order to conduct joint investigations, including training in forensic interviewing
- MDT members participate in team trainings that focus on cross-training and on how to work together effectively as a team\*
- New members receive training on the protocols
- Peer review of forensic interviewers is used for purposes of quality improvement and professional development\*

*Evaluation*

- The MDT regularly solicits, collects, and analyzes feedback from the following sources for use in improving team functioning and processes:
  - Team members
  - Other agencies the MDT works with
  - Children and families who go through a joint investigation
  - A combination of internal and external evaluation approaches is used