Chapter Core Services Grant Eligible Objectives & Activities List

In your application, please refer to the activity you will focus on by listing the code that corresponds with the activity, as shown below in the chart below.

CODE	OBJECTIVE/ACTIVITY
1	Coordinate/conduct annual pre-service training for forensic interviewers, victim advocates, and medical professionals
	providing forensic medical evaluations, and mental health clinicians in evidence-based assessments and treatment.
2	Coordinate/conduct continuing education for forensic interviewers, victim advocates, and medical professionals
	providing forensic medical evaluations, and mental health clinicians.
3	Conduct/coordinate statewide medical peer review, forensic interviewer peer review, victim advocacy consultation, and
	mental health clinical supervision.
4	Coordinate/conduct annual continuing education required for MDT professionals tailored to the unique needs, laws,
	and regulatory environment of a state (including through statewide conferences and stipends to state and national conferences).
5	Coordinate/conduct training for forensic interviewers regarding their role as expert witnesses at trial.
6	Improve access to medical care by coordinating medical preceptorships, coordinating medical service coverage, and
O	partnering with academic programs to create a pipeline of medical professionals prepared to serve abused children.
7	Improve access to mental healthcare by partnering with academic programs to develop a pipeline of trained
Í	professionals, implementing tele-mental health where needed, and identifying and deploying mental health consultants,
	as necessary to address rural issues.
8	Coordinate/conduct pre-service and continuing education for CAC leadership and staff on issues that impact direct
	service provision to children.
9	Coordinate/conduct pre-service and ongoing training, support and consultation to CAC leaders and Boards to ensure
	fidelity to the CAC model and improve CAC operations. This includes accreditation support, Board development,
	strategic planning, community assessments to improve access, trauma-informed organizations, succession planning and
	executive transition, employee compensation, crisis preparedness and critical incident response, data management,
11	fiscal and legal compliance, and sustainability. Coordinate/conduct training, consultation, and support to improve the multidisciplinary response through: team
11	facilitator training and support; protocol development, conflict resolution, case review, and cross-discipline training.
12	Provide technical assistance to local communities interested in developing a CAC.
13	Provide individualized consultation to CACs in their state interested in improving their services in a specific area.
14	Provide education and consultation on serving children with special needs, non-English-speaking children, children
	with disabilities, and underserved populations.
15	Implement statewide database, analyze state data collection, and consult with CACs on case management to improve
	case and child outcomes. Implement or provide forensic interview recording management
	statewide. Conduct/coordinate related HIPAA, cybersecurity, and state privacy law training and consultation. Provide
	support and consultation on outcome measurement system.
16	Educating CACs and MDTs about ever-evolving child abuse trends and needs (ie. CSEC, trafficking, CSAM, etc.).
17	Broker services for CACs within the state and collaborate with NCA, RCACs, and VOCAA Partners to coordinate
18	needed support. Responsibly sourcing and group purchasing operations equipment (recording equipment for forensic interviews,
10	medical equipment, and tele-mental health equipment) for CACs.
19	Conducts/coordinates victim education and outreach re: the availability of CAC services and mandatory reporter
	training to recognize signs of abuse and how to report it.
20	Analyzes child abuse data within a state, and existing resources, to locate areas in which more MDT/CAC development
	or deployment of satellite services may be needed and coordinates this with existing CACs within the state.
21	Develop new CACs underserved areas of the state in partnership with local communities.
22	Develop and maintain strategic partnerships with state-level MDT partner organizations to educate partner agencies
	about the benefits of the CAC model, improve CAC services, address emerging issues, and create innovative responses
25	to child abuse.
23	Developing/improving data-sharing systems between MDT partner agencies at the State level and the Chapter (and
	CACs and local partner agencies).