National Children's Alliance®

The Force Behind
Children's Advocacy Centers

Strategic Plan
2023-2028

Every five years, National Children's Alliance (NCA) embarks on a comprehensive and iterative strategic planning process, the goal of which is to ensure a diverse, inclusive, and equitable process for gathering the collective wisdom of our membership, strategic partners, staff and board members into the direction of the organization. This year's process, called Project Advance, builds on the success of our last strategic planning process by using several strategies to gather feedback and clarify ideas.

To begin, we implemented a crowdsourcing process that included 505 individuals who submitted their ideas for consideration, voted on those ideas and then chose ideas by their feasibility and impact on the Children's Advocacy Center (CAC) movement. Following that we included surveys, committee participation, and leadership meetings. After the initial phase of information gathering and synthesizing, Leadership Conference attendees and focus groups were used to seek additional feedback and clarification. A diversity, equity, and inclusion consultant was also hired to advise NCA and ensure that diversity and access were a part of the entire process and embedded in the final plan. NCA is proud to present the following plan that represents the nationwide CAC movement in our collective effort to help children heal from abuse.

The structure is noted and defined as follows:

Strategic Priorities: Goal Statement

◎ **Objectives**

♟ **Strategic Activities**

The **Strategic Priorities** are the focus areas the organization has over the next five (5) years. They are accompanied by a **Goal statement** which describes why the organization will invest their resources here. The **Objectives** within each strategic priority indicate where effort will be directed. The **Strategic Activities** include new work items, as well as those currently planned or underway [1].

In review and discussion of this plan, our DEI partners at NonProfit HR recommended that DEI be formally recognized as a foundational strand across all of NCA's Strategic Priorities, Objectives, and Strategic Activities. All levels of content will be reviewed with an equity lens and success measurements created will also intentionally include outcomes that advance DEI.

In application this means that strategies previously categorized under the DEI heading now exist within several Strategic Priorities (primarily in Strengthening Practice, Leadership and Workforce Development, and Organizational Excellence). This reassignment aligned with not only the CACs feedback about DEI's importance to their functioning but also because NCA's commitment to DEI should uplift the CACs and the MDTs they serve.

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1 **Of note:** The tactics are not included in this Strategic Planning Framework and report as those would be documented –in staff work plans and support the strategic plan.

Here is a look at how the five Strategic Priorities work together holistically to fulfill the mission of the NCA:

1

Strategic Partnerships

NCA acts as a strategic convener of organizations and agencies across the child abuse intervention space. We serve as a collaborative partner in the wider child maltreatment field, including prevention. NCA leverages our collaborations and partnerships to strengthen the CAC model, advance practice in the field and to improve how children and families from all backgrounds and geographic locations are served.

2

Strengthening Practice

NCA advances consistent, inclusive, evidence-supported practice across the field to ensure access to high-quality care and improved outcomes for child victims and their families. We do this through accreditation of CACs and Chapters, measuring outcomes, disseminating advances in science, and addressing service inequities and gaps.

3

Awareness and Capacity Building

NCA amplifies the voice and lifts up the work of CACs and Chapters through advocacy, grantmaking, marketing, and providing opportunities for peer-sharing. These supports are tailored to the needs of the field and address our diverse audiences.

4

Leadership and Workforce Development

NCA values growing a strong and innovative workforce. By partnering, collaborating, and convening, NCA provides education and training opportunities to nurture a best-in-class workforce that strives to reflect the children and families it serves.

5

Organizational Excellence

NCA is committed to organizational excellence, ensuring a fiscally sound and effectively governed organization with a strong and innovative workforce that creates value for –its members.

1. Strategic Partnerships

NCA acts as a strategic convener of organizations and agencies across the child abuse intervention space. We serve as a collaborative partner in the wider child maltreatment field, including prevention. NCA leverages our collaborations and partnerships to strengthen the CAC model, advance practice in the field and to improve how children and families from all backgrounds and geographic locations are served.

Objectives

1. Identify national partners that strengthen the CAC model and service delivery
2. Increase collaborations to address issues identified by the field in the strategic plan
3. Expand the use of research and collaboration to serve our network

Strategic Activities

1. Partner with judicial associations to raise the level of judicial knowledge about the work of CACs, child sexual abuse dynamics, and trauma treatment
2. Partner to expand and disseminate evidence supported prevention strategies
3. Advocate for evidence-supported prevention policies and rule making at the federal level
4. Partner with national organizations to address the gap in providing guidance, tools and support to working with caregivers to support child victims
5. Partner to address the gap in, and provide guidance and tools for, working with caregivers to support –child victims

2. Strengthening Practice

NCA advances consistent, inclusive, evidence-supported practice across the field to ensure access to high-quality care and improved outcomes for child victims and their families. We do this through accreditation of CACs and Chapters, measuring outcomes, disseminating advances in science, and addressing service inequities and gaps.

Objectives

1. Identify and partner with national stakeholders, VOCAA Partners, Chapters, and CACs to advance practice
2. Expand trainer pool and training opportunities in support of accreditation
3. Strengthen the accreditation process
4. Expand availability of evidence supported mental health training
5. Disseminate research findings and their implications for practice
6. Strengthen the ability of the field to collect, measure, and respond to the findings of child outcome data, consumer data, and MDT satisfaction survey data
7. Improve the ability of CACs to identify and address service disparities and inequities as well as gaps in access

1. Leverage Chapter support and strengthen their ability to train and provide technical assistance to their CACs on accreditation
2. Offer increased training opportunities, tools, and resources that address common barriers to encourage CACs to grow in their membership toward accreditation
3. Ensure accreditation site reviewers are diverse, well-trained and consistent
4. Launch and operationalize the mental health institute to strengthen mental health practices by expanding access to training for clinicians on evidenced-based treatments, including problematic sexual behaviors
5. Develop and implement a funding strategy to support the mental health institute
6. Continue to use multi-modal and innovative communications approaches to disseminate research findings with implications for CAC practice
7. Train and support CACs in collecting child mental health outcome data
8. Expand our Outcome Measurement System to include additional field-driven measures
9. Create a collaborative workgroup to develop tools, training, and resources on identifying and addressing service gaps, inequities, and disparities for CACs

3. Awareness and Capacity Building

NCA amplifies the voice and lifts up the work of CACs and Chapters through advocacy, grantmaking, marketing, and providing opportunities for peer-sharing. These supports are tailored to the needs of the field and address our diverse audiences.

Objectives

1. Advocate federally for increased financial support of CACs and Chapters
2. Provide expert consultation for Chapters seeking state appropriations
3. Identify and respond to the unique needs of rural and indigenous CACs
4. Improve the use of shared resources to support CACs and Chapters
5. Increase national awareness for CACs purpose

Strategic Activities

1. Assess and advocate for diversified and consistent funding mechanisms for Chapters and CACs
2. Align the grants structure with strategic plan, OJJDP approved funding strategy, and in ways that strengthen access and collaboration
3. Develop an inclusive process to conduct a needs assessment of rural CACs
4. Complete and evaluate 5-year grant program developing CACs on Alaska Native and tribal lands
5. Create a national campaign that tells the CAC story that can be used by CACs and Chapters
6. Expand content on NCA Engage to include information on trainings and resource alignment with accreditation requirements

4. Leadership and Workforce Development

NCA values growing a strong and innovative workforce. By partnering, collaborating, and convening, NCA provides education and training opportunities to nurture a best-in-class workforce that strives to reflect the children and families it serves.

Objectives

1. Work in partnership with CACs, Chapters, RCACs, and other national stakeholders to strengthen the CAC workforce
2. Work in partnership with Chapters, RCACs, and other national stakeholders to strengthen the Chapter workforce
3. Integrate new leaders into the workforce
4. Work in partnership to develop supports for BIPOC leaders in the field
5. Identify and implement strategies to create and support leadership pathways for BIPOC staff

Strategic Activities

1. In partnership with RCACs and other stakeholders, vet the development of a collaborative Leadership Institute to strengthen the business practices within CACs and Chapters, and ground new leaders in the field's core values
2. Continue to include and expand the business practices track at the annual Leadership Conference and enhance skills trainings through other training opportunities and events
3. Conduct a CAC salary and staffing survey every two (2) years to inform hiring practices in the field
4. Develop workforce recruitment and retention strategies to build a diverse pipeline including working with academic institutions on the development of the workforce pipeline
5. Create an inclusive process to gather information about supports that BIPOC leaders would find helpful and implement strategies to respond to those findings
6. Create an inclusive process to identify what is needed to improve leadership pathways for BIPOC staff and implement strategies to address those findings

5. Organizational Excellence

NCA is committed to organizational excellence, ensuring a fiscally sound and effectively governed organization with a strong and innovative workforce that creates value for its members.

Objectives

1. Improve internal data management and communication with the field through the implementation of an Association Management System (AMS)
2. Strengthen the NCA workforce in service of the execution of the NCA Strategic Plan
3. Strengthen the fund development function in order to increase resources needed to execute the NCA Strategic Plan
4. Strengthen the use of the DEI strategic lens in program planning

Strategic Activities

1. Evaluate and implement an association management system
2. Align the NCA workforce and internal programs to the NCA Strategic Plan
3. Utilize the discipline of expanding programs at the rate of expanded resources to avoid overtaxing existing staff and under-capitalizing new efforts.
4. Provide professional development opportunities to grow the skillset of the staff and enhance staff retention
5. Provide the tools, resources, and staffing necessary to successfully execute the Strategic Plan
6. Conduct salary assessments every three (3) years to ensure competitive pay and benefits and pay equity
7. Complete the DEI Organizational Assessment currently underway and implement strategies to address its findings
8. Expand program planning to be more inclusive, using both DEI experts and those with lived experience
9. Expand the fund development staff and fundraise strategically to support new and innovative initiatives
10. Align Board structure and committees to support the Strategic Plan
11. Strengthen our efforts to build a more diverse Board
12. Ensure transparency across the membership on NCA's Strategic Plan by sharing progress toward goals on a regular basis
13. Expand the use of inclusive processes, DEI experts and those with lived experience in program planning

Strategic Plan Framework: From Mission to Action

Mission	NCA's mission is to promote and support communities in providing a coordinated investigation and comprehensive response to child victims of abuse through Children's Advocacy Centers and multi-disciplinary teams.

Core Values	Integrity　　Excellence　　Results-Oriented　　Teamwork　　Inclusion

Stakeholders	CACs　　Chapters　　Regionals　　MDT Partners　　Federal Partners　　Board　　Staff

Strategic Priorities	1. Strategic Partnerships	2. Strengthening Practice	3. Awareness & Capacity Building	4. Leadership & Workforce Development	5. Organizational Excellence
	Strategic Lens — Diversity, Equity, Inclusion and Access will be reviewed and addressed across strategic themes to make intentional improvement and growth.				
Objectives	• Identify national partners that strengthen the CAC model and service delivery • Increase collaborations to address issues identified by the field in the strategic plan • Expand the use of research and collaboration to serve our network	• Identify and partner with national stakeholders, VOCAA Partners, Chapters, and CACs to advance practice • Expand trainer pool and training opportunities in support of accreditation • Strengthen the accreditation process • Expand availability of evidence supported mental health training • Disseminate research findings and their implications for practice • Strengthen the ability of the field to collect, measure, and respond to the findings of child outcome data, consumer data, and MDT satisfaction survey data • Improve the ability of CACs to identify and address service disparities and inequities as well as gaps in access	• Advocate federally for increased financial support of CACs and Chapters • Provide expert consultation for Chapters seeking state appropriations • Identify and respond to the unique needs of rural and indigenous CACs • Improve the use of shared resources to support CACs and Chapters • Increase national awareness for CACs purpose	• Work in partnership with CACs, Chapters, RCACs, and other national stakeholders to strengthen the CAC workforce • Work in partnership with Chapters, RCACs, and other national stakeholders to strengthen the Chapter workforce • Integrate new leaders into the workforce • Work in partnership to develop supports for BIPOC leaders in the field • Identify and implement strategies to create and support leadership pathways for BIPOC staff	• Improve internal data management and communication with the field through the implementation of an Association Management System (AMS) • Strengthen the NCA workforce in service of the execution of the NCA Strategic Plan • Strengthen the fund development function in order to increase resources needed to execute the NCA Strategic Plan • Strengthen the use of the DEI strategic lens in program planning

APPENDIX

The Strategic Planning informational inputs include the content received from the field on the seven selected topics. Content on these topics came via focus groups, paper surveys (75) and online surveys (28) that were completed during the annual Leadership Conference.

We have distilled the content into the insights below. This content and the feedback received will also be shared with the Senior Leaders so that they can use the field's suggestions to inform their work plans in service of the agreed upon Objectives.

Insight Summary from focus groups and surveys:

The following topic areas were identified by NCA Leadership as a result of the Phase 1 and 2 strategic planning processes. These topic areas were identified as needing further exploration.   Questions were consistent across each topic area, with an emphasis on the topic area and gaining a deeper understanding of the role (if any) that NCA could play in support of these ideas. Participants were identified through the Phase 1 and 2 processes as either having voted (1 or 2 token) for these ideas or selected by NCA Leadership based on their knowledge and perspectives on these topic areas. In total, there were 30 participants who attended the focus groups and 75 people who submitted responses via paper surveys during the Leadership Conference. The following is a summary of each focus group as the participants were assured that their comments and feedback would be de-identified.

Meeting Name: Leadership Institute

- Focus group
- Key Idea: Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing

Summary of Feedback by Question:

Why is this idea beneficial to the CAC?

- Succession planning is critical for CAC growth and sustainability
- Many CAC Directors acknowledge gaps in business experience and would benefit from business management support
- CAC Directors are unique - many of them have risen through the ranks. If we want to hire externally, we need to figure out how to successfully on-board and train external candidates since they won't have years of field experience.
- The history of the CACs and the movement can continue to be shared and memorialized

What do you see as NCA's unique role in supporting this activity?

- NCA has established themselves as a convener and could bring like-minded folks to the table to build and support this initiative
- NCA would be able to build more consistency and replicability between and across CACs.

- NCA could build a mentorship/peer support program potentially with a focus on matching Directors based on CAC size, needs, experiences, etc.
- Would not want funds deferred from current CAC support to create this but would want it to be a separate funding strategy

What other voices should be included?
- Chapters role is key
- Some regionals already have Leadership programs that this can be modeled after or supported to reach more people
- What concerns or challenges do you see in addressing this work?
- NCA is membership and accreditation organization and is this their role or should they be the convener or funder of this
- How can NCA maximize and expand what already exists? At specific gatherings or within regional efforts

Have we missed anything?
- Need to ensure that there are virtual options for participation
- How can the standards support the Directors receiving the necessary training.

Meeting Name: Chapters

- Focus group
- Key Topic: Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, and program expansion as well as assistance in meeting the accreditation standards.

Summary of Feedback by Question:

Why is this idea beneficial to the CAC?
- There is a lot of turnover at the local level and Chapters serve as a 'hub' for support

What do you see as NCA's unique role in supporting this activity?
- Chapters can support CACs with meeting accreditation standards
- Can create a national work group on national funding strategies as well as advocacy, administrative advocacy & cultivation
- NCA can create clarity on the role of each level (NCA, Regional, Chapter) - who is providing what?
- Hiring a staff member focused just on chapter support and development. Could facilitate peer-connections and share success stories

What other voices should be included?
- Chapters of all sizes and needs as this can vary and their level of sophistication and needs will vary depending on their size and funding
- Partners in the space like DV, Prevent Child Abuse; to learn what they are doing

Are you currently doing to advance this area that you feel is working well?
- Offering telemental health model across region; not just state
- Peer learning and mentorship

What concerns or challenges do you see in addressing this work?
- Need for Chapters to have a better understanding of their state legislation
- Need for varied funding for Chapters (not just VOCA dependent)
- Chapters are bogged down with staff turnover and the ability to create sustainability
- Need for transparency from NCA to Chapter to Regionals

Have we missed anything?
- Consider how the OMS data can be used (for kids and caregivers) on need identification; use qualitative data
- Desire to see Chapter census data and Needs Assessment to see what others are experiencing

Meeting Name: Judges

- Focus group and question asked at Leadership Conference of attendees and online participants
- Key topic: Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs

Summary of Feedback by Question:

Why is this idea beneficial to the CAC?

- There is a lack of understanding of child abuse from judges; this could improve outcomes for children
- Need to offer training and the 'right' language
- Educate partners in the system so that we are all working in a child-centered way

What do you see as NCA's unique role in supporting this activity?

- Approaching from a national level can take the 'politics' out of the relationship with judges
- Creating curricula for judges
- Engagement of prosecutor and FI to work with the judge/courtroom
- Can NCA survey judges to learn what they need

What other voices should be included?

- Desire to approach military judges as well

Are you currently doing to advance this area that you feel is working well?

- Getting a few key judges on board to spread the 'model' word of mouth
- Looking at the CASA model

What concerns or challenges do you see in addressing this work?

- This is a culture shift which takes time and patience
- 'Bias' that some judges express when working with CAC staff

Have we missed anything?

- Reaching judges before they are judges (i.e. in law school)

Meeting Name: Non-Offending Caregivers

- Focus group
- Key topic: Provide guidance and tools for working with non offending caregivers

Summary of Feedback by Question:

Why is this idea beneficial to the CAC?

- Supports the long-term health of children

What do you see as NCA's unique role in supporting this activity?

- Identification of an evidence-base to support interventions (i.e. motivational interviewing)
- Offering financial/resource support to parents/caregivers
- Advocacy/legislation on women's rights/affordable childcare, etc. to help during these times

What other voices should be included?

- Focus groups with caregivers
- Hotline for caregivers
- CPS

Are you currently doing to advance this area that you feel is working well?

- Motivational Interviewing
- Parental Peer Support Models

What concerns or challenges do you see in addressing this work?

- Complexity of home dynamics in some cases
- State by state laws differ
- Capacity of staff

Have we missed anything?

- Other examples of it working well?
- Curriculum for Victim Witnesses to utilize
- Victim Advocates Training
- Program called Where We Live - specifically for non-offending caregivers which provides them information on grooming to help recognize the signs and symptoms.

Meeting Name: Medical

- Focus group and question asked at Leadership Conference of attendees and online participants
- Key Topic: Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.

Summary of Feedback by Question:

Why is this idea beneficial to the CAC?

- Access to medical staff is critical (and necessary) but the pipeline and costs are challenged
- There is a nationwide shortage of medical professionals to help support our work. Without them, things operate slower and we're not as effective.

What do you see as NCA's unique role in supporting this activity?

- More education/knowledge during medical/nursing school
- Telehealth options from an evidence based lens
- Dedicating funding or tuition reimbursement toward filling the pipeline for these roles

What other voices should be included?

- Child abuse physicians (and pediatrians)
- The Helfer Society (working on training more physicians)

Are you currently doing to advance this area that you feel is working well?

- Some states have expanded resources due to mandates (i.e. Oregon and Carly's law)
- Utilizing nurse practitioners

What concerns or challenges do you see in addressing this work?

- This is a culture shift that needs to start earlier in careers to build the pipeline
- We also need to educate people in Emergency Departments. I think these people may be being overlooked and are under-trained on what to look for.

Have we missed anything?

- Addressing tail coverage for CAC staff

Meeting Name: Rural

- Focus group
- Key Topic: Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately

Summary of Feedback by Question:

Why is this idea beneficial to the CAC?

- Rural CACs are hardest to resource
- Improved access and outcomes for children and families

What do you see as NCA's unique role in supporting this activity?

- More virtual trainings as its hard to travel when so rural
- More support/references for grant writing; rural centers often don't have this expertise
- Consider rural accreditation standards that may be different for their population and center size
- Evaluate the current reimbursement grant model as this is hard for small CACs

What other voices should be included?

- National District Attorneys
- Center for Court Innovation
- Zero Abuse

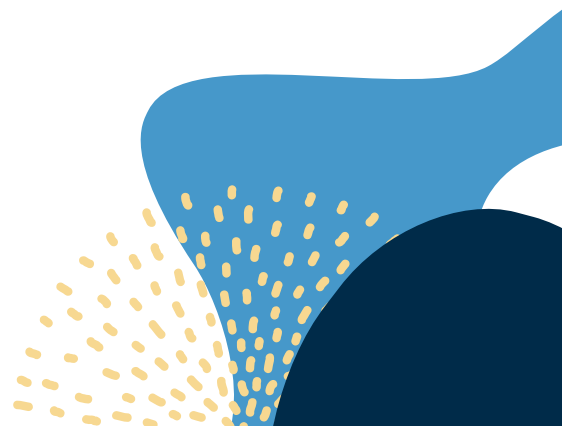**Are you currently doing to advance this area that you feel is working well?**

- Evidence-based trainings
- Partnerships and collaborations

What concerns or challenges do you see in addressing this work?

- How to better engage tribal communities

Have we missed anything?

- There is a difference between rural and frontier; can't group them all into one category

Meeting Name: DEI Focus Group

- Focus group and 2 1-on-1 interviews with Board members
- Key Topic: Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/culturally relevant manner.

Summary of Feedback by Question:

Why is this idea beneficial to the CAC?

- Tools around better community assessment would help understand specific needs
- Those we serve represent the minorities in the country but majorities in the CAC community

What do you see as NCA's unique role in supporting this activity?

- Better integration of culturally relevant needs into practice; not just a checkbox; how is this assessed for?
- Support (longitudinal) research expansion to ensure evidence-based for children of color
- Funding DEI consultants to know what's working/not working in a community
- Create an intentional statement/vision on this work
- All centers using the Intercultural Development Inventory (IDI)
- Leadership (across the board) representing those being served
- Add demographic questions to OMS

What other voices should be included?

- Local CACs as they need to be the ones involved and implementing
- Farm Labor Workers

Are you currently doing to advance this area that you feel is working well?

- Adopting the Health Equality Index
- Model for Equity Case Review

What concerns or challenges do you see in addressing this work?

- There are many inequities just built into systems outside of the CACs
- Culture shift takes time
- Make sure the NCA standards are equitable and not creating unneeded barriers

Have we missed anything?

- Language access
- Relationship with indigenous community has history of being challenging
- Is there readiness for this?
- NCA needs to have an intentional statement related to DEI – what does NCA believe? Right now it's up to each CAC – but the national org should lead the way.

Meeting Name: Strategic Planning Committee - ALL TOPICS

- The Strategic Planning Committee was asked to focus on all twopic areas with a lens on 'what is NCA's unique role in this space'?

DEI: Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/culturally relevant manner.

- Use the standards to support a roll out of DEI
- Collaborate locally since it's not a one size fits all
- Use NCA Engage to crowdso
- urce ideas/tools and have dialogue
- Create a vetted list of DEI consultants/contacts

Chapters: Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, and program expansion as well as assistance in meeting the accreditation standards.

- Chapters should be extensive of NCA's 'message' and priorities
- Need clarity/org chart on Chapters and Regionals roles

Leadership Institute: Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing

- Developing a single think-tank for Directors to tap into
- Supports equity in access across Chapters/CACs

Rural: Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately

- Conduct a needs assessment and create case studies that can be applied locally
- Conduct listening sessions and/or site visits

Judges: Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs

- Build knowledge base but also work with Prosecutors to help with this

Medical Professionals: Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.

- (There was no consensus on what role NCA could/should play in this)

Non-Offending Caregivers: Provide guidance and tools for working with non offending caregivers

- (There was no consensus on what role NCA could/should play in this besides potentially housing information for CACs to use)

Project Overview

Between February and June 2022, a range of NCA stakeholders were invited to participate in a collective intelligence process aimed at capturing their ideas and input on the organization's upcoming strategic plan The process had three distinct phases:

1. Idea Generation where participants could input ideas and view those of others;
2. Idea Investment, where participants were asked to "invest" in those ideas that they thought should be included in the NCA strategic plan;
3. Impact Matrix, where the top ranked ideas are assessed based on their impact and its feasibility of execution

Phase	Number of Participants
Idea Generation	308
Idea Investment	204
Impact Matrix	153

A total of 505 individuals participated across all three phases, though not everyone participated in every phase

Project Overview

- In the Idea Generation Phase, a total of 227 initiatives were submitted across the 9 categories provided

Category	Number of Initiatives
1. Increase the Use of Evidence Based Practices in CACs	23
2. Measure Outcomes for CAC Services	21
3. Support and Strengthen CAC's Capacity to Meet Accreditation Standards	27
4. Reduce Disparities in Access to CAC and Follow-Up Services	16
5. Assess and Integrate DEI Strategies in service offerings and organizational culture throughout the employee life cycle. workforce composition	12
6. Increase Access to and Capacity of CAC	25
7. Identify Areas where NCA Could Provide More Guidance	67
8. Meeting the Needs of CACs in the aftermath of the pandemic and natural disasters	6
9. Amplify the voice of the movement with policy makers and the general public	30

- Of the 227 initiatives submitted in Phase I, 70 were moved on to Phase II for further evaluation and prioritization
- Phase II yielded a clear distinction between strong and weaker ideas

Project Overview

- Following the Phase II investment Phase, 21 initiatives were moved to Phase III in order to be assessed based on Impact and Feasibility
  » In addition to the Top 20 emerging initiatives from Phase II, one polarizing idea selected by the leadership team
- The number of categories was also reduced from 9 to 6

Phase III Categories	Number of Initiatives
Amplifying the Voice of CACs through Public Policy and Public Relations	3
Investigate/Prioritize Diversity Equity and Access	3
Expand Collaboration, Offerings and Guidance	5
Increase CAC capacity through Org. Building & Funding	4
Strengthening Practices that meet Accreditation Standards	4
Expand Strat Partnerships to Reduce Barriers /Increase Efficiencies for CACs	2

Process for Identifying Top Initiatives

Comments

- Upon registration, participants were asked to specify their region and their type of affiliation with NCA. If applicable they were also asked to specify their setting and CAC model
- All invited participants had the ability to propose ideas in Phase I
- In Phase II, Initiatives were displayed in a random order to all participants
- In Phase II participants were asked to compare ideas within each category, not across categories
- Phase III Impact and Feasibility assessment was done across categories and again the initiatives were shown in random order

Ideas Submitted in Phase I 227

Ideas Moved to Phase II for Token Investment 70

Top 20 + 1 Moved to Ph III for Impact/Feasibility Assessment

Tier 1 Ideas (4) Higher than Average Rating on both Impact and Feasibility

Tier 2 Ideas (11) Above average rating on one dimension, slightly below average on the other

Tier 3 Ideas (6) Below Average on both or very low score on either Impact or Feasibility

Summary Observations

- Project Advance provided perspective on priority areas of focus for NCA as well as degree of alignment or consensus around priorities
- PTop ideas evaluated in Phase III represented all categories

Phase III Categories	Number of Initiatives
Amplifying the Voice of CACs	3
Investigate/Prioritize Diversity Equity and Access	3
Expand Collaboration, Offerings and Guidance	5
Increase CAC capacity through Org. Building & Funding	4
Strengthening Practices that meet Accreditation Standards	4
Expand Strat Partnerships to Reduce Barriers /Increase Efficiencies for CACs	2

- The project identified four Top Tier (above average Impact and Feasibility) initiatives from Phase III: – Align training opportunities that support key areas of accreditation and trainings that push CACs to grow into the next level of membership towards Accreditation

  » Create a national campaign that focuses solely on what CACs do
  » Ensure accreditation site reviewers are diverse, trained and consistent
  » Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately

- Six initiatives were identified as having higher than average Impact, but lower perceived Feasibility

  » Assess and advocate for diversified and consistent funding mechanisms to Chapters, CACs and satellites Create a workforce development, recruitment and retention strategy (both internal and external) to continue to build the pipeline and skills for CAC staff and leaders
  » Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing
  » Expand prevention funding and strategies at the individual, community, and policy levels
  » Strengthen mental health practices by expanding access to Evidenced-based treatments, including problematic sexual behaviors Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs.

- Five initiatives were identified as having higher than average Feasibility, but lower perceived Impact – Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, and program expansion as well as assistance in meeting the accreditation standards.

  » Offer guidance on how CACs can look at their own data to understand service impact and limitations
  » Provide guidance and tools for working with non offending caregivers
  » Reexamine grant structure to increase CACs of different sizes applying for grants and/or offer opportunities for collaborative application Vet Consultants and Trainers for the Field so that there is a library of trusted resources who can help and are 'NCA approved' (i.e. grant writers and DEI, strategic planning) NCA Engage could include a list of names of speakers, contact information, information about keynotes/workshops, fees, etc.

- Six initiatives were identified as having lower than average Feasibility, and lower perceived Impact

  » Add a Mental Health outcomes component to OMS
  » Better standardized CAC data collection to tell the CAC story both nationally and statewide
  » Create an annual chapter and CAC satisfaction survey and gather feedback regarding needs.
  » Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/culturally relevant manner.
  » Provide guidance on family conflict, physical abuse, psychological maltreatment assessments and interventions. Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs

- Initiatives in only one category: Strengthening Practices that meet Accreditation Standards have higher than average feasibility and impact relative to the other categories
- Ideas in two Categories: 1. Expanding Strategic Partnerships to Reduce Barriers and Increase Efficiencies for CACs, 2. Amplifying the Voice of CACs are rated as high impact, but lower and average feasibility respectively
- While there is generally strong alignment around the top ideas, both in terms of level of support for the ideas in Phase II and in their Impact/Feasibility assessment in Phase III, a few observations are worth highlighting

  » With a few exceptions all initiatives in Phase III had over 50% support across all cohorts, with most showing 75% or more of the green tokens allocated
  » Generally participants from the Hospital cohort have the most negative view of the initiatives in Phase III, though still generally supportive of most them
  » The "Other" cohort in the Regional breakdown are sometimes outliers in the analysis. However since this group consists of only 2 individuals, any divergent responses should not be seen as statistically meaningful
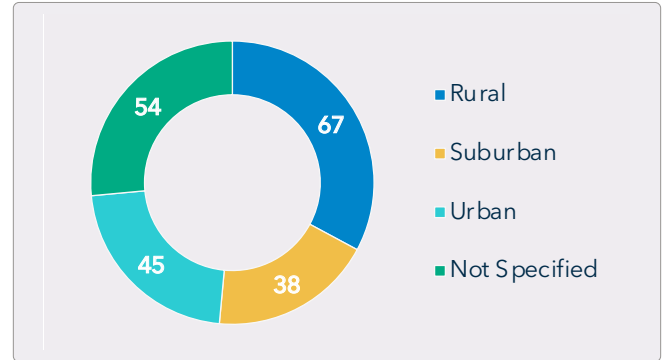
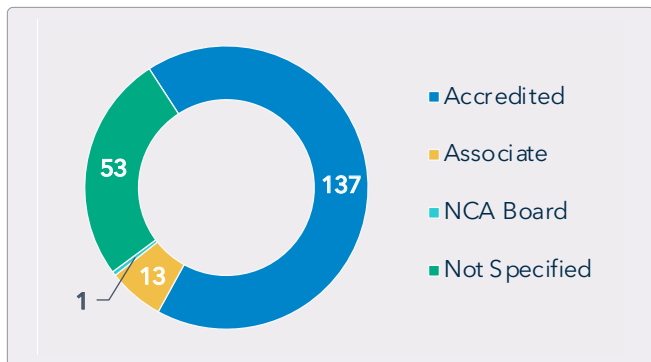# Phase II: Token Investment

Phase II Participant Demographics N=204*
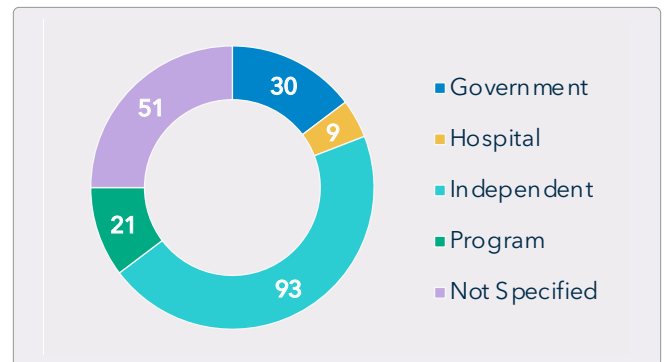
Regional Participation Project Advance PH II N=204

- Midwest: 52
- National: 16
- Northeast: 32
- Other: 2
- Southern: 61
- Western: 41
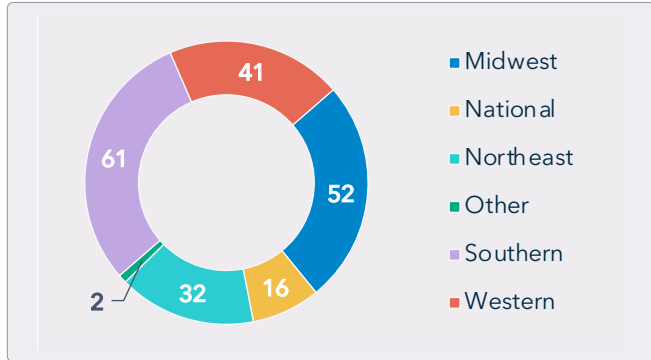
Participation by Setting Project Advance PH II N=204

- Rural: 67
- Suburban: 38
- Urban: 45
- Not Specified: 54

Participation by Type Project Advance PH II N=204

- Accredited: 137
- Associate: 13
- NCA Board: 1
- Not Specified: 53

Participation by Model Project Advance PH II N=204

- Government: 30
- Hospital: 9
- Independent: 93
- Program: 21
- Not Specified: 51

Participation by Size Project Advance PH II N=204

- 1000: 20
- 0-99: 5
- 100-249: 39
- 250-499: 47
- 500-999: 39
- Not Specified: 54
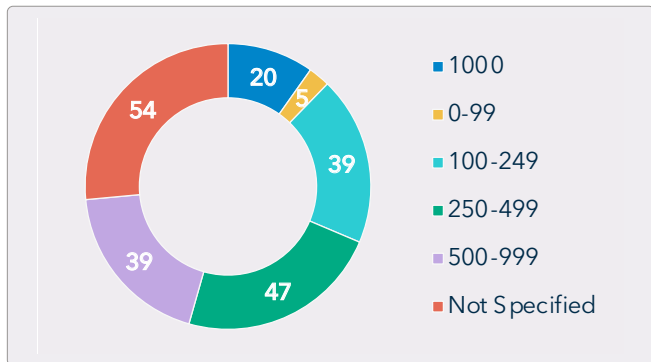
Participation by Role Project Advance PH II N=204

- Board: 2
- CAC: 150
- Chapter: 25
- Guest Partner: 2
- Regional: 2
- Staff: 21
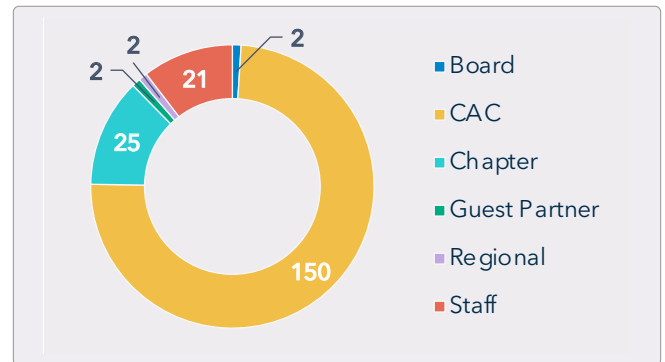
Note: Not all participants completed all categories

Top 20 Ideas Emerging from Phase II (out of 70)

Category	Title	Reds	Greens	Net Score Greens-Reds	Interest Greens + Reds	Top 2 in Category	Consider Moving to Ph III
expandStratPartner	Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs.	11	122	111	133	Yes	Yes
expandStratPartner	Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.	12	116	104	128	Yes	Yes
	amplifyCACChapVoice Assess and advocate for diversified and consistent funding mechanisms to Chapters, CACs and satellites	3	101	98	104	Yes	Yes
trainingPartnerships	Provide step by step methods, processes, etc. for best practice case reviews and examples	28	117	89	145	Yes	Yes
incrCACOrgCap	Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing	18	96	78	114	Yes	Yes
prioDivEquity	Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately	17	95	78	112	Yes	Yes
trainingPartnerships	Develop trainings that improve collaboration with key community roles such as general pediatricians, nurse practitioners, physician assistants, DAs, and ADAs.	21	99	78	120	Yes	Yes
incrCACOrgCap	Re-examine Grants structure to increase CACs of different sizes to apply for grants and/or offer opportunities for collaborative application	8	81	73	89	Yes	Yes
	amplifyCACChapVoice Expand prevention funding and strategies at the individual, community, and policy levels	13	80	67	93	Yes	Yes
strengthenPractices	Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, and program expansion as well as assistance in meeting the accreditation standards.	20	86	66	106	Yes	Yes
prioDivEquity	Offer guidance on how CACs can look at their own data to understand service impact and limitations	12	76	64	88	Yes	Yes
strengthenPractices	Ensure accreditation site reviewers are diverse, trained and consistent	14	76	62	90	Yes	Yes
	expandCollabSvcGuid Provide guidance and tools for working with non offending caregivers	6	67	61	73	Yes	Yes
strengthenPractices	Align training opportunities that support key areas of accreditation and trainings that push CACs to grow into the next level of membership towards Accreditation (examples included technical assistance, finance/audit, Strategic Planning, Succession Planning, grants/funding, etc.)	18	79	61	97	#3	Maybe
	amplifyCACChapVoice Create a national campaign that focuses solely on what CACs do.	22	82	60	104	#3	Yes

Category	Title	Reds	Greens	Net Score Greens-Reds	Interest Greens + Reds	Top 2 in Category	Consider Moving to Ph III
incrCACOrgCap	Create a workforce development, recruitment and retention strategy (both internal and external) to continue to build the pipeline and skills for CAC staff and leaders	8	63	55	71	#3	Yes
expandCollabSvcGuid	Vet Consultants and Trainers for the Field so that there is a library of trusted resources who can help and are 'NCA approved' (i.e. grant writers and DEI, strategic planning) NCA Engage could include a list of names of speakers, contact information, information about keynotes/workshops, fees, etc.	22	76	54	98	Yes	Yes
prioDivEquity	Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/culturally relevant manner.	10	64	54	74	#3	Maybe
	expandCollabSvcGuid Create an annual chapter and CAC satisfaction survey and gather feedback regarding needs.	21	67	46	88	#3	Maybe
	expandCollabSvcGuid Provide guidance on family conflict, physical abuse, psychological maltreatment assessments and interventions.	8	54	46	62	#4	No

Idea Ranking Category: Strengthen Practices to Meet Accreditation Standards

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, and program expansion as well as assistance in meeting the accreditation standards.	20	86	66	106	No	Yes	Yes
Ensure accreditation site reviewers are diverse, trained and consistent	14	76	62	90	No	Yes	Yes
Align training opportunities that support key areas of accreditation and trainings that push CACs to grow into the next level of membership towards Accreditation (examples included technical assistance, finance/audit, Strategic Planning, Succession Planning, grants/funding, etc.)	18	79	61	97	No	Yes	Yes
Be a leader in setting standard for Victim Advocates. Work with national VA groups and CAC VAs to develop a standard set of core competencies and train to it.	35	70	35	105	No	No	No
Develop standardized and regularly available training for clinicians in evidence-based treatments and continuing education that includes CEOs and at reasonable prices.	17	45	28	62	No	No	No
Provide guidance as the CAC movement evolves and includes more tele-services including how to meet the MDT standard with the increase in providers not attending MDT but providing the services.	27	55	28	82	No	No	No
More access to evidenced based treatments to work with youth with problematic sexual behaviors and their children.	22	48	26	70	No	No	No
Evolve the mental health standard to better match the increase in mental health needs by providing guidance on how to utilize interns	43	46	3	89	YES	Maybe	No

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Provide CACs with guidance on the integration of alternative or innovative therapies into evidenced-based treatment models, like TF-CBT.	33	22	(11)	55	No	No	No
Create a Peer Support Network for CACs Applying for Accreditation	48	33	(15)	81	No	No	No

Idea Ranking Category: Expand Collaboration Service and Guidance

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Provide guidance and tools for working with non offending caregivers	6	67	61	73	No	Yes	Yes
Vet Consultants and Trainers for the Field so that there is a library of trusted resources who can help and are 'NCA approved' (i.e. grant writers and DEI, strategic planning) NCA Engage could include a list of names of speakers, contact information, information about keynotes/workshops, fees, etc.	22	76	54	98	No	Yes	Yes
Create an annual chapter and CAC satisfaction survey and gather feedback regarding needs.	21	67	46	88	No	Yes	Yes
Provide guidance on family conflict, physical abuse, psychological maltreatment assessments and interventions.	8	54	46	62	No	No	Yes
Identify model CACs or programs and spotlight them for others to learn	30	69	39	99	No	No	No
Consider creating board representation or advisory council that includes reps from all of the regions.	26	58	32	84	No	No	No
Add a Mental Health outcomes component to OMS	32	61	29	93	No	No	No
Provide guidance on how to amplify the voice of the family.	18	34	16	52	No	No	No
Allow access to the benefits a developing CAC needs to adequately continue its development towards Accreditation	24	26	2	50	Yes	No	No
Further educate the field on NCA Engage including the library for customizable templates of best practices utilizing NCA Engage.	30	32	2	62	Yes	No	No
Provide guidance for CACs on the safe face to face meetings, including air flow in buildings and outside meeting spaces during pandemics	104	5	(99)	109	No	No	No

Idea Ranking Category: Expand Strategic Partnerships and Role as a National Convener

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs.	11	122	111	133	No	Yes	Yes
Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.	12	116	104	128	No	Yes	Yes
Cross-pollinate resources from Regionals and NCA so that all services and training can be found wherever a CAC is looking.	22	60	38	82	No	No	No
Identify possible partnerships outside of the CACs to expand service offerings and build awareness	21	47	26	68	No	No	No
Create mechanisms for improved collaboration across CACs locally and nationally.	21	46	25	67	No	No	No

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Host national forums to learn from CAC community members and advocates directly on their needs	36	43	7	79	Yes	No	No
Form meaningful partnerships with other organizations that are at the forefront of their respective fields CDC, Federal Interagency Working Group (for example)	37	38	1	75	Yes	No	No
Explore a national MDT model bringing together all MDT disciplines at the advocacy level	52	41	(11)	93	Yes	No	No
Act as a convener to harness the collective efforts of the field to engage around specific goals.	45	14	(31)	59	No	No	No
Act as a convener of a scientific advisory group that conducts or facilitates research.	67	29	(38)	96	No	No	No

Idea Ranking Category: Amplifying the Role of CACs/Chapters through Public Policy and Public Awareness

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Assess and advocate for diversified and consistent funding mechanisms to Chapters, CACs and satellites	3	101	98	104	No	Yes	Yes
Expand prevention funding and strategies at the individual, community, and policy levels	13	80	67	93	No	Yes	Yes
Create a national campaign that focuses solely on what CACs do.	22	82	60	104	No	Yes	Yes
Create opportunities for longitudinal studies of CAC services/outcomes.	20	47	27	67	No	No	No
Engage the field in NCA's national branding campaign to act as ambassadors in CAC Communities, to help establish CACs as the go to in child abuse response.	26	48	22	74	No	No	No
Advocate for better federal data collection of child abuse, neglect and child fatality data to inform prevention	16	36	20	52	No	No	No
NCA will help advocate for stronger federal laws pertaining to child fatality prevention as well as for appropriations aligned with that role. NCA will engage to promote greater accountability for implementation of federal child protection laws to better serve families, children, and save lives.	19	33	14	52	No	No	No
Make professional products easier and more cost efficient for NCA members to customize with their name/logo, etc., and it would also be another way of branding CACs at the national level.	36	46	10	82	Yes	Maybe	No
Provide legislative training for Chapters and CACs working with their Chapters	31	37	6	68	Yes	Maybe	No
Develop legislative solutions that reduce barriers to cross-state service provision i.e.: tele mental health	39	22	(17)	61	No	No	No
Inventory all service areas (MDT Members) across CACs to document the comprehensive impact of our work.	47	20	(27)	67	No	No	No

Idea Ranking Category: Prioritize Diversity, Equity and Access Levels

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately	17	95	78	112	No	Yes	Yes
Offer guidance on how CACs can look at their own data to understand service impact and limitations	12	76	64	88	No	Yes	Yes
Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence based practices are implemented in a culturally responsive/culturally relevant manner.	10	64	54	74	No	Yes	Yes

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Develop tools to CACs to Expand service offerings to unique and often underserved populations	8	46	38	54	No	No	No
Explore telehealth and transportation options when staffing is challenging and/or people are in more rural areas & then address this in meeting the MDT standard.	23	44	21	67	No	No	No
Identify and offer enhanced and expanded training opportunities for CAC staff to reach new audiences such as LGBTQI and young adults	13	34	21	47	No	No	No
Integrate racial-equity and anti-racist awareness and practice into the required trainings for all levels	23	43	20	66	No	No	No
Create intentional leadership development/pipeline development programs at the national level that would support the attainment of diversity and representation goals within senior leadership at the local level.	23	33	10	56	No	No	No
Conduct an annual salary and benefits survey with a DEI lens, and annually distribute the collected data.	37	43	6	80	Yes	Maybe	No
Provide DEI-focused grants	38	34	(4)	72	Yes	No	No
Develop a strategy to address barriers in service delivery to non-federally recognized tribal communities	20	8	(12)	28	No	No	No
Create DEI specific outcome measures	56	18	(38)	74	No	No	No

Idea Ranking Category: Increase CAC Organizational Capacity and Funding

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing	18	96	78	114	No	Yes	Yes
Re-examine Grants structure to increase CACs of different sizes to apply for grants and/or offer opportunities for collaborative application	8	81	73	89	No	Yes	Yes
Create a workforce development, recruitment and retention strategy (both internal and external) to continue to build the pipeline and skills for CAC staff and leaders	8	63	55	71	No	Yes	Yes
Better standardized CAC data collection to tell the CAC story both nationally and statewide	24	63	39	87	No	No	No
Address workforce issues for all CAC staff and MDT ALL member roles, including retention and pipeline issues.	18	49	31	67	No	No	No
Create data sharing agreements with other MDT partners and CPS across state lines and broader system level information sharing	26	49	23	75	No	No	No
Conduct a workload benchmark assessment for core service roles	25	47	22	72	No	No	No
Create a funding strategy that recognizes satellite CACs	28	30	2	58	Yes	Maybe	No
Develop an infrastructure plan to support expanding technology needs, including advocating for broadband access and making up to date technology opportunities ubiquitous.	39	24	(15)	63	No	No	No
Create an organizational climate survey to assess CAC staff to assist with staff retention and hiring.	36	19	(17)	55	No	No	No
Grants for transportation needs of families to CACs	43	23	(20)	66	No	No	No

Idea Ranking Category: Training Partnerships NCA, RCACs. Chapters and Other Stakeholders

Title	Reds	Greens	Net Score (G-R)	Interest (G+R)	Polarizing	Consider Moving to Ph III	In Top 20
Provide step by step methods, processes, etc. for best practice case reviews and examples	28	117	89	145	No	Yes	Yes
Develop trainings that improve collaboration with key community roles such as general pediatricians, nurse practitioners, physician assistants, DAs, and ADAs.	21	99	78	120	No	Yes	Yes
Provide training regarding how to develop community assessments	49	81	32	130	No	No	No
Develop trainings that provide prep to the victims prior to testifying	57	51	(6)	108	Yes	Yes	No

Project Advance Phase III: Participant Demographics

Project Advance Phase III Participants by Type (n=153)
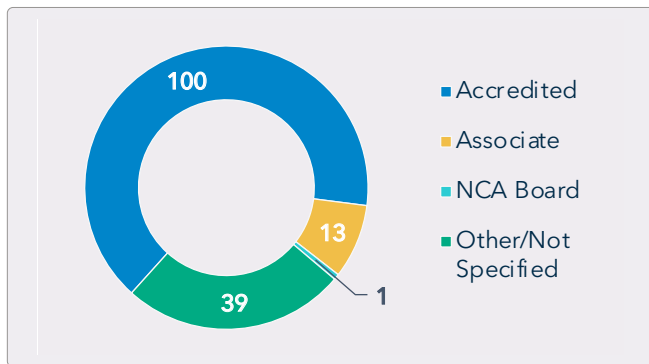
Project Advance Phase III Participants by Setting (n=153)
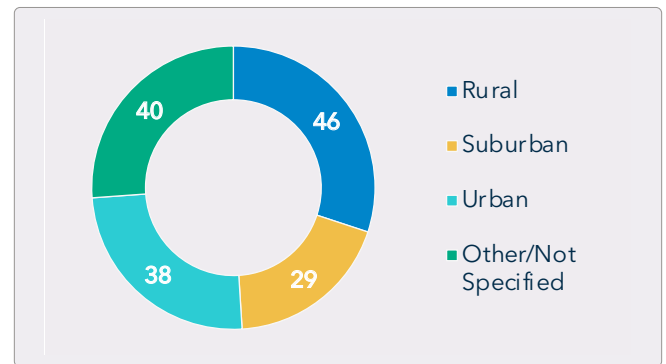
Project Advance Phase III Participants by Region (n=153)
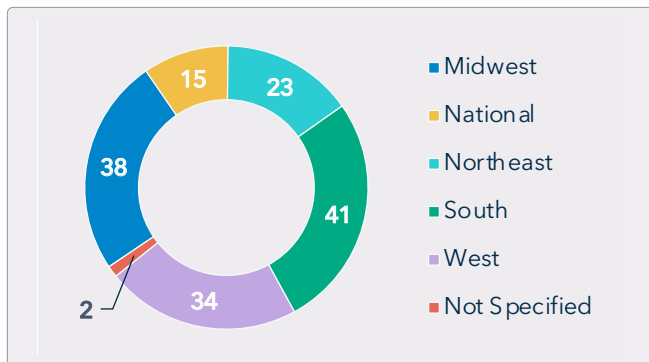
Project Advance Phase III Participants by Setting (n=153)
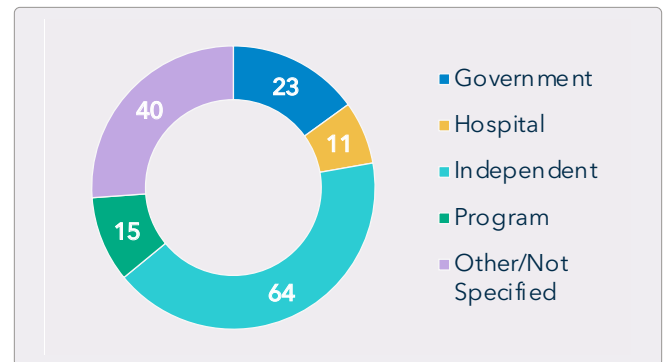
Note: Not all participants completed all categories

Impact and Feasibility Assessment of Top Ideas

- In Phase III, 21 ideas were assessed based on Impact and Feasibility
- In addition to the Top 20 the following idea was also added by the project team for Impact and Feasibility Evaluation

1. Category: Increase CAC Capacity through Organizational Capacity Building Efforts and Funding Strategies
2. Idea Title: Better standardized CAC data collection to tell the CAC story both nationally and statewide

We stratified the ideas in Phase III into 3 Tiers:

» Tier 1: scored higher than average in terms of both Feasibility and Impact
» Tier 2: scored much higher that average on one dimension, but slightly lower than average on the other dimension
» Tier 3: scored lower than average on both or very low on at least one dimension

Phase III Idea Rankings based on Impact and Feasibility

Numbers are Idea IDs, Detailed on the Following Page

Scatter plot with IDEA IMPACT on the x-axis (range 1 to 3.5) and IDEA FEASIBILITY on the y-axis (range 1 to 3.5). Blue lines indicate average values near impact 2.7 and feasibility 2.0. Data points with Idea IDs: 246, 289, 281, 243, 292, 285, 233, 265, 230, 300, 297, 240*, 237, 254, 283, 259, 286, 235, 268, 245, 301.

Legend:
- **Green** —Tier 1 rated High Impact/High Feasibility
- **Blue** —Tier 2 rated Moderate Impact/High Feasibility
- **Maroon** —Tier 2 rated High Impact/Moderate Feasibility
- **Pink** —Tier 3 rated Low Impact or Low Feasibility or both

Blue Lines Indicate Average Impact and Feasibility across all ideas evaluated

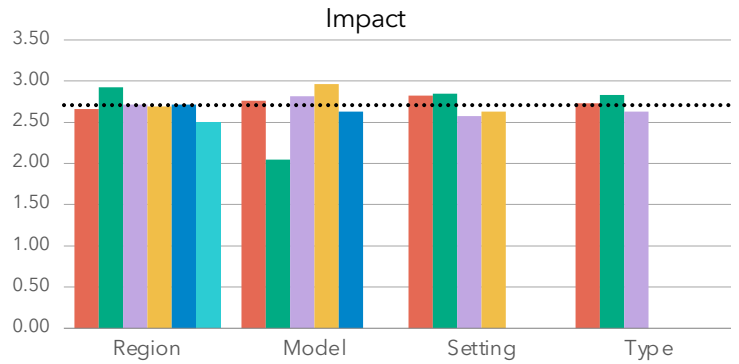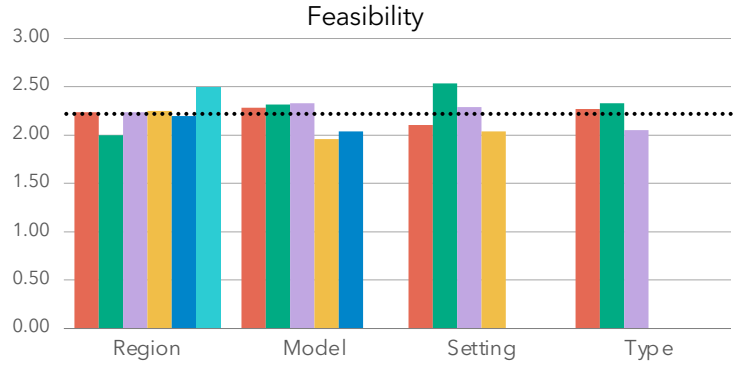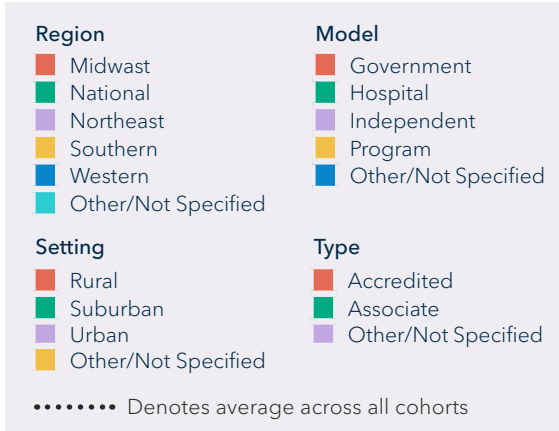|	Category	Idea ID	Idea Title
Tier 1: High Impact/High Feasibility . *Note Idea 240 is borderline	Strengthening Practices that meet Accreditation Stds	233	Align training opportunities that support key areas of accreditation and trainings that push CACs to grow into the next level of membership towards Accreditation
	Amplifying the Voice of CACs through Public Policy and PR	243	Create a national campaign that focuses solely on what CACs do.
	Strengthening Practices that meet Accreditation Stds	265	Ensure accreditation site reviewers are diverse, trained and consistent
	Investigate/Prioritize Diversity Equity and Access	240*	Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately
Tier 2: High Feasibility/ Below Average Impact	Strengthening Practices that meet Accreditation Stds	281	Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, and program expansion as well as assistance in meeting the accreditation standards.
	Investigate/Prioritize Diversity Equity and Access	285	Offer guidance on how CACs can look at their own data to understand service impact and limitations
	Expand Collaboration, Offerings and Guidance	289	Provide guidance and tools for working with non offending caregivers
	Increase CAC capacity through Org. Building & Funding	297	Re-examine Grants structure to increase CACs of different sizes to apply for grants and/or offer opportunities for collaborative application
	Expand Collaboration, Offerings and Guidance	300	Vet Consultants and Trainers for the Field so that there is a library of trusted resources who can help and are 'NCA approved' (i.e. grant writers and DEI, strategic planning) NCA Engage could include a list of names of speakers, contact information, information about keynotes/workshops, fees, etc.
Tier 2: High Impact/Below Average Feasibility	Amplifying the Voice of CACs through Public Policy and PR	235	Assess and advocate for diversified and consistent funding mechanisms to Chapters, CACs and satellites
	Increase CAC capacity through Org. Building & Funding	245	Create a workforce development, recruitment and retention strategy (both internal and external) to continue to build the pipeline and skills for CAC staff and leaders
	Increase CAC capacity through Org. Building & Funding	254	Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing
	Amplifying the Voice of CACs through Public Policy and PR	268	Expand prevention funding and strategies at the individual, community, and policy levels
	Strengthening Practices that meet Accreditation Standards	283	Strengthen mental health practices by expanding access to Evidenced-based treatments, including problematic sexual behaviors
	Expand Strat Partnerships to Reduce Barriers /Increase Efficiencies for CACs	286	Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs.
Tier 3: Low Impact or Low Feasibility or Both	Expand Collaboration, Offerings and Guidance	230	Add a Mental Health outcomes component to OMS
	Increase CAC capacity through Org. Building & Funding	237	Better standardized CAC data collection to tell the CAC story both nationally and statewide
	Expand Collaboration, Offerings and Guidance	246	Create an annual chapter and CAC satisfaction survey and gather feedback regarding needs.
	Investigate/Prioritize Diversity Equity and Access	259	Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/ culturally relevant manner.
	Expand Collaboration, Offerings and Guidance	292	Provide guidance on family conflict, physical abuse, psychological maltreatment assessments and interventions.
	Expand Strat. Partnerships to Reduce Barriers/Increase Efficiencies for CACs	301	Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.

Impact and Feasibility Assessment of Top Ideas

- The following page ranks the ideas by combined impact/feasibility score, which are then grouped into 3 categories
  - » Combined score higher than average (shaded green)
  - » Average combined score (shaded yellow)
  - » Combined score lower than average (shaded red)

- There is generally strong alignment around the top ideas in terms of their Impact/Feasibility assessment in Phase III

Idea ID	Combined Impact/ Feasibility Score	Idea Title
246	1.01	Create an annual chapter and CAC satisfaction survey and gather feedback regarding needs.
243	0.98	Create a national campaign that focuses solely on what CACs do.
235	0.96	Assess and advocate for diversified and consistent funding mechanisms to Chapters, CACs and satellites
265	0.96	Ensure accreditation site reviewers are diverse, trained and consistent
281	0.95	Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, and program expansion as well as assistance in meeting the accreditation standards.
289	0.95	Provide guidance and tools for working with non offending caregivers
283	0.94	Strengthen mental health practices by expanding access to Evidenced-based treatments, including problematic sexual behaviors
233	0.93	Align training opportunities that support key areas of accreditation and trainings that push CACs to grow into the next level of membership towards Accreditation
285	0.93	Offer guidance on how CACs can look at their own data to understand service impact and limitations
297	0.92	Re-examine Grants structure to increase CACs of different sizes to apply for grants and/or offer opportunities for collaborative application
286	0.91	Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs.
300	0.91	Vet Consultants and Trainers for the Field so that there is a library of trusted resources who can help and are 'NCA approved' (i.e. grant writers and DEI, strategic planning) …
254	0.90	Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing
240	0.89	Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately
292	0.88	Provide guidance on family conflict, physical abuse, psychological maltreatment assessments and interventions.
230	0.87	Add a Mental Health outcomes component to OMS
268	0.87	Expand prevention funding and strategies at the individual, community, and policy levels
237	0.86	Better standardized CAC data collection to tell the CAC story both nationally and statewide
259	0.85	Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/culturally relevant manner.
301	0.85	Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.
245	0.83	Create a workforce development, recruitment and retention strategy (both internal and external) to continue to build the pipeline and skills for CAC staff and leaders

Phase III Category Assessment of Impact and Feasibility

Numbers are Idea IDs, Detailed on the Following Page

Observations across Categories:

- Ideas in 1 category: Strengthening Practices that meet Accreditation Standards have higher than average feasibility and impact
- Ideas in 2 Categories: 1. Expanding Strategic Partnerships to Reduce Barriers and Increase Efficiencies for CACs, 2. Amplifying the Voice of CACs are rated as high impact, but lower and average feasibility respectively
- Ideas in 2 Categories: 1. Prioritizing Diversity, Equity and Access and 2. Expanding Collaboration, Offerings and Areas for NCA to Provide Guidance, have higher than average feasibility but lower impact
- The Increasing CAC Capacity category has average impact and somewhat lower than average feasibility

Observations Across Categories:
- Ideas in 1 category: Strengthening Practices that meet Accreditation Standards have **higher than average feasibility and impact**
- Ideas in 2 Categories: *1. Expanding Strategic Partnerships to Reduce Barriers and Increase Efficiencies for CACs, 2. Amplifying the Voice of CACs* **are rated as high impact, but lower and average feasibility respectively**
- Ideas in 2 Categories: *1. Prioritizing Diversity, Equity and Access and 2. Expanding Collaboration, Offerings and Areas for NCA to Provide Guidance,* **have higher than average feasibility but lower impact**
- The Increasing CAC Capacity category **has average impact and somewhat lower than average feasibility**

Blue Lines Indicate Average Impact and Feasibility across all ideas evaluated

Tier 1 Ideas

Tier 1 Ideas Participant Alignment

Idea ID	Idea	Comments
233	Align training opportunities that support key areas of accreditation and trainings that push CACs to grow into the next level of membership towards Accreditation	• In the Ph II investment phase strong support across all cohorts except the Hospital segment • All cohorts across Region, Setting, Type and Model allocated >70% to total tokens in support • Hospital segment was evenly split (50% in support and 50% against) • Strong alignment across all cohorts with regard to Impact and Feasibility of the idea
240	Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately	• In the Ph II investment phase strong support across all cohorts except the Hospital segment • All cohorts across Region, Setting, Type and Model allocated >80% to total tokens in support • Hospital segment was evenly split (50% in support and 50% against) • Strongest support among the Urban and Government • All cohorts are aligned with regard to Impact and Feasibility
243	Create a national campaign that focuses solely on what CACs do.	• Hospital segment did not support the idea in Ph II (65% of tokens were red) • Strongest support by Independent and Program Models along with Rural and Suburban cohorts • All cohorts are aligned with regard to Impact and Feasibility
265	Ensure accreditation site reviewers are diverse, trained and consistent	• Strong support across all segments in Phase II • Many segments allocated 100% Green tokens (National, West, Hospital, Urban • Least Supportive in Phase II: Associate segment (60% green) • All cohorts are aligned with regard to Impact and Feasibility

Chart detail on the following pages

Idea 233

Align training opportunities that support key areas of accreditation and trainings that push CACs to grow into the next level of membership towards Accreditation

Participation: 146

Distribution:

1	18	30	11
2	24	35	1
0	5	9	2
1	1	3	2

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

•••••• Denotes average across all cohorts

Feasibility

Impact

Idea 233: Cohort alignment based on Ph II Investments

Idea 233 Phase II Token Investment by Region
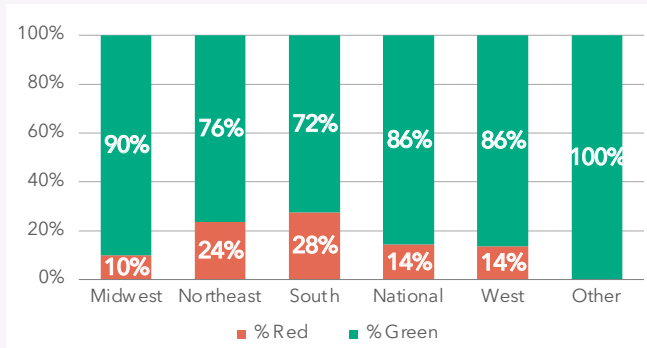
Idea 233 Phase II Token Investment by Model
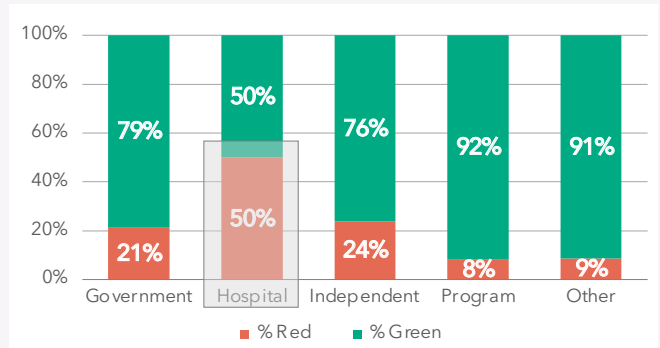
Idea 233 Phase II Token Investment by Type
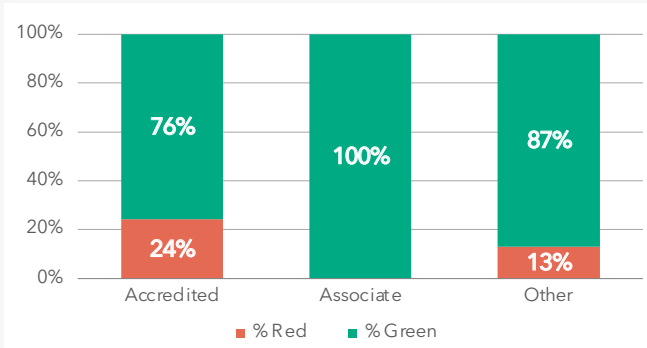
Idea 233 Phase II Token Investment by Setting
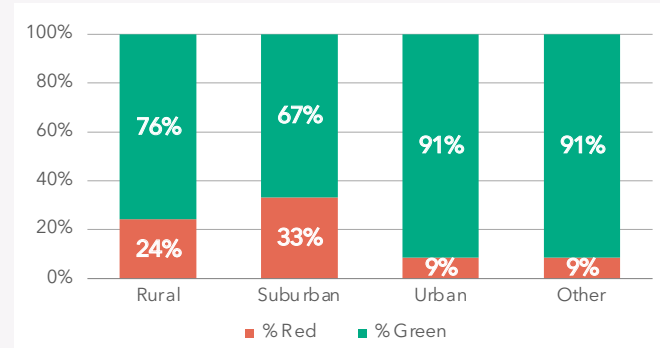
Idea 240

Conduct an assessment to understand what Rural CACs really need and then make a plan to support and resource them appropriately

Participation: 146
Distribution:

11	24	20	14
6	21	22	2
0	7	9	2
2	2	4	2

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········ Denotes average across all cohorts

Feasibility

Impact
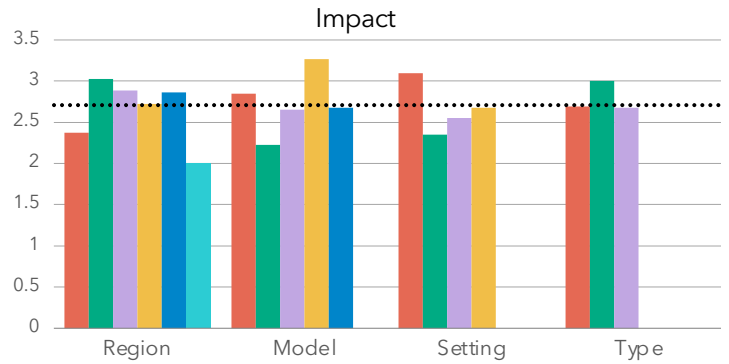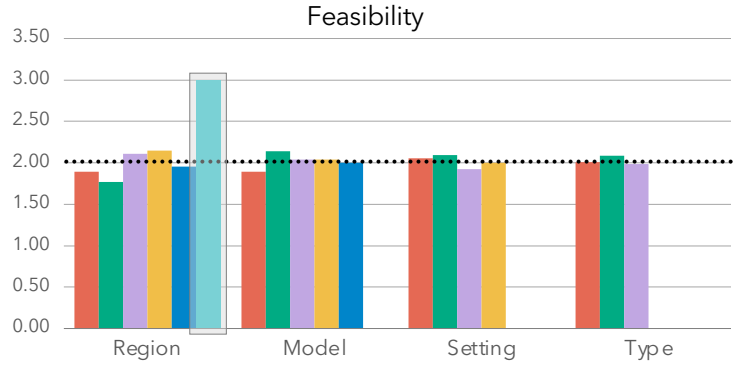
Idea 240 : Cohort alignment based on Ph II Investments

Idea 240 Phase II Token Investment by Region
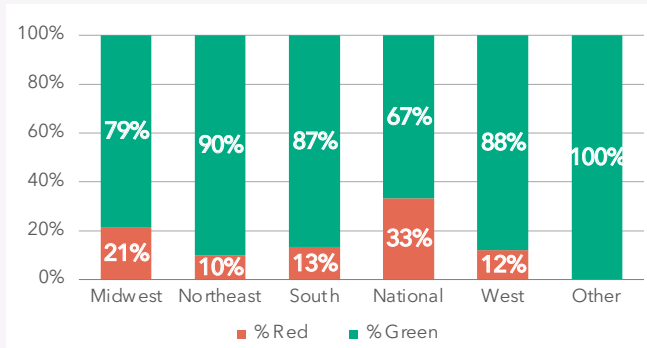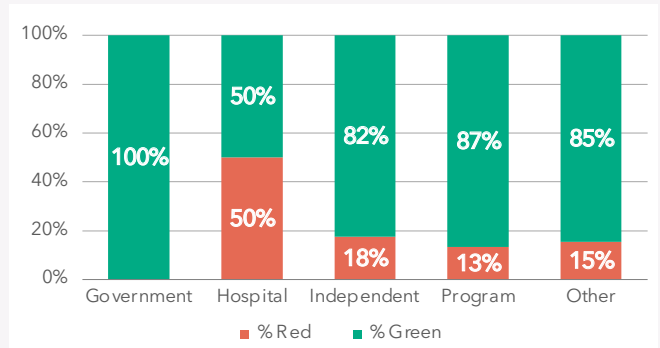
	Midwest	Northeast	South	National	West	Other
%Green	79%	90%	87%	67%	88%	100%
%Red	21%	10%	13%	33%	12%	

Idea 240 Phase II Token Investment by Model

	Government	Hospital	Independent	Program	Other
%Green	100%	50%	82%	87%	85%
%Red		50%	18%	13%	15%

Idea 240 Phase II Token Investment by Type

	Accredited	Associate	Other
%Green	84%	89%	81%
%Red	16%	11%	19%

Idea 240 Phase II Token Investment by Setting

	Rural	Suburban	Urban	Other
%Green	97%	64%	50%	85%
%Red	3%	36%	50%	15%
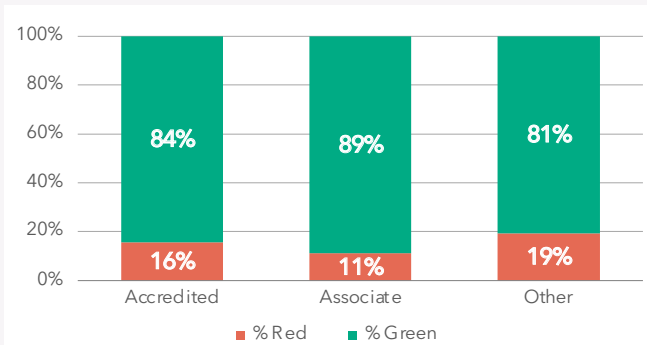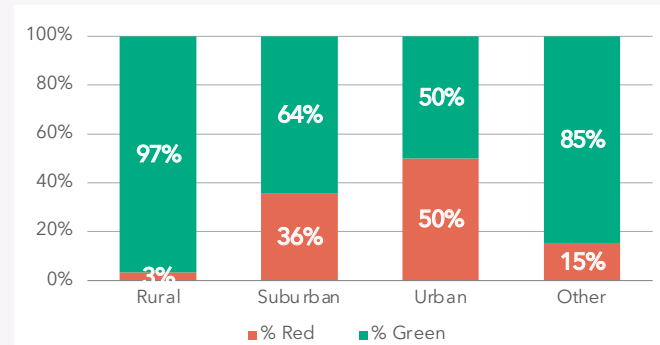
Idea 243

Create a national campaign that focuses solely on what CACs do.

Participation: 146

Distribution:

4	16	35	23
2	10	22	4
1	7	10	4
2	3	2	1

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········ Denotes average across all cohorts

Feasibility

Impact
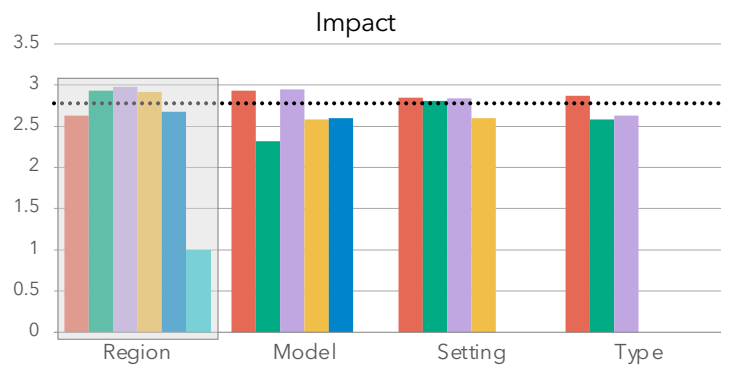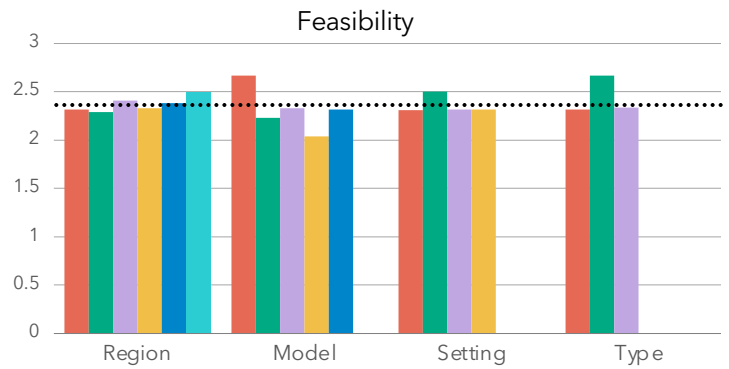
Idea 243 : Cohort alignment based on Ph II Investments

Idea 243 Phase II Token Investment by Region
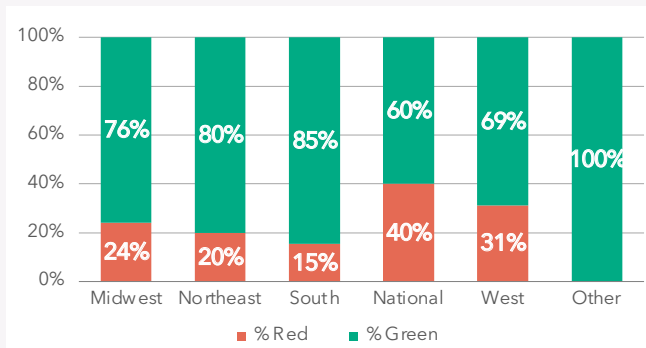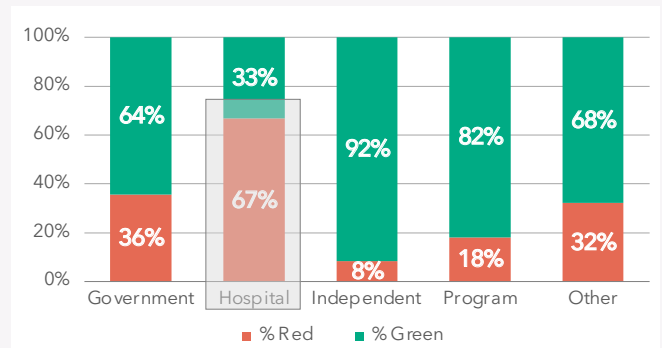
	Midwest	Northeast	South	National	West	Other
% Green	76%	80%	85%	60%	69%	100%
% Red	24%	20%	15%	40%	31%	

Idea 243 Phase II Token Investment by Model

	Government	Hospital	Independent	Program	Other
% Green	64%	33%	92%	82%	68%
% Red	36%	67%	8%	18%	32%

Idea 243 Phase II Token Investment by Type

	Accredited	Associate	Other
% Green	83%	80%	68%
% Red	17%	20%	32%

Idea 243 Phase II Token Investment by Setting

	Rural	Suburban	Urban	Other
% Green	86%	88%	71%	68%
% Red	14%	13%	29%	32%
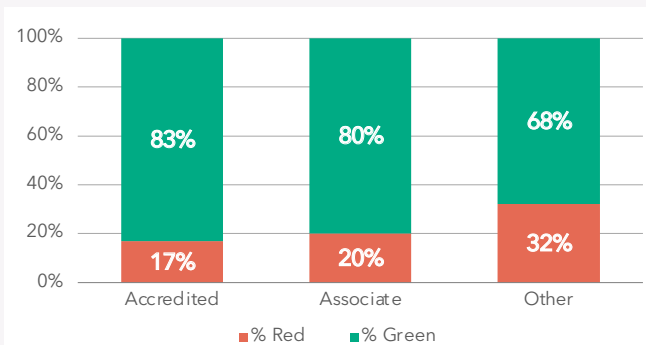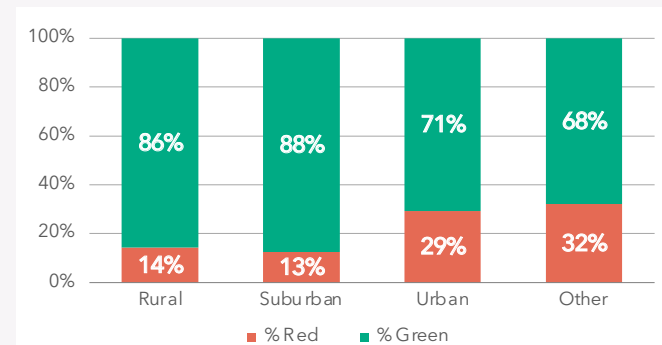
Idea 265

Ensure accreditation site reviewers are diverse, trained and consistent

Participation: 147
Distribution:

7	26	24	23
6	13	20	4
0	4	11	1
2	1	2	3

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········· Denotes average across all cohorts

Feasibility

Impact
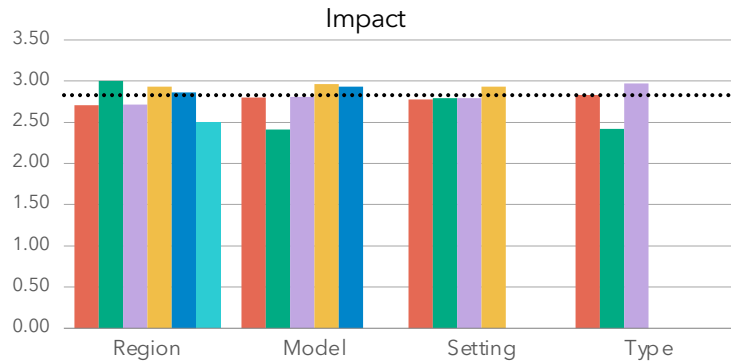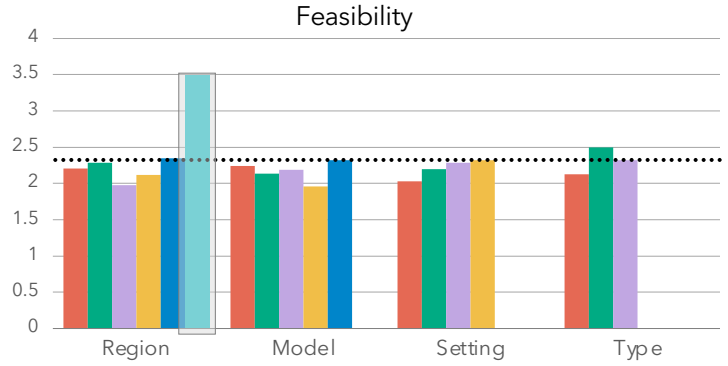
Idea 265: Cohort alignment based on Ph II Investments

Idea 265 Phase II Token Investment by Region
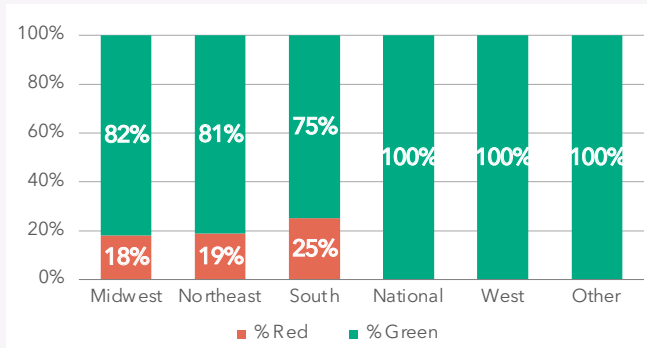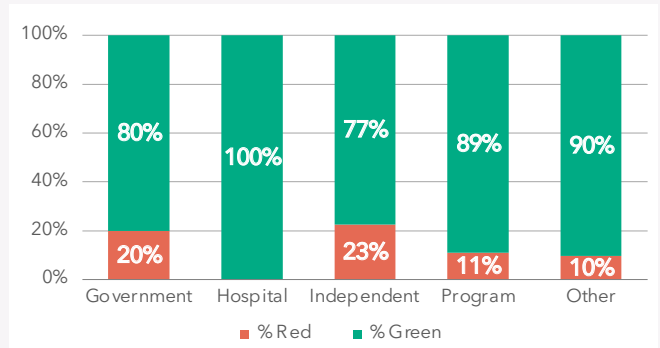
	Midwest	Northeast	South	National	West	Other
%Green	82%	81%	75%	100%	100%	100%
%Red	18%	19%	25%			

Idea 265 Phase II Token Investment by Model

	Government	Hospital	Independent	Program	Other
%Green	80%	100%	77%	89%	90%
%Red	20%		23%	11%	10%

Idea 265 Phase II Token Investment by Type

	Accredited	Associate	Other
%Green	85%	57%	90%
%Red	15%	43%	10%

Idea 265 Phase II Token Investment by Setting

	Rural	Suburban	Urban	Other
%Green	70%	79%	100%	90%
%Red	30%	21%		10%
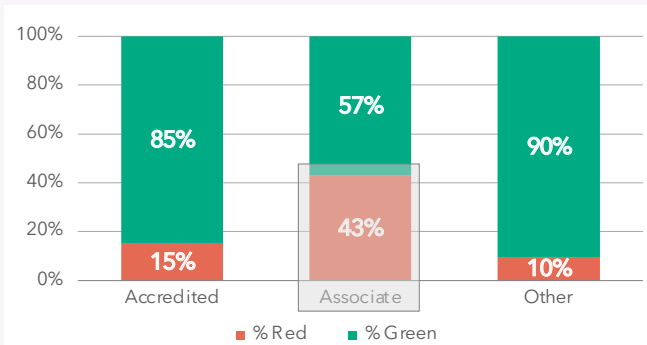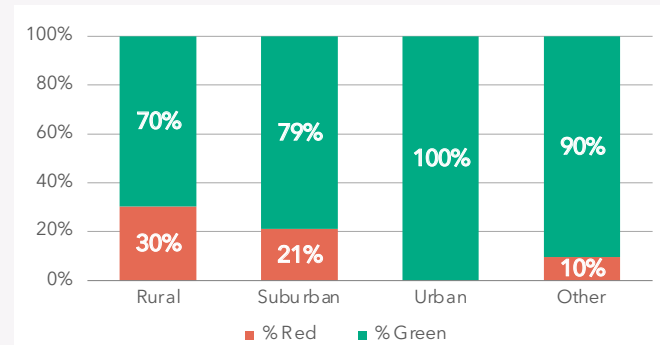
Tier 2 Ideas

Tier 2 Ideas Participant Alignment

Idea ID	Idea	Comments
235	Assess and advocate for diversified and consistent funding mechanisms to Chapters, CACs and satellites	• Strong support with all cohorts allocating 90% or more of their green tokens • Government and Hospitalls rate as much lower impact than others
245	Create a workforce development, recruitment and retention strategy (both internal and external) to continue to build the pipeline and skills for CAC staff and leaders	• Most cohorts allocated 90% or more of their green tokens with Hospital a little lower at 75% • Strong alignment across cohorts around Impact and Feasibility
254	Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing	• Hospitals less supportive than others: 40% red tokens vs. 20% or less for others • Strong alignment across cohorts around Impact and Feasibility
268	Expand prevention funding and strategies at the individual, community, and policy levels	• Hospital and National cohorts less supportive than others though the majority in both still support the initiative
281	Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, program expansion and assistance in meeting accreditation standards.	• National cohort less supportive than others • Strong alignment across cohorts around Impact and Feasibility
283	Strengthen mental health practices by expanding access to Evidenced-based treatments, including problematic sexual behaviors	• Lower support by Suburban participants in Phase II, though no differences across cohorts on Impact and Feasibility
285	Offer guidance on how CACs can look at their own data to understand service impact and limitations	• Lower support by Hospital cohort in Phase II, though no differences across cohorts on Impact and Feasibility
286	Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs.	• Multiple segments allocated 100% of their green tokens to this idea: National, West, Government, Hospital, Associate Members and Suburban settings
289	Provide guidance and tools for working with non offending caregivers	• Hospital cohort less supportive than others • Strong alignment across cohorts around Impact and Feasibility
297	Re-examine Grants structure to increase CACs of different sizes to apply for grants and/or offer opportunities for collaborative application	• No differences across cohorts in terms of support or Impact and Feasibility
300	Vet Consultants & Trainers for the Field so that there is a library of 'NCA approved' and trusted resources (i.e. grant writers and DEI, strat. planning) NCA Engage could include a list of speakers, contact information, information about keynotes/workshops, fees, etc.	• Program Members do not support with 60% red tokens • Program Members and Midwest region rate relatively lower in terms of Impact

Chart detail on the following pages

Idea 235

Assess and advocate for diversified and consistent funding mechanisms to Chapters, CACs and satellites

Participation: 149
Distribution:

17	45	22	14
2	19	16	1
0	8	2	0
1	0	0	2

X axis: Feasibility
Y axis: Impact

Region
- Midwest
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
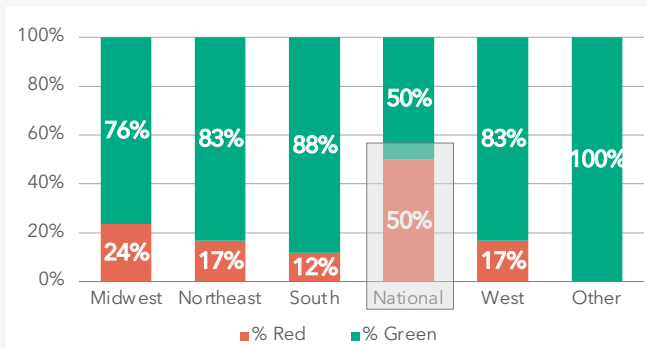- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········ Denotes average across all cohorts

Feasibility

Impact
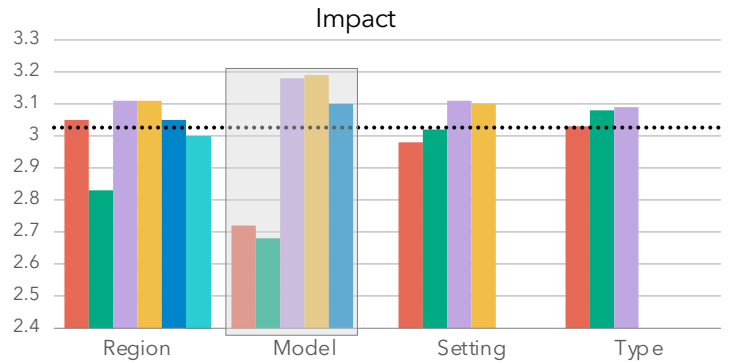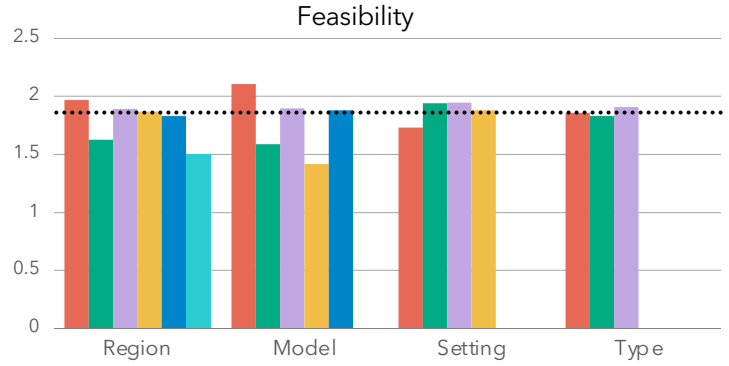
## Idea 235: Cohort alignment based on Ph II Investments

**Idea 235 Phase II Token Investment by Region**
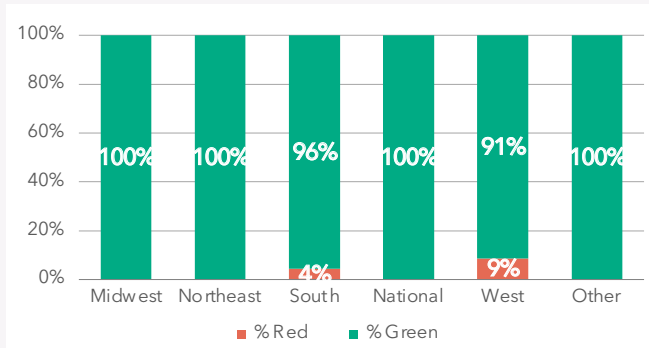
Idea 235 Phase II Token Investment by Model
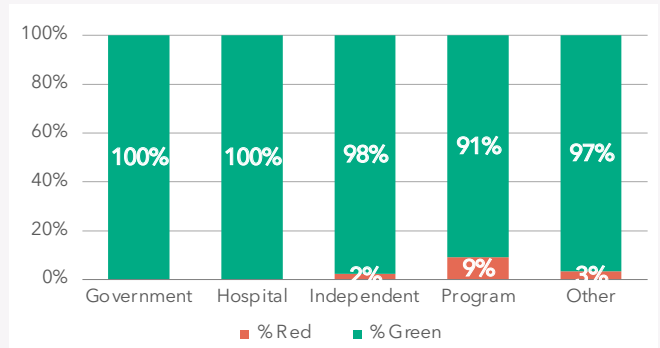
Idea 235 Phase II Token Investment by Type
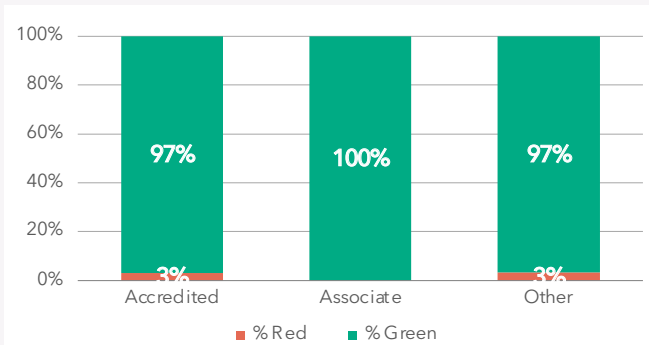
**Idea 235 Phase II Token Investment by Setting**
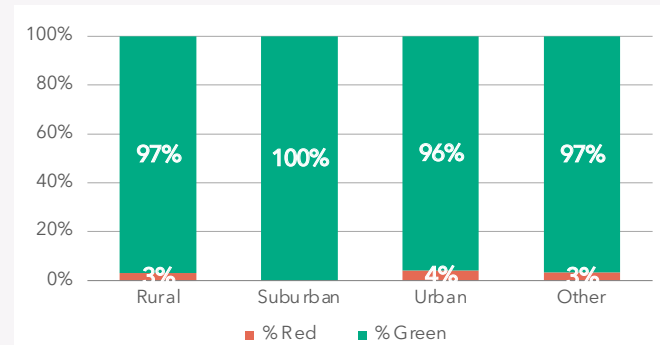
Idea 245

Create a workforce development, recruitment and retention strategy (both internal and external) to continue to build the pipeline and skills for CAC staff and leaders

Participation: 247
Distribution:

14	36	15	3
6	35	9	0
2	13	6	2
1	3	1	1

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

···· Denotes average across all cohorts

Feasibility

Impact

Idea 245 : Cohort alignment based on Ph II Investments

Idea 245 Phase II Token Investment by Region
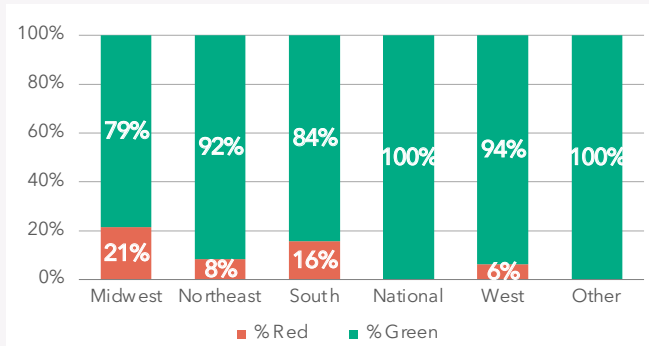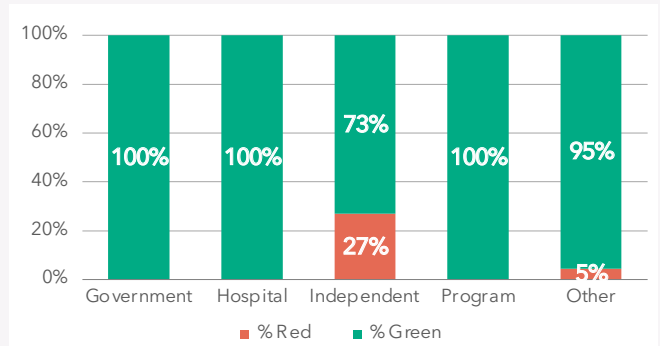
■ %Red   ■ %Green

Idea 245 Phase II Token Investment by Model

■ %Red   ■ %Green

Idea 245 Phase II Token Investment by Type

■ %Red   ■ %Green

Idea 245 Phase II Token Investment by Setting

■ %Red   ■ %Green
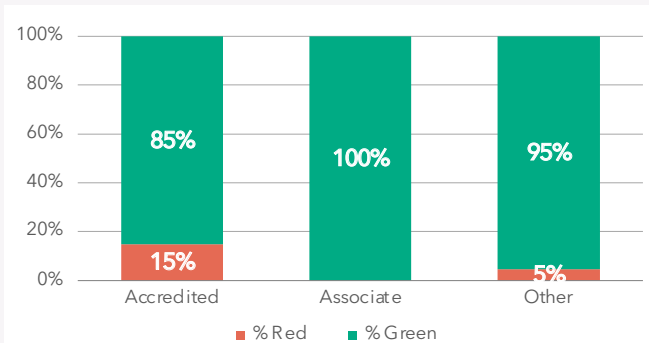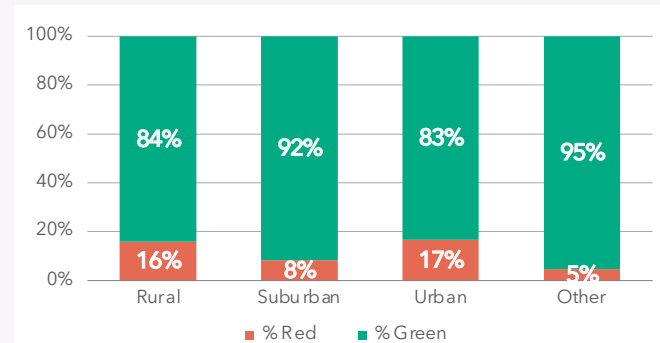
Idea 254

Develop a National Leadership Institute that includes a grounding in the CAC movement, education on business practices, succession planning, grant writing

Participation: 146

Distribution:

3	32	29	13
6	19	13	1
6	10	6	2
4	1	1	0

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········· Denotes average across all cohorts

Feasibility

Impact

Idea 254 : Cohort alignment based on Ph II Investments

Idea 254 Phase II Token Investment by Region
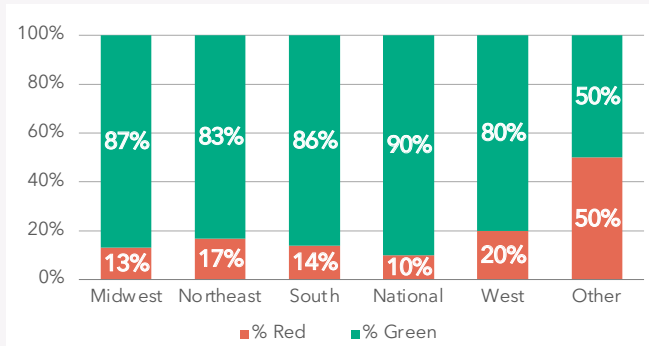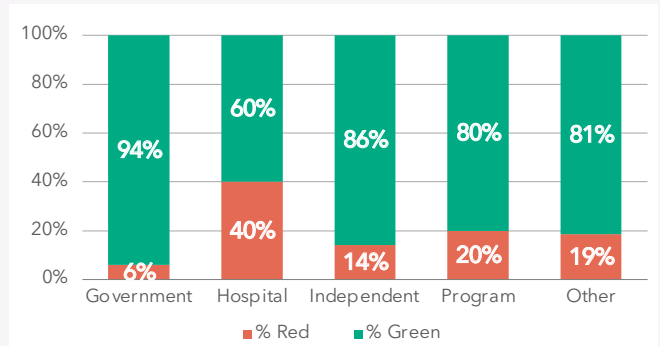
Midwest 87% / 13%, Northeast 83% / 17%, South 86% / 14%, National 90% / 10%, West 80% / 20%, Other 50% / 50%

% Red   % Green

Idea 254 Phase II Token Investment by Model

Government 94% / 6%, Hospital 60% / 40%, Independent 86% / 14%, Program 80% / 20%, Other 81% / 19%

% Red   % Green

Idea 254 Phase II Token Investment by Type

Accredited 84% / 16%, Associate 100%, Other 81% / 19%

% Red   % Green

Idea 254 Phase II Token Investment by Setting

Rural 76% / 24%, Suburban 90% / 10%, Urban 85% / 15%, Other 93% / 7%

% Red   % Green
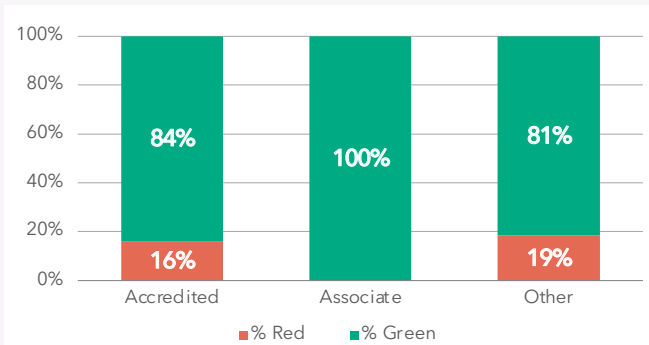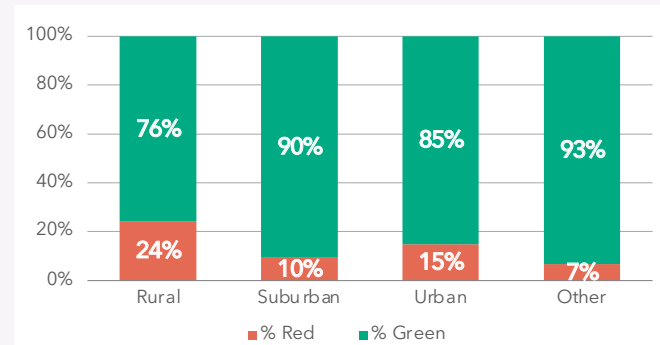
Idea 268

Expand prevention funding and strategies at the individual, community, and policy levels

Participation: 148

Distribution:

15	33	19	8
8	30	7	2
2	11	10	1
0	1	1	0

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········ Denotes average across all cohorts

Feasibility

(Chart: Feasibility by Region, Model, Setting, Type)

Impact

(Chart: Impact by Region, Model, Setting, Type)
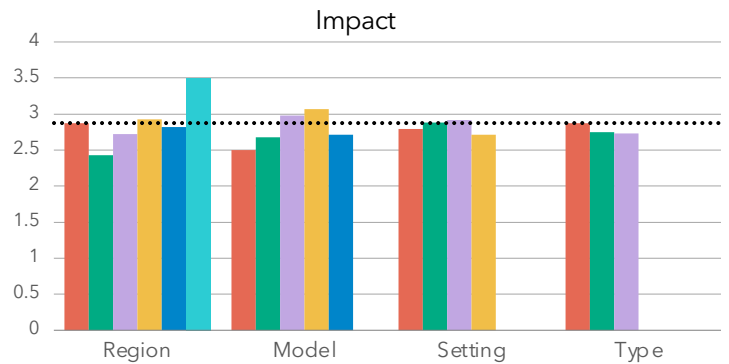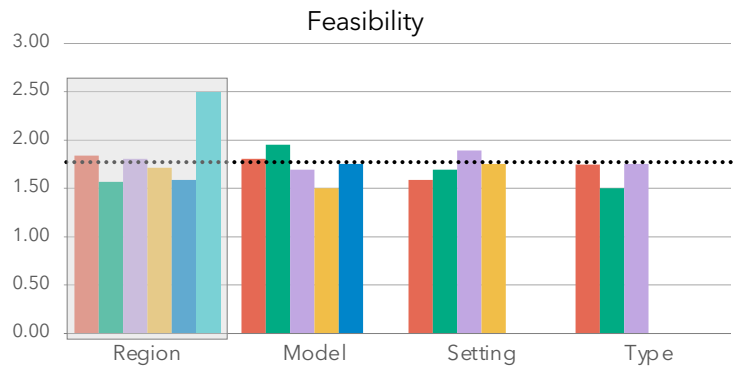
Idea 268: Cohort alignment based on Ph II Investments

Idea 268 Phase II Token Investment by Region
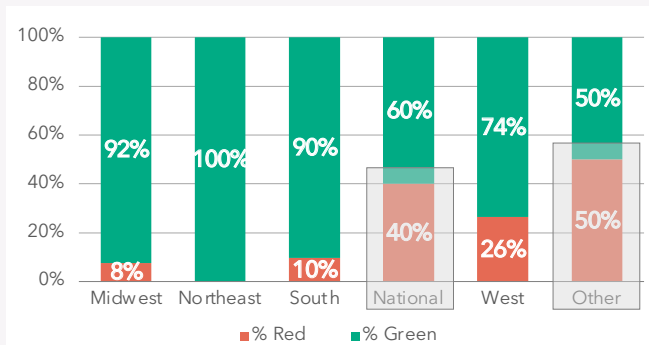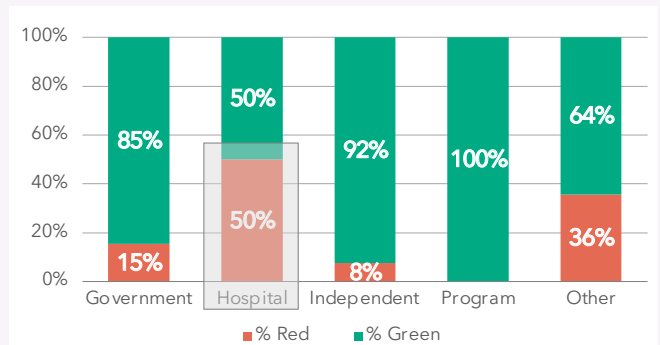
	Midwest	Northeast	South	National	West	Other
% Green	92%	100%	90%	60%	74%	50%
% Red	8%		10%	40%	26%	50%

■ % Red ■ % Green

Idea 268 Phase II Token Investment by Model

	Government	Hospital	Independent	Program	Other
% Green	85%	50%	92%	100%	64%
% Red	15%	50%	8%		36%

■ % Red ■ % Green

Idea 268 Phase II Token Investment by Type

	Accredited	Associate	Other
% Green	91%	80%	64%
% Red	9%	20%	36%

■ % Red ■ % Green

Idea 268 Phase II Token Investment by Setting

	Rural	Suburban	Urban	Other
% Green	92%	96%	79%	64%
% Red	8%	4%	21%	36%

■ % Red ■ % Green
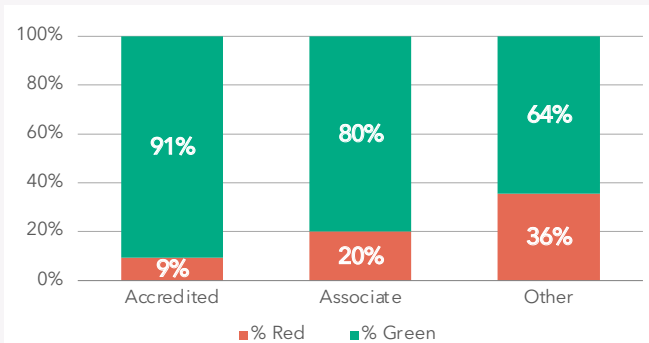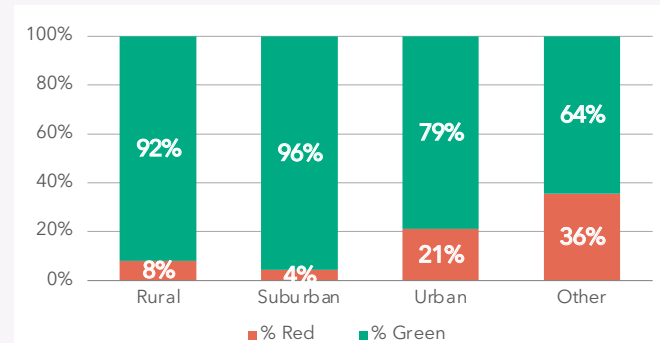
Idea 281

Leverage Chapters for training, management, and support of state CACs. Chapter work would target technical assistance, support, program expansion and assistance in meeting accreditation standards.

Participation: 147

Distribution:

2	15	32	19
2	11	28	3
2	5	10	3
0	1	8	6

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········ Denotes average across all cohorts

Feasibility

Impact
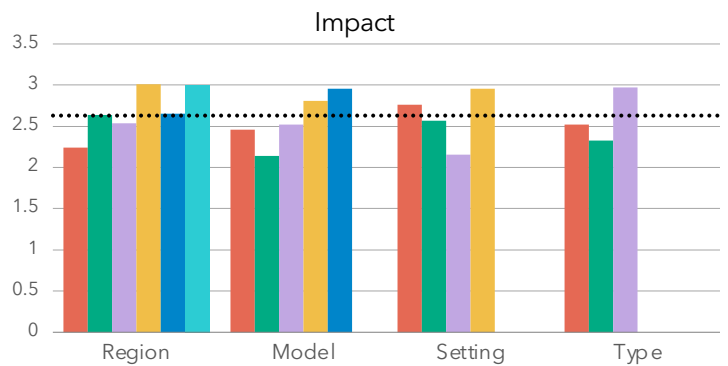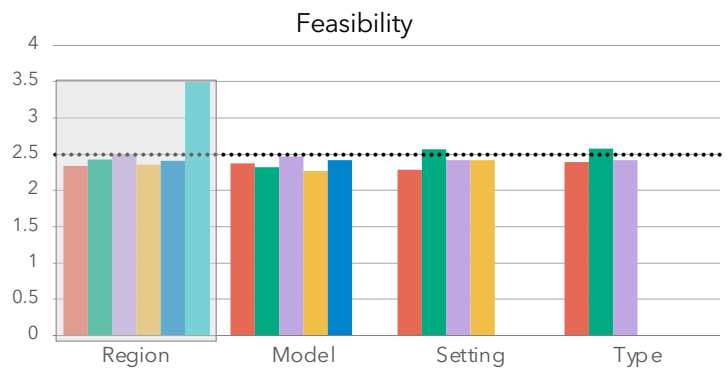
Idea 281: Cohort alignment based on Ph II Investments

Idea 281 Phase II Token Investment by Region
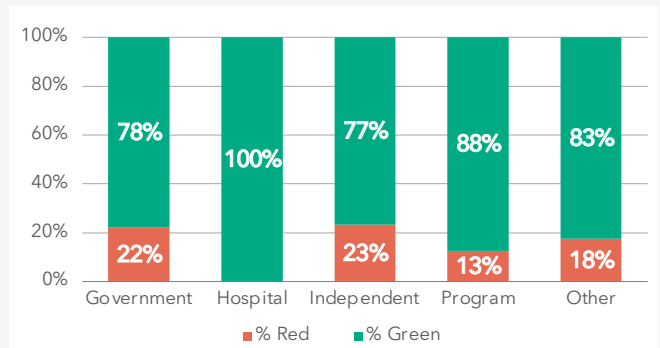
	Midwest	Northeast	South	National	West	Other
% Green	76%	83%	88%	50%	83%	100%
% Red	24%	17%	12%	50%	17%	

Idea 281 Phase II Token Investment by Model

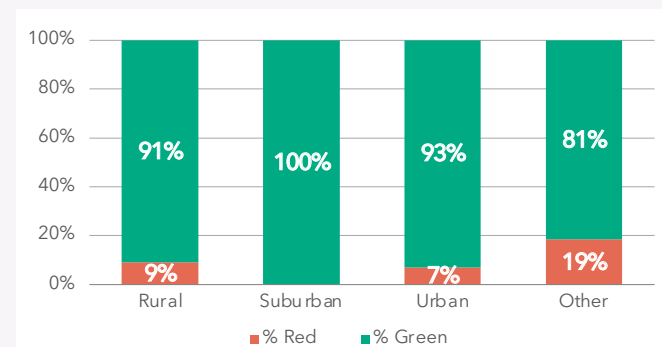|	Government	Hospital	Independent	Program	Other
% Green	78%	100%	77%	88%	83%
% Red	22%		23%	13%	18%

Idea 281 Phase II Token Investment by Type

	Accredited	Associate	Other
% Green	81%	86%	67%
% Red	19%	14%	33%

Idea 281 Phase II Token Investment by Setting

	Rural	Suburban	Urban	Other
% Green	79%	86%	76%	83%
% Red	21%	14%	24%	18%
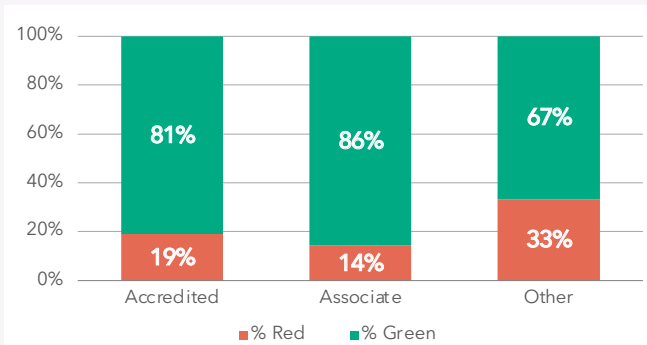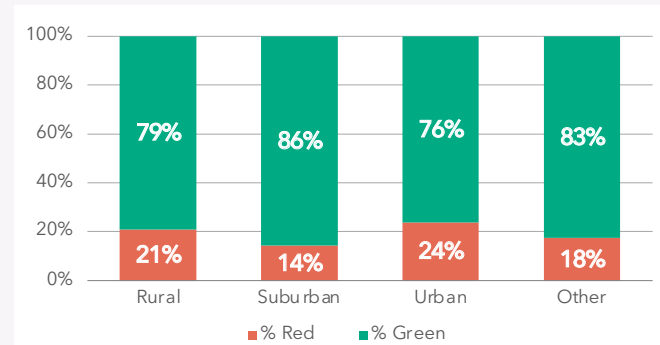
Idea 283

Strengthen mental health practices by expanding access to Evidenced-based treatments, including problematic sexual behaviors

Participation: 149

Distribution:

15	42	23	10
5	25	15	2
1	2	4	1
0	1	2	1

X axis: Feasibility
Y axis: Impact
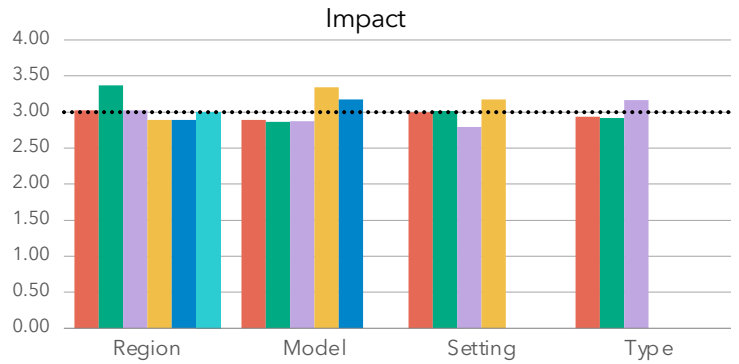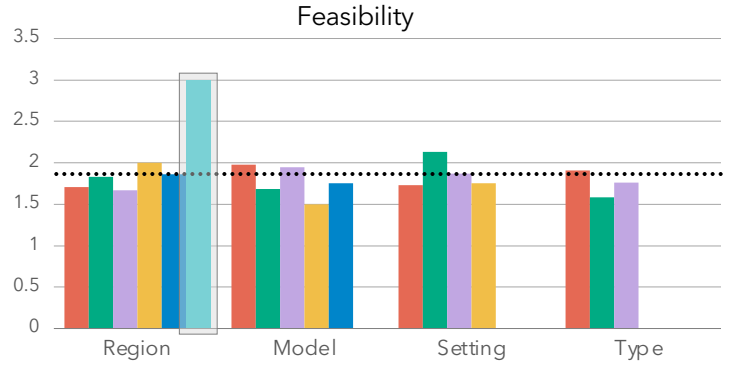
Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
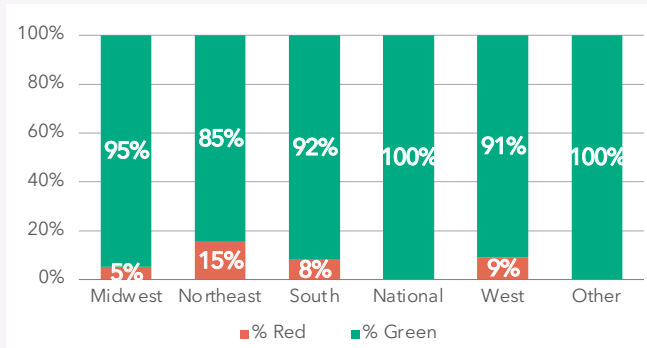- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

......... Denotes average across all cohorts

Feasibility

Impact

Idea 283: Cohort alignment based on Ph II Investments

Idea 283 Phase II Token Investment by Region
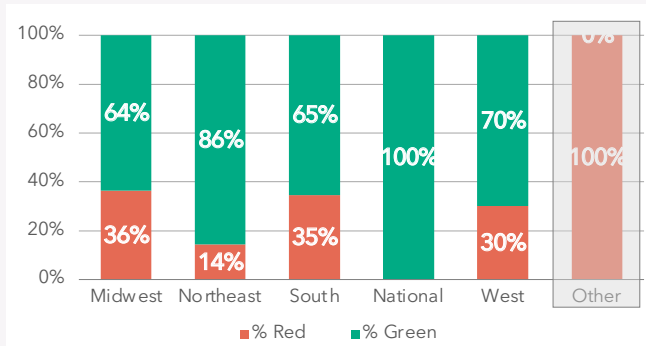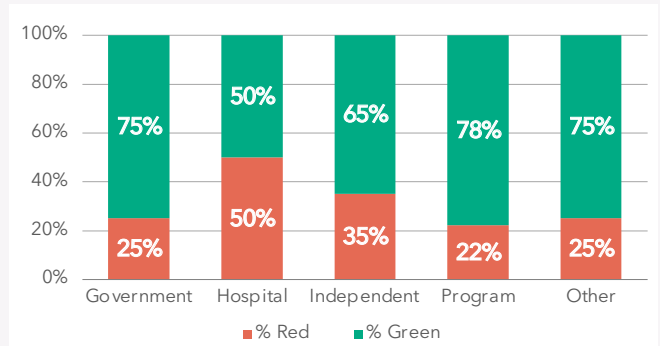
Midwest	Northeast	South	National	West	Other
64%	86%	65%	100%	70%	0%
36%	14%	35%		30%	100%

■ % Red ■ % Green

Idea 283 Phase II Token Investment by Model

Government	Hospital	Independent	Program	Other
75%	50%	65%	78%	75%
25%	50%	35%	22%	25%

■ % Red ■ % Green

Idea 283 Phase II Token Investment by Type

Accredited	Associate	Other
65%	100%	75%
35%		25%

■ % Red ■ % Green

Idea 283 Phase II Token Investment by Setting

Rural	Suburban	Urban	Other
76%	46%	69%	75%
24%	54%	31%	25%

■ % Red ■ % Green
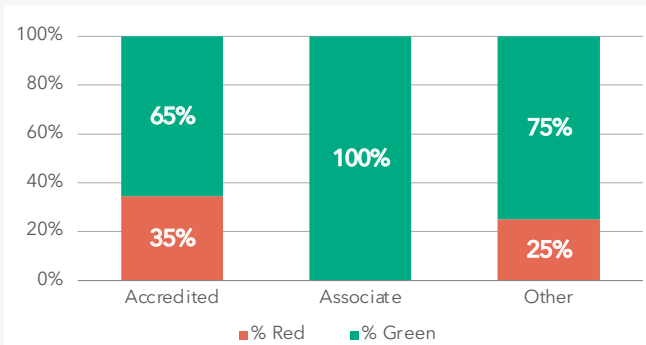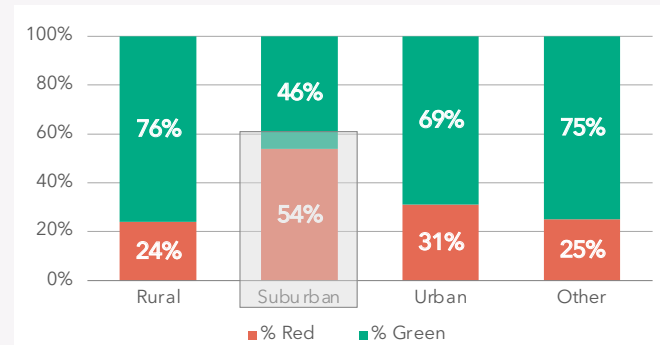
Idea 285

Offer guidance on how CACs can look at their own data to understand service impact and limitations

Participation: 148

Distribution:

2	14	22	17
3	14	32	7
1	7	16	5
0	1	4	3

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
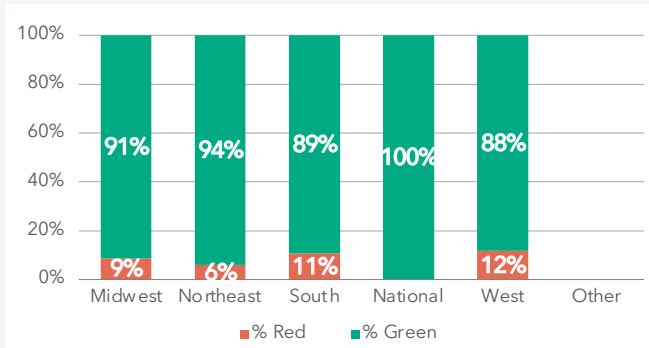- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

•••••• Denotes average across all cohorts

Feasibility

Impact
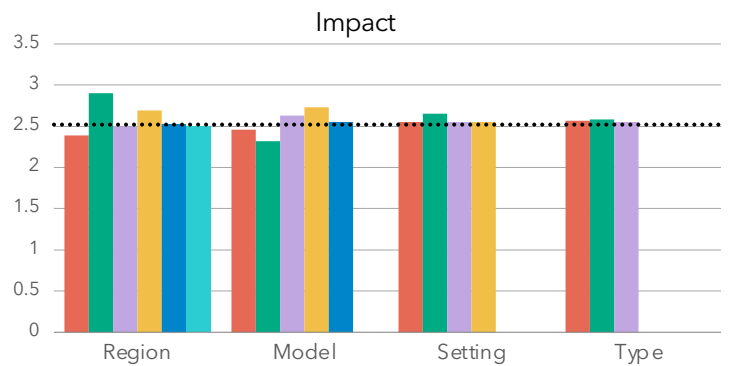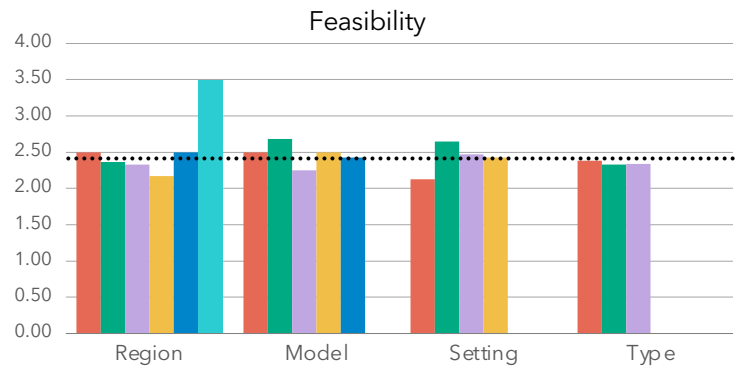
Idea 285: Cohort alignment based on Ph II Investments

Idea 285 Phase II Token Investment by Region
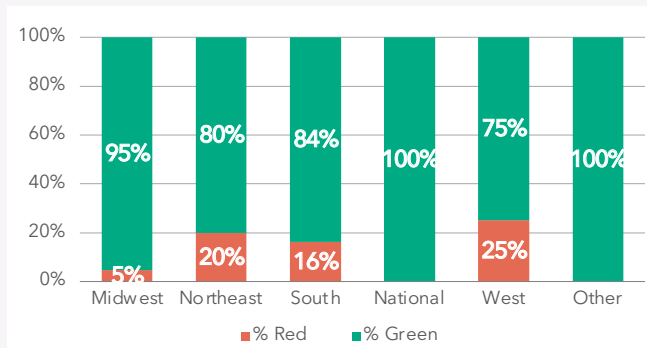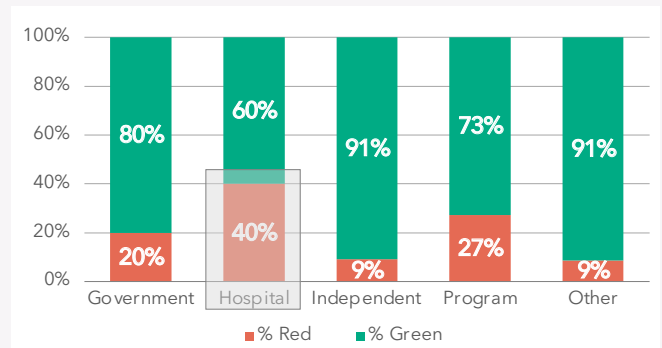
- % Red
- % Green

Idea 285 Phase II Token Investment by Model

- % Red
- % Green

Idea 285 Phase II Token Investment by Type

- % Red
- % Green

Idea 285 Phase II Token Investment by Setting

- % Red
- % Green
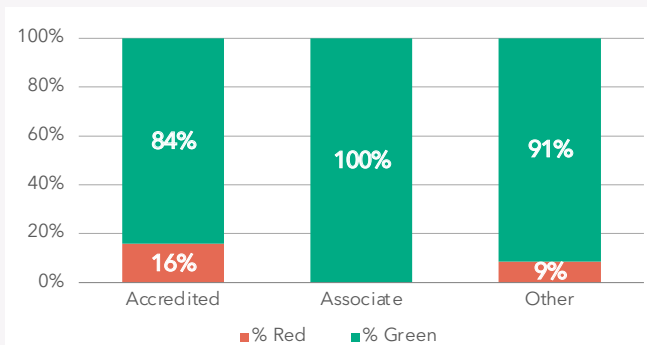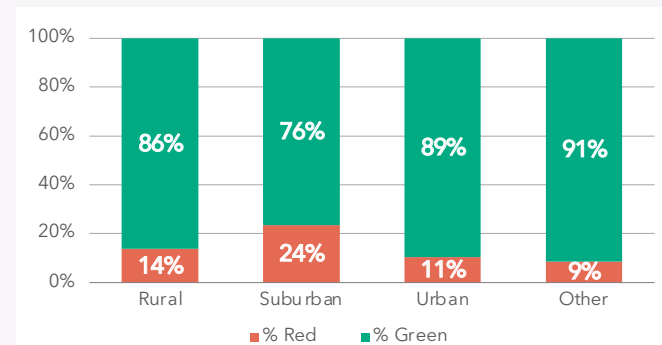
Idea 286

Partner with national association of judges to develop trainings, materials, and resources to raise the level of knowledge about child abuse dynamics, sexual abuse dynamics, treatment, and CACs.

Participation: 149

Distribution:

11	41	19	14
8	25	10	1
3	10	3	1
0	1	1	1

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified
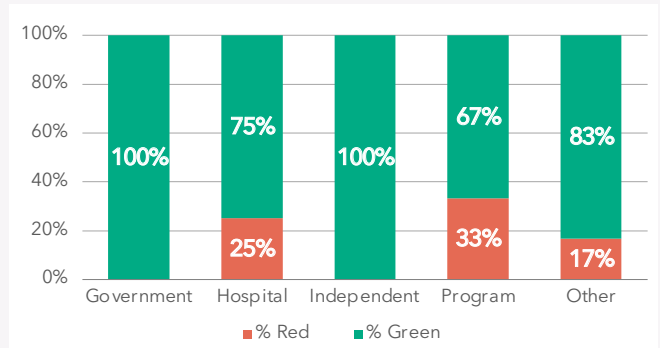
.... Denotes average across all cohorts

Feasibility

Impact
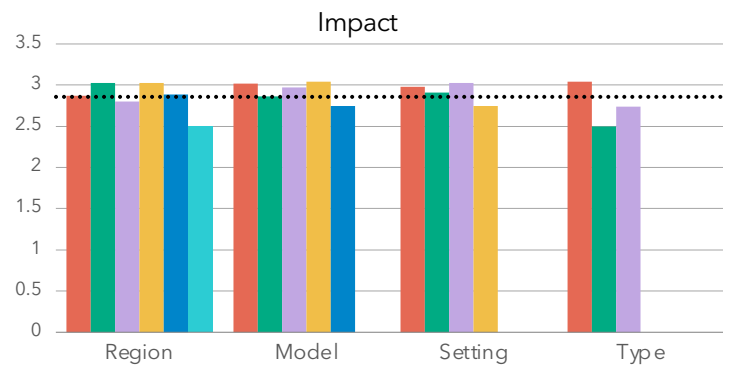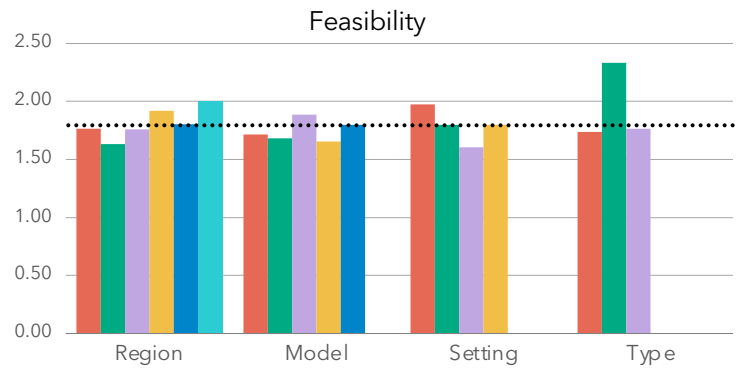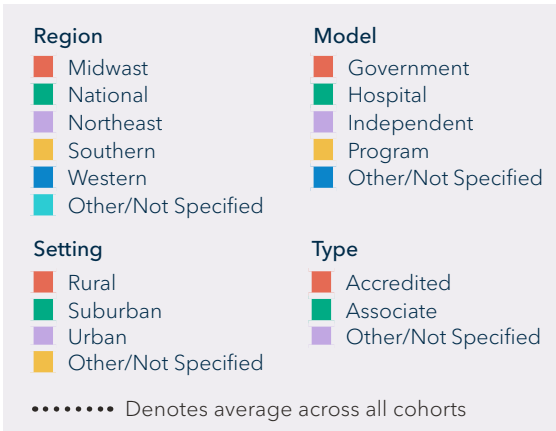
Idea 286: Cohort alignment based on Ph II Investments

Idea 286 Phase II Token Investment by Region
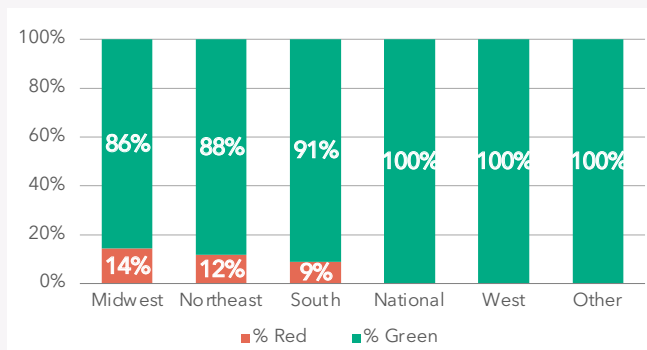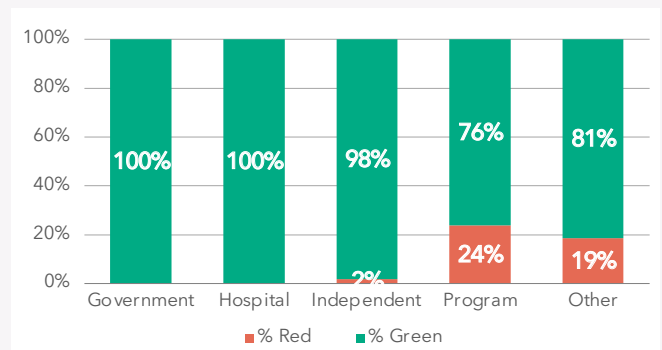
Midwest 14% Red / 86% Green
Northeast 12% Red / 88% Green
South 9% Red / 91% Green
National 100% Green
West 100% Green
Other 100% Green

■ % Red   ■ % Green

Idea 286 Phase II Token Investment by Model

Government 100% Green
Hospital 100% Green
Independent 2% Red / 98% Green
Program 24% Red / 76% Green
Other 19% Red / 81% Green

■ % Red   ■ % Green

Idea 286 Phase II Token Investment by Type

Accredited 6% Red / 94% Green
Associate 100% Green
Other 19% Red / 81% Green

■ % Red   ■ % Green

Idea 286 Phase II Token Investment by Setting

Rural 9% Red / 91% Green
Suburban 100% Green
Urban 7% Red / 93% Green
Other 19% Red / 81% Green

■ % Red   ■ % Green
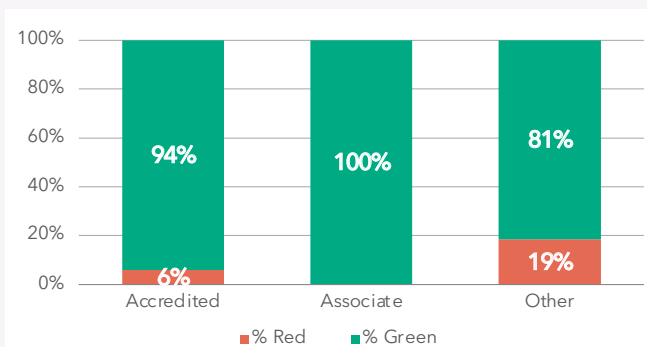
Idea 289

Provide guidance and tools for working with non offending caregivers

Participation: 148

Distribution:

2	7	31	13
2	12	31	13
0	4	19	4
0	2	3	4

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

······· Denotes average across all cohorts

Feasibility

Impact
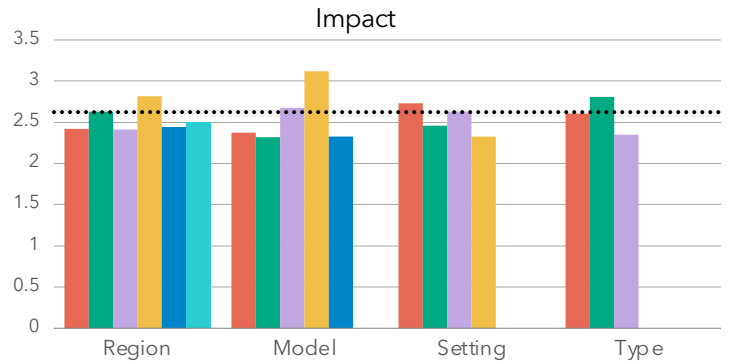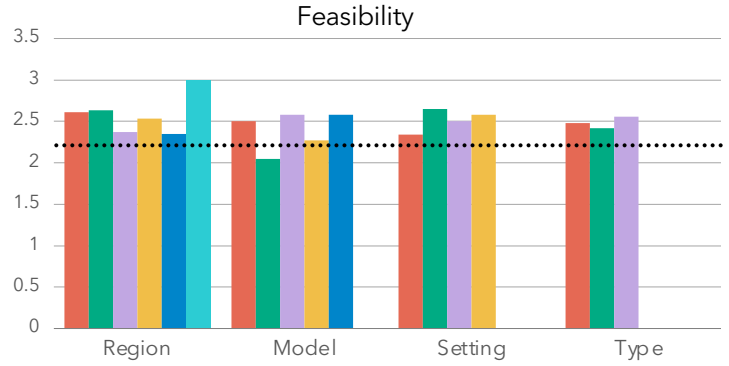
Idea 289: Cohort alignment based on Ph II Investments

Idea 289 Phase II Token Investment by Region
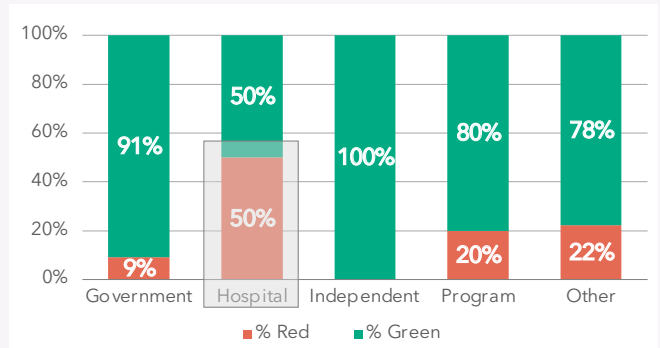
Midwest	Northeast	South	National	West	Other
95%	85%	92%	100%	91%	100%
5%	15%	8%		9%	

■ % Red   ■ % Green

Idea 289 Phase II Token Investment by Model

Government	Hospital	Independent	Program	Other
91%	50%	100%	80%	78%
9%	50%		20%	22%

■ % Red   ■ % Green

Idea 289 Phase II Token Investment by Type

Accredited	Associate	Other
93%	100%	78%
7%		22%

■ % Red   ■ % Green

Idea 289 Phase II Token Investment by Setting

Rural	Suburban	Urban	Other
93%	100%	88%	78%
7%		12%	22%

■ % Red   ■ % Green
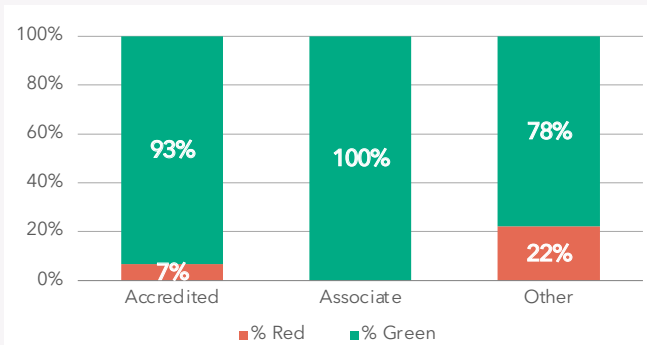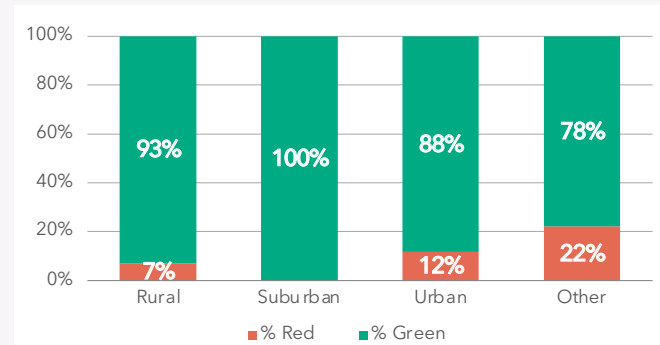
Idea 297

Re-examine Grants structure to increase CACs of different sizes to apply for grants and/or offer opportunities for collaborative application

Participation: 149
Distribution:

2	13	37	15
3	15	23	3
0	8	12	1
3	3	6	1

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········ Denotes average across all cohorts

Feasibility

Impact
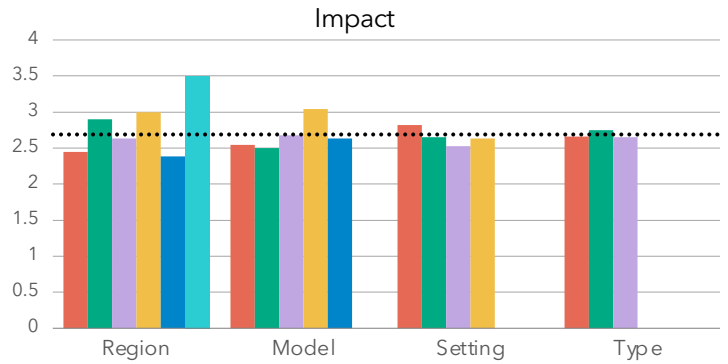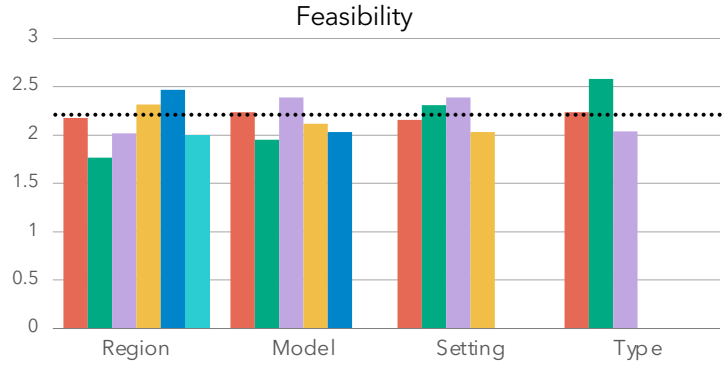
Idea 297: Cohort alignment based on Ph II Investments

Idea 297 Phase II Token Investment by Region

Midwest 91% / 9%, Northeast 94% / 6%, South 89% / 11%, National 100%, West 88% / 12%, Other

■ % Red ■ % Green

Idea 297 Phase II Token Investment by Model

Government 100%, Hospital 75% / 25%, Independent 100%, Program 67% / 33%, Other 83% / 17%

■ % Red ■ % Green

Idea 297 Phase II Token Investment by Type

Accredited 92% / 8%, Associate 100%, Other 83% / 17%

■ % Red ■ % Green

Idea 297 Phase II Token Investment by Setting

Rural 95% / 5%, Suburban 94% / 6%, Urban 87% / 13%, Other 83% / 17%

■ % Red ■ % Green
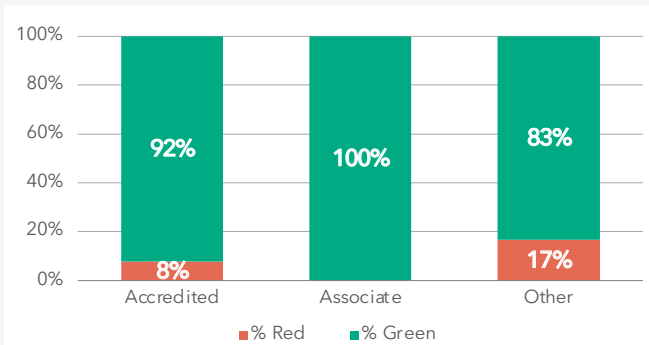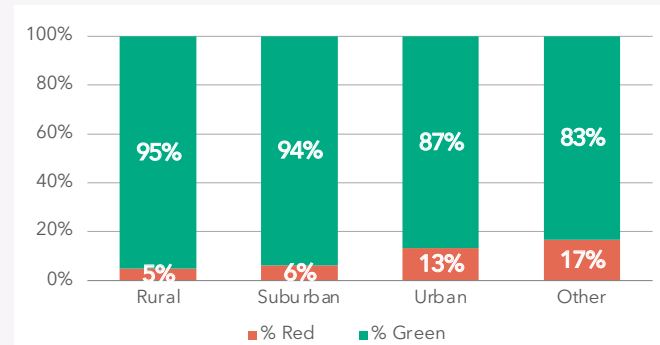
Idea 300

Vet Consultants & Trainers for the Field so that there is a library of 'NCA approved' and trusted resources (i.e. grant writers and DEI, strat. planning) NCA Engage could include a list of speakers, contact information, information about keynotes/workshops, fees, etc.

Participation: 147

Distribution:

5	15	20	15
4	15	32	5
3	9	12	5
0	1	3	3

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

•••••••• Denotes average across all cohorts

Feasibility

Impact
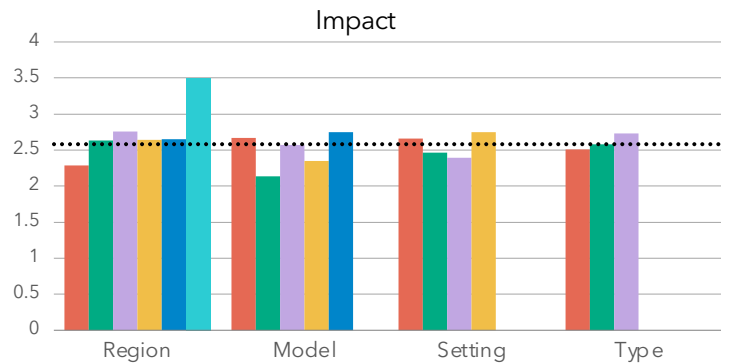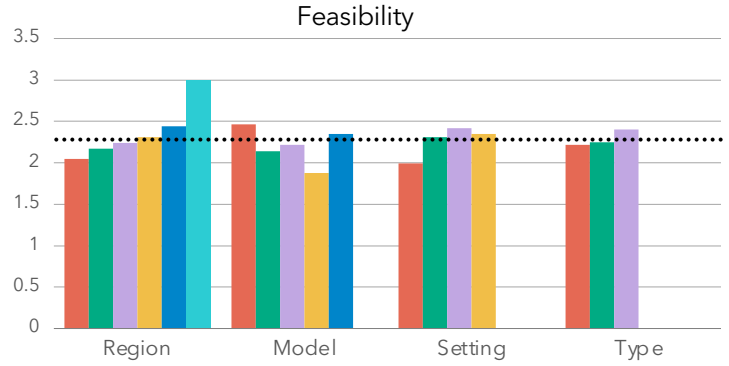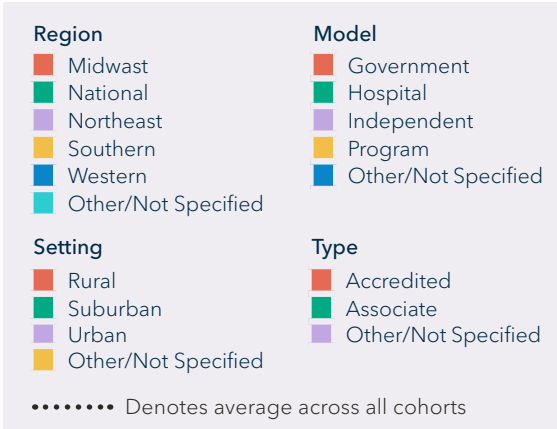
Idea 300: Cohort alignment based on Ph II Investments

Idea 300 Phase II Token Investment by Region
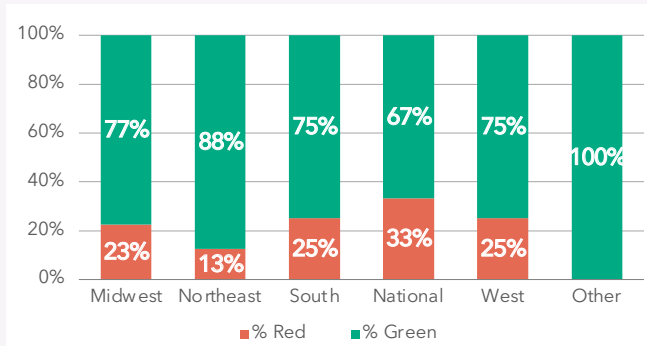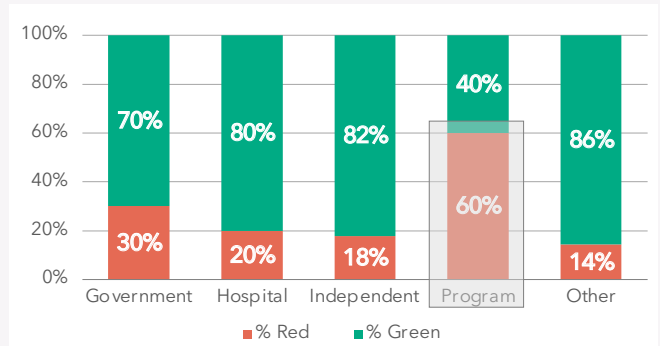
- Midwest: 77% Green, 23% Red
- Northeast: 88% Green, 13% Red
- South: 75% Green, 25% Red
- National: 67% Green, 33% Red
- West: 75% Green, 25% Red
- Other: 100%

■ % Red ■ % Green

Idea 300 Phase II Token Investment by Model

- Government: 70% Green, 30% Red
- Hospital: 80% Green, 20% Red
- Independent: 82% Green, 18% Red
- Program: 40% Green, 60% Red
- Other: 86% Green, 14% Red

■ % Red ■ % Green

Idea 300 Phase II Token Investment by Type

- Accredited: 74% Green, 26% Red
- Associate: 75% Green, 25% Red
- Other: 86% Green, 14% Red

■ % Red ■ % Green

Idea 300 Phase II Token Investment by Setting

- Rural: 69% Green, 31% Red
- Suburban: 82% Green, 18% Red
- Urban: 76% Green, 24% Red
- Other: 86% Green, 14% Red

■ % Red ■ % Green
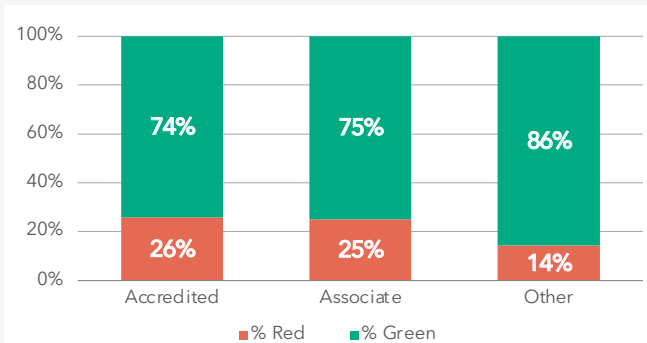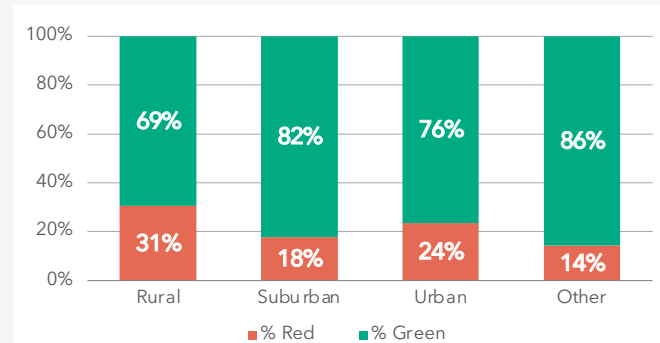
Tier 3 Ideas

Tier 3 Ideas Participant Alignment

Idea ID	Idea	Comments
230	Add a Mental Health outcomes component to OMS	• The majority of participants from the following cohorts do not support this idea: • Government, Hospital, Rural, West • Relatively strong alignment around Impact and Feasibility
237	Better standardized CAC data collection to tell the CAC story both nationally and statewide	• While no cohort has majority disapproval of this idea, many have lack of support in the 30%-40% range • Relatively strong alignment around Impact and Feasibility
246	Create an annual chapter and CAC satisfaction survey and gather feedback regarding needs.	• Both National and Associate members have 60% disapproval • Relatively strong alignment around Impact and Feasibility
259	Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/culturally relevant manner.	• Rural segment shows lower support than other segments • Relatively strong alignment around Impact and Feasibility
292	Provide guidance on family conflict, physical abuse, psychological maltreatment assessments and interventions.	• No significant differences across cohorts
301	Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.	• Midwest and National cohorts rate as having much lower impact than other cohorts

Chart detail on the following pages

Add a Mental Health outcomes component to OMS

Participation: 149

Distribution:

4	8	29	20
4	6	19	5
6	11	15	3
4	5	6	4

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

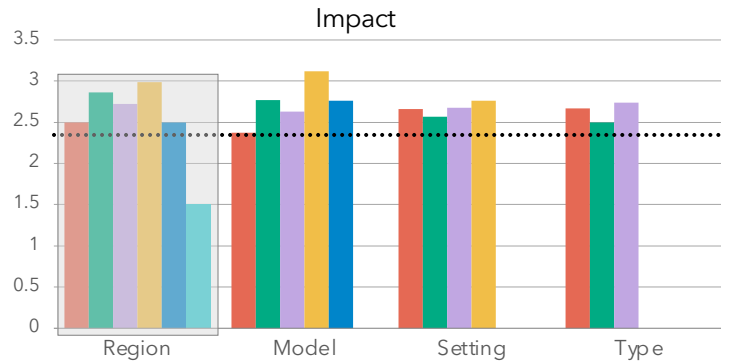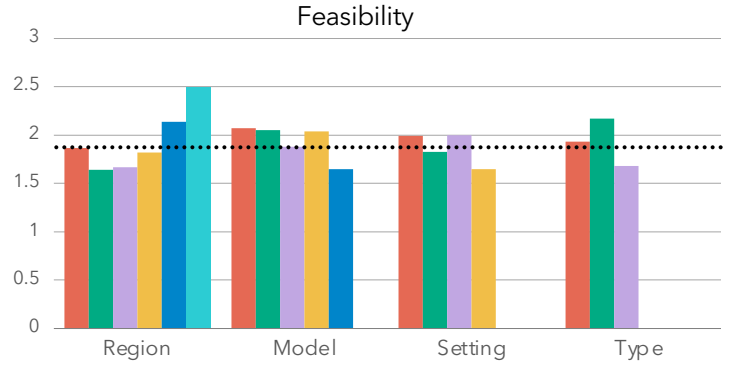**Setting**
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········· Denotes average across all cohorts

Feasibility

Impact
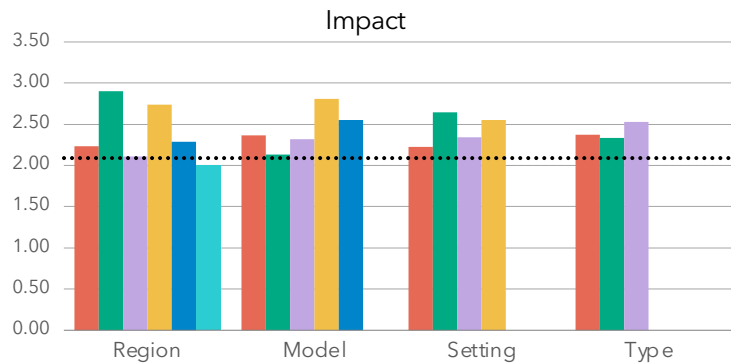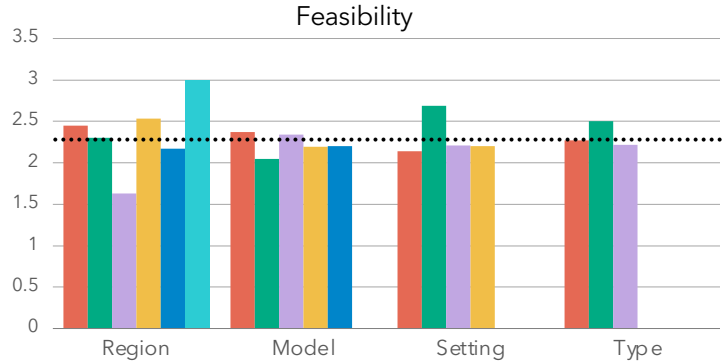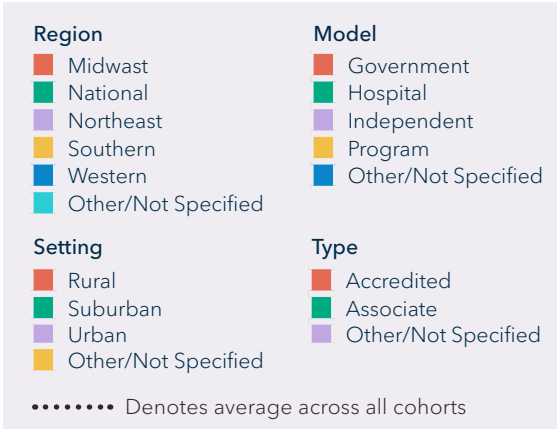
Idea 230: Cohort alignment based on Ph II Investments

Idea 230 Phase II Token Investment by Region
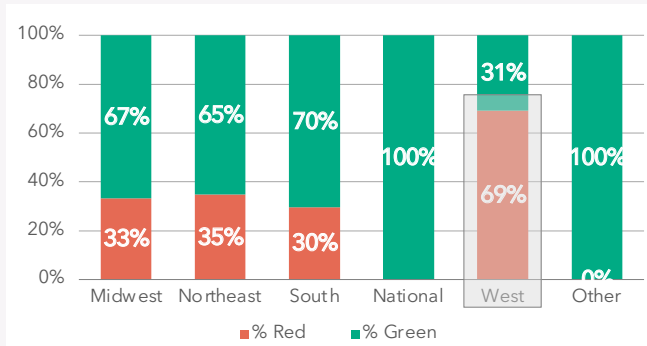
Idea 230 Phase II Token Investment by Model
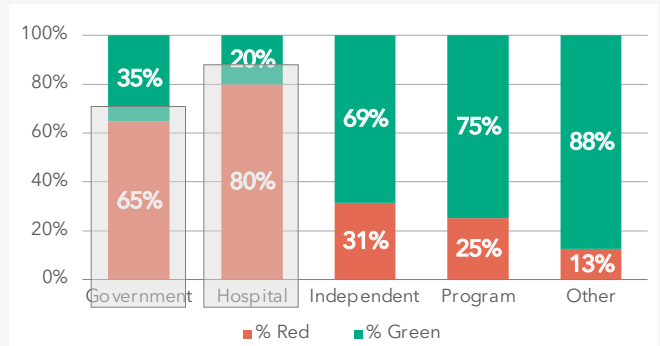
Idea 230 Phase II Token Investment by Type
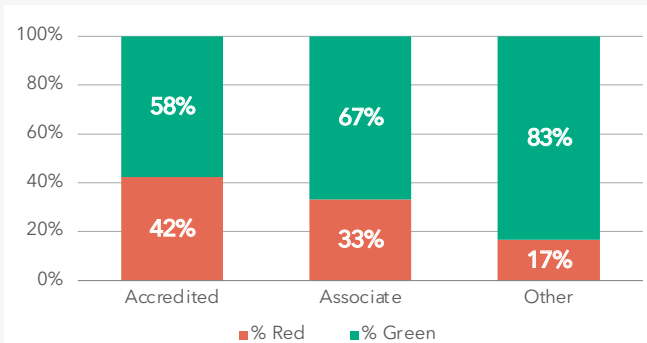
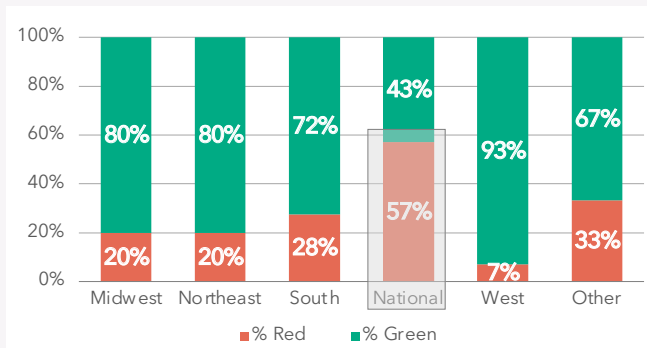### Idea 230 Phase II Token Investment by Setting
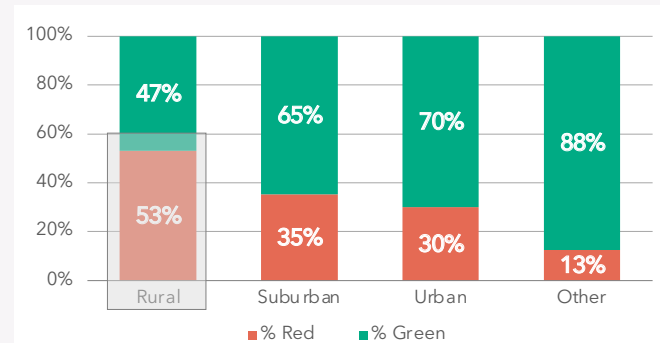
Idea 237

Better standardized CAC data collection to tell the CAC story both nationally and statewide

Participation: 147

Distribution:

11	26	21	11
4	24	12	1
3	14	12	2
3	1	1	1

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········· Denotes average across all cohorts

Feasibility

Impact

## Idea 237: Cohort alignment based on Ph II Investments

Idea 237 Phase II Token Investment by Region
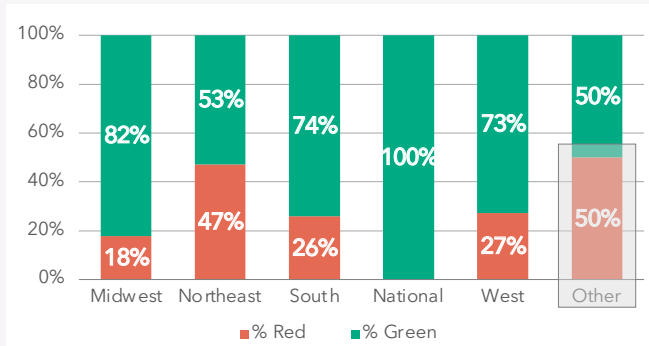

Idea 237 Phase II Token Investment by Model
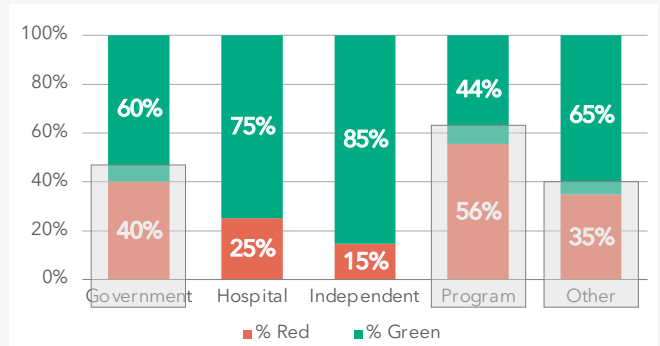
Idea 237 Phase II Token Investment by Type
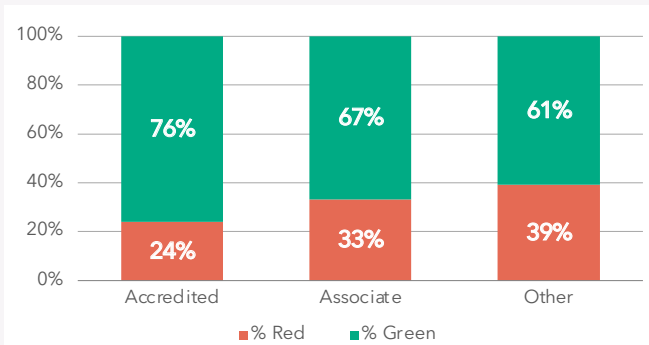
Idea 237 Phase II Token Investment by Setting
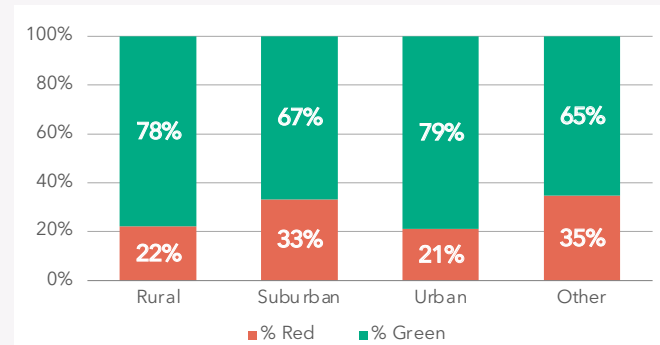
Idea 246

Create an annual chapter and CAC satisfaction survey and gather feedback regarding needs.

Participation: 149

Distribution:

0	2	14	32
1	6	29	16
0	4	15	15
0	3	3	9

X axis: Feasibility
Y axis: Impact
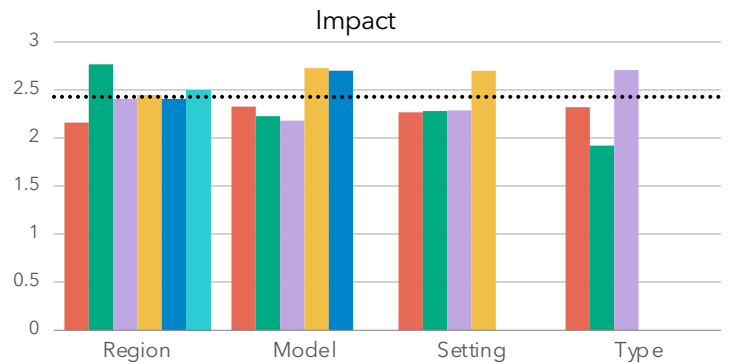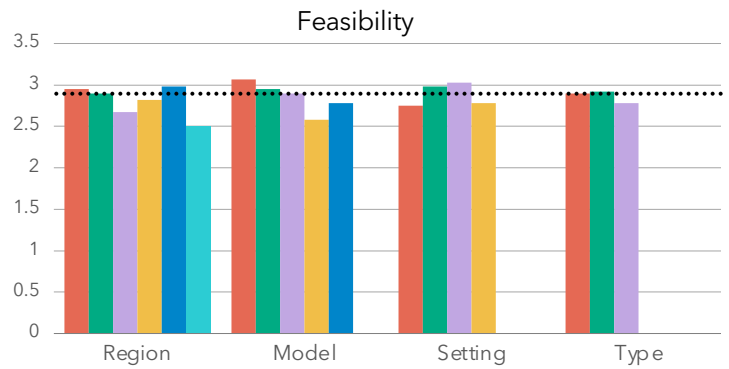
Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
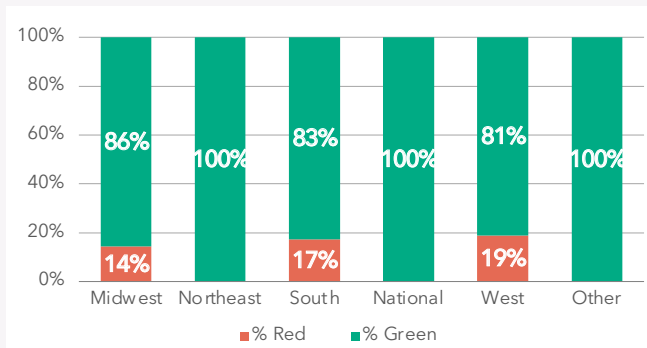- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

········ Denotes average across all cohorts

Feasibility

Impact

Idea 246: Cohort alignment based on Ph II Investments

Idea 246 Phase II Token Investment by Region

Idea 246 Phase II Token Investment by Model
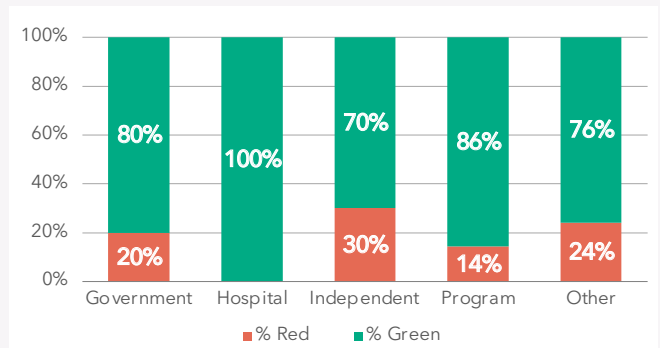
Idea 246 Phase II Token Investment by Type
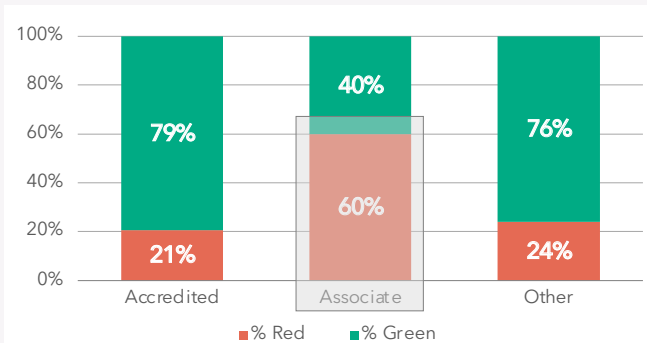
Idea 246 Phase II Token Investment by Setting
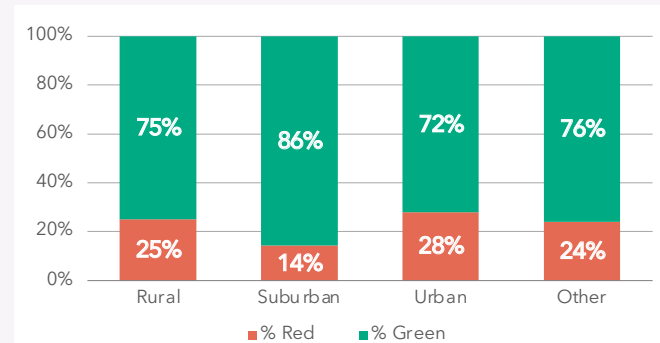
Idea 259

Develop of a tool to support CACs in utilizing an equity lens to ensure that evidence-based practices are implemented in a culturally responsive/ culturally relevant manner.

Participation: 147

Distribution:

4	39	22	4
5	22	12	1
2	18	11	1
3	1	1	1

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified
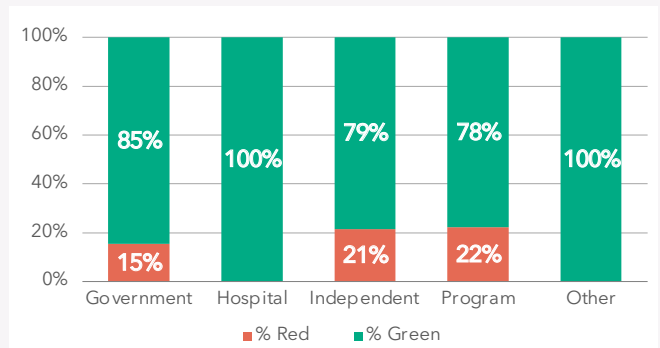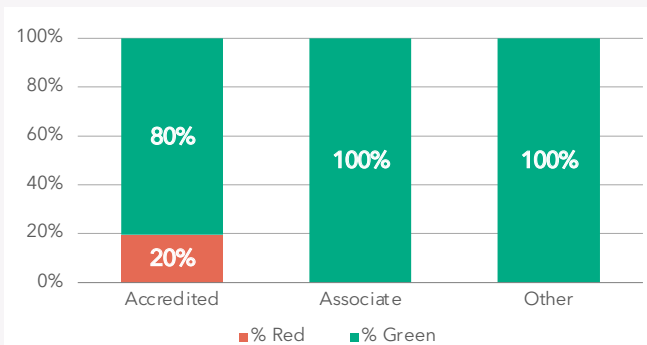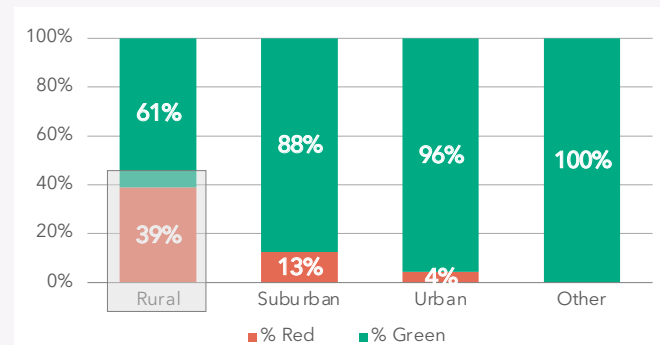
······· Denotes average across all cohorts

Feasibility

Impact
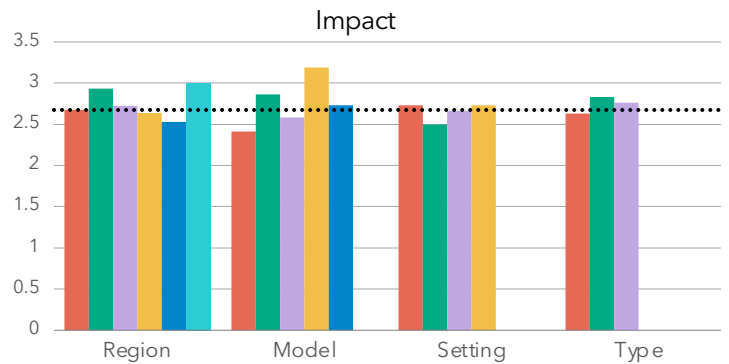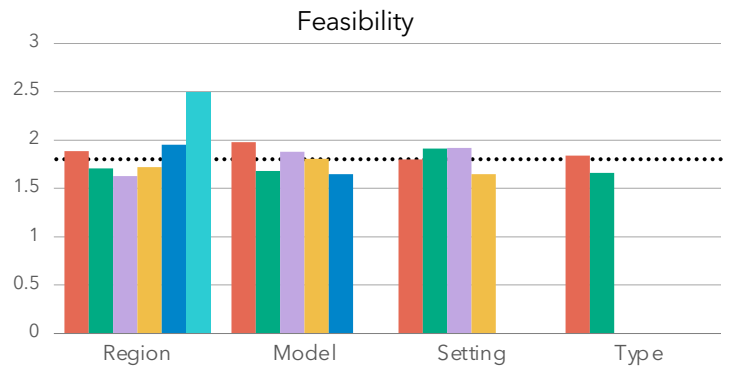
Idea 259: Cohort alignment based on Ph II Investments

Idea 259 Phase II Token Investment by Region

- % Red
- % Green

Midwest 86% / 14%, Northeast 100%, South 83% / 17%, National 100%, West 81% / 19%, Other 100%

Idea 259 Phase II Token Investment by Model

- % Red
- % Green

Government 85% / 15%, Hospital 100%, Independent 79% / 21%, Program 78% / 22%, Other 100%

Idea 259 Phase II Token Investment by Type

- % Red
- % Green

Accredited 80% / 20%, Associate 100%, Other 100%

Idea 259 Phase II Token Investment by Setting

- % Red
- % Green

Rural 61% / 39%, Suburban 88% / 13%, Urban 96% / 4%, Other 100%

Idea 292

Provide guidance on family conflict, physical abuse, psychological maltreatment assessments and interventions.
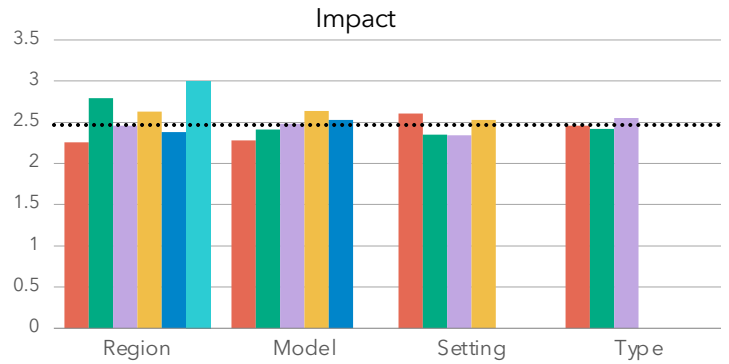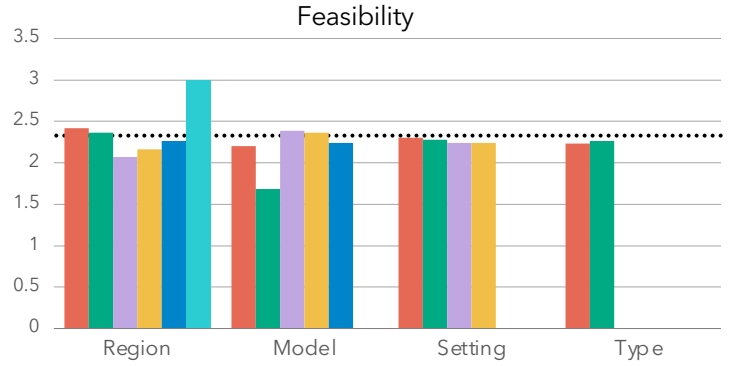
Participation: 148

Distribution:

3	14	20	9
2	16	38	5
1	8	17	4
1	2	4	3

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

•••••••• Denotes average across all cohorts
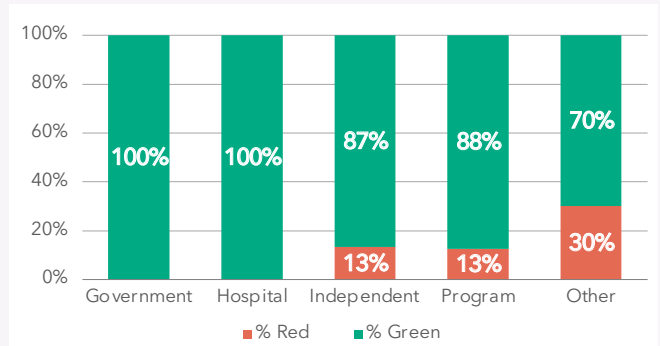
Feasibility

Impact

Idea 292: Cohort alignment based on Ph II Investments
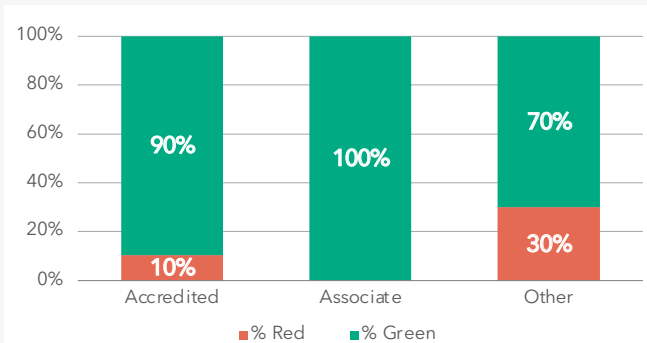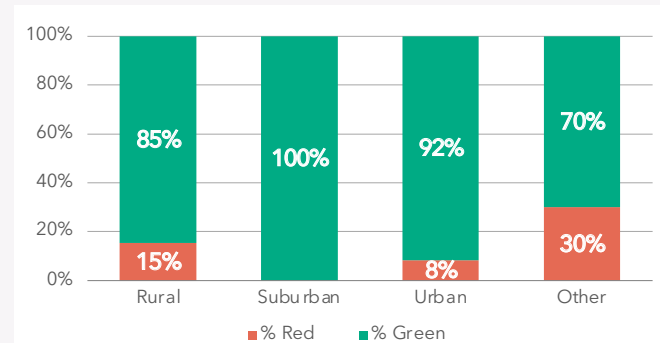
Idea 292 Phase II Token Investment by Region
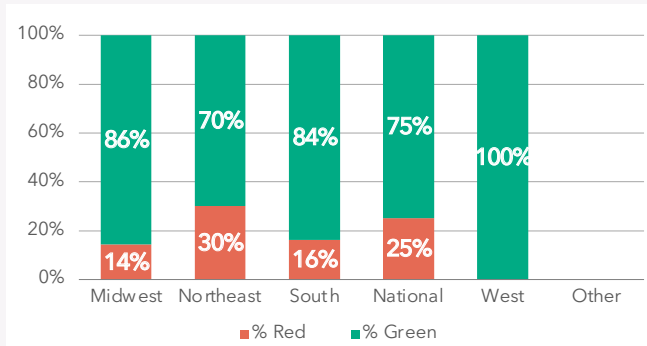
Idea 292 Phase II Token Investment by Model

Idea 292 Phase II Token Investment by Type

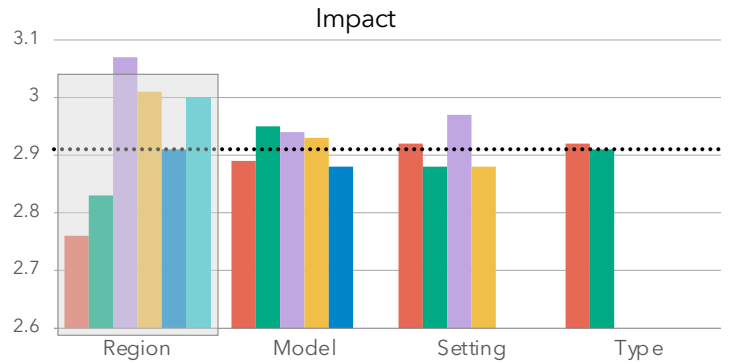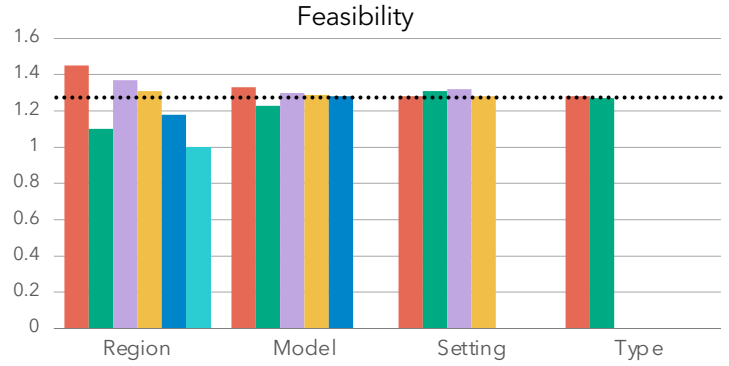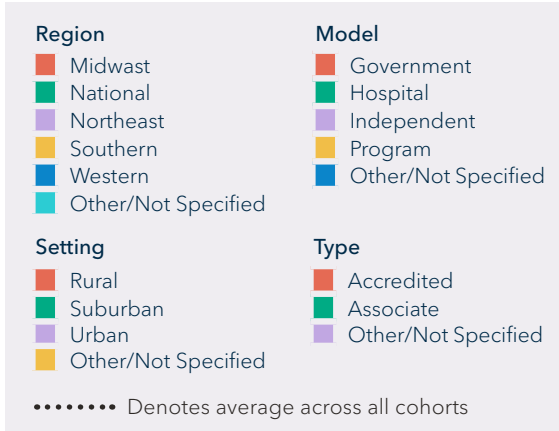**Idea 292 Phase II Token Investment by Setting**

Idea 301

Work with medical associations and universities to improve the pipeline of professionals available to provide exams to CACs.

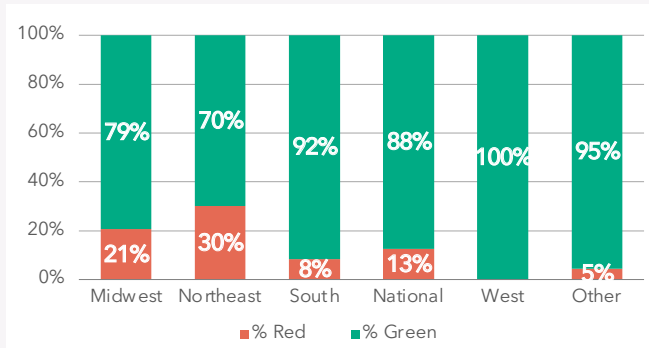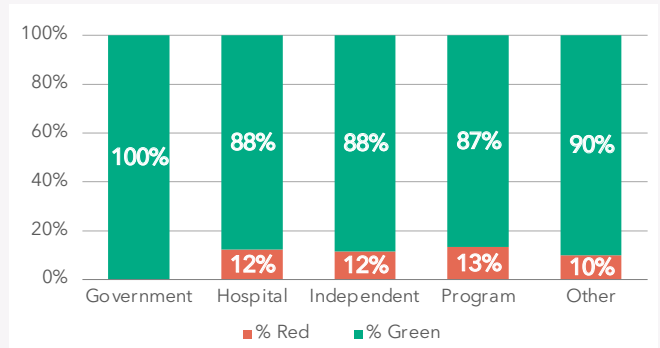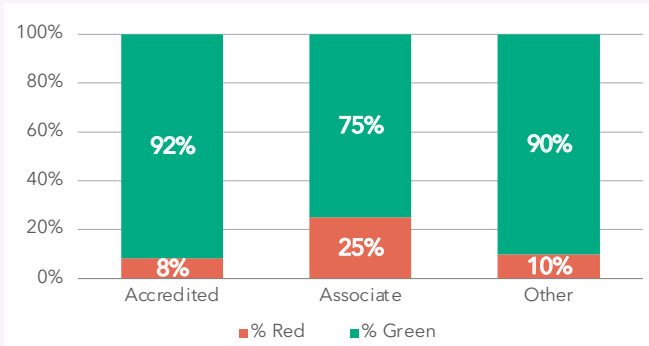**Participation:** 149

Distribution:

36	38	6	6
15	25	2	0
4	9	4	1
2	1	0	0

X axis: Feasibility
Y axis: Impact

Region
- Midwast
- National
- Northeast
- Southern
- Western
- Other/Not Specified

Model
- Government
- Hospital
- Independent
- Program
- Other/Not Specified

Setting
- Rural
- Suburban
- Urban
- Other/Not Specified

Type
- Accredited
- Associate
- Other/Not Specified

•••••••• Denotes average across all cohorts

Feasibility

Impact

Idea 301: Cohort alignment based on Ph II Investments

Idea 301 Phase II Token Investment by Region

Midwest: 21% Red, 79% Green
Northeast: 30% Red, 70% Green
South: 8% Red, 92% Green
National: 13% Red, 88% Green
West: 100% Green
Other: 5% Red, 95% Green

% Red   % Green

Idea 301 Phase II Token Investment by Model

Government: 100% Green
Hospital: 12% Red, 88% Green
Independent: 12% Red, 88% Green
Program: 13% Red, 87% Green
Other: 10% Red, 90% Green

% Red   % Green

Idea 301 Phase II Token Investment by Type

Accredited: 8% Red, 92% Green
Associate: 25% Red, 75% Green
Other: 10% Red, 90% Green

% Red   % Green

Idea 301 Phase II Token Investment by Setting

Rural: 6% Red, 94% Green
Suburban: 13% Red, 88% Green
Urban: 12% Red, 88% Green
Other: 10% Red, 90% Green

% Red   % Green