Practice Brief 7

An Interview with NCARC's Deanna Chancellor on the Effectiveness and Flexibility of the CAC Model

NCA Accreditation Standards this brief addresses:

1. Multidisciplinary Team
2. Diversity, Equity, and Access
3. Forensic Interview
4. Victim Support and Advocacy
6. Mental Health

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NCARC's Product Development Manager, Jennifer Calder, sat down with Deanna Chancellor, the Center's Project Director, to learn about Deanna's background and experience, why she is so passionate about supporting Tribal capacity to develop Child Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs), and important first steps for developing MDTs and CACs that will meet the needs of Native children and Tribal communities. This interview has been edited for length and clarity.

Can you tell us a little bit about your background and how you first became involved with Child Advocacy Centers?

I come from rural southeastern Oklahoma, where I ran a Child Advocacy Center for 18 years. Latimer and Leflore Counties were our primary catchment area, but we were available to any other county that needed our services. It's a funny story, how I came to that job with the CAC. I had worked for my Tribe's government for 10 years.

I'm an enrolled member of the Choctaw Nation. After that, I worked for the State of Oklahoma in substance abuse, and I was at a point where I was deciding what I was going to do next. I got a call from Peggy Talley at the Leflore County CAC to ask if I was interested in a position with their agency. She said the Executive Director position was open for their Child Advocacy Center, and she wanted to know if I would consider coming and interviewing with them. I said, "Well, I'm not even sure what that is, so I don't think so." She thanked me, and about a week later she called me back and said,

“Well, how about you just come and meet us?” I got there, and I just loved them. The interview committee offered me the job, and I took it.

I had no idea what I was doing. I had never even heard of a Child Advocacy Center before I got those phone calls. So, my first year was a major learning curve. In Oklahoma, we're really lucky. We have a great group of Child Advocacy Center directors, and they all just took me under their wing and really mentored me.

Mentors are so important in our work. Is there a mentor or a community champion, someone who inspired you in particular?

We talk a lot about community champions, so I'll tell you about mine. Her name was Peggy Talley, and she just recently passed away. She was a retired director of our Department of Human Services for Leflore County. She’d been involved in this field for years and knew that we needed to do a better job. Child Advocacy Centers, the whole model, was started by a district attorney in Huntsville, Alabama. He felt like they were failing children in the process of investigating these abuse cases, and he knew that they could do it in a better way. Peggy was the same way. She knew that we could investigate these child abuse cases in a way that decreased the trauma, increased services to families, and made investigating these cases more productive.

Peggy was a tiny 4'11” woman who, when she walked into the room and said something, everybody sat up and said, “Yes, ma'am.” She had this great energy. She was on my CAC board until she passed away, and she was our community champion. She was one of the original people that said, “We need this.” She got the DA involved, and they developed their team. And it's been there now for 25 years.

Anytime I think about a community champion, Peggy always comes to my mind, because this was her dream, and she was dedicated to it until she passed away. Her request was that in lieu of flowers, donations be made to our advocacy center. She was still taking care of us, even after she'd passed away. She was an amazing person, and I am just so thankful that I went to that job interview.

What excited you about stepping into this new role with the NCARC?

At the Native Child Advocacy Resource Center, we want to partner with you and be one of your first calls if you are looking to improve your CAC’s services to Tribal children. I think our center is filling a void. We want to help Tribal agencies develop CACs because we, as Tribes, can serve our own children and families and do it better than anyone else.

I loved working at the Child Advocacy Center. It was a combination of both of my loves. I belong to the Choctaw Nation of Oklahoma and so I'm very dedicated to issues involving Native peoples, and I love Children's Advocacy Centers and Multidisciplinary Teams. So, this new role is like a culmination of all my professional loves into one job. I can work with Tribal communities, Tribal nations, and I can still be in that CAC realm. I believe that the CAC model could be effective in so many communities because it is about wraparound services to families that

increase our ability to do our jobs well and decreases trauma for children and families.

How do you see this wraparound model and Tribal values fitting together?

We're not a linear people, we're a circular people, and I think that's what this CAC work does. It's surrounding this child in the middle into a circle of protection and healing.

Switching gears a little, I wonder if you have any guidance for Tribal community champions. What is an important first step for someone in a Tribal community in terms of getting approval and buy-in to start a CAC?

So, when we talk about developing an MDT or a CAC, the very first step is to get approval from your Tribal leadership. That champion in your community, that person who says we can do better, and we're going to do better for these victims and their families, needs to be there, and they need to get that Tribal government approval.

Then one thing that can be helpful in getting partners committed is to start having meetings and conversations where you talk about the research for MDTs and CACs. Spreading the word about how having these teams is the best practice to improve prosecution, decrease trauma, and improve families' access to services.

Once you get a commitment, you start developing your partner relationships. You develop an interagency agreement with all the department heads that outlines your commitments. It should detail how you're going to commit to working these very difficult cases in a specific way, and then you begin work on your protocols.

How about non-tribal CACs that want to improve their services to Native children and families? What do you see as some important foundations for them? How can they start partnering with Tribes in authentic ways?

I think the first thing to do is to recognize the sovereignty of the Tribal nations that you work with. Just as if we are entering into a contract with the Federal Government, or State government, we have to make sure that we're honoring the sovereignty of the Tribal government.

Then we have to make sure that we listen. When I ran a non-Tribal CAC, we worked well with our Tribal partners because we let them tell us what they needed. It was not my job to tell them. It was their right to tell me. We had an MOU with the Tribe that was detailed, and we did what they asked us to do because these are their cases, their children. You are in a collaboration with them.

It's important that non-Tribal CACs develop an MOU with the Tribe, and it needs to be detailed because we need to understand how we can respect their nation, and how we can work with them effectively to serve these families.

That's really the beginning stage, for programs to think about Tribal sovereignty, to begin meeting with Tribal leadership and asking them, "What would you like us to do for you? How can we best serve you?"

What about existing accredited Tribal CACs? What do you think we at NCARC have to offer them?

One of the ways that we can work with them is through training and technical assistance. We have some amazing people on our staff that provide training in areas necessary for accreditation. We have people that train on secondary trauma and on diversity and inclusion. We have people with expertise on ICWA, which is important for all programs serving Native children and families. Our team has some great trainers who can help communities meet their accreditation standards.

Can you tell us a little bit about the peer networking call?

Before we launched NCARC, there was no place for Tribal communities that had a CAC or wanted to develop a CAC, to come together in a peer support group. So, we started our peer call, kind of like a support group, for Tribal CACs, Tribes that would like to develop a CAC or an MDT, and for non-Tribal CACs who are partnering with Tribes. We meet every month, and each month we get a few more people joining us. It's always a great conversation. We discuss things like how to meet standards from a Tribal sovereignty standpoint. We have questions about how to interview kids in a culturally appropriate way. It's a robust conversation, and we create a place for people to come together that they haven't had in the past.

Can you share with us an example of an "aha!" moment from one of the peer calls? Maybe a time when some peer-to-peer advice was shared that was really helpful?

On one call recently we were talking about part of the forensic interview protocol. During the forensic interview, you ask a child about their family—who you live with, who those family members are, places that you go together, people that you're around. It's part of the investigation protocol. On this one call, we had a person from a non-tribal CAC who was interested in how to think about "family" in a Tribal context. This non-Tribal person wondered if a Native child says, "I stay with my auntie," do we need to follow up and ask if this is a blood relative or is this an Auntie in the Tribal sense? We had another forensic interviewer on the call who is Native and works with accredited Tribal CACs and was able to answer these questions and give the non-Tribal CAC some concrete ways to address this in the interview. It was a wonderful opportunity to get questions answered by someone who was doing the work on the reservation.

This peer call is a time for people being able to talk to each other about issues that have come up and to get those questions answered. This is a great place to do that.

What about emerging CACs? What message would you like to share with folks in Tribal communities considering developing a CAC who may be overwhelmed and wondering if this may be too much to take on?

One of the things that we want everybody to know is that the CAC is an investment of resources: money, time, and personnel. So sometimes we may not be at the stage where we're ready to take this on. But we

can start with putting together a Multidisciplinary Team, which can be done with almost no money, so long as you have a person that has something in their job description that would allow them to be the coordinator of that team. You can have a Multidisciplinary Team as a standalone, and that will improve your services for child victims. In Oklahoma, we have lots of freestanding MDTs.

But you cannot have the CAC without the MDT. So once that team is developed, then the CAC is a step that comes after that. You might be able to tackle CAC development at a later stage and having that MDT in place is a huge step in the right direction.

So, when we think about the members of that MDT such as mental health or medical services, or the victim advocate, for example, this could be a Tribal organization or a Tribal entity or non-Tribal organization, right? So even if a Tribe itself might not be able to fill all those staff positions itself, they could still put together an MDT?

Exactly, this would depend upon the resources that the Tribe has. And it may not be somebody that's on your team or works in your center on your MDT. It could be a community partner that provides those services. It could be someone that is making a commitment to be on the team. For example, when my center first started, we were very small, and we used the County Health Department therapist. She was dedicated to this process and was also an MDT member. So, there are a lot of different avenues where you can kind of pull people in from the community that are willing to give you that hour or so to work with the team on these cases.

Let's talk about moving toward NCA Accreditation. How do you suggest Tribes approach the Accreditation Standards?

The advice I give people is not to start off by looking at the standards as a whole, because it is overwhelming. Look at them individually and start with Standard 1, which is the MDT. Then just do it one standard at a time, and it'll be much more manageable. There's lots and lots of help out there to get you through it.

Some communities may have concerns that the accreditation process or the standards may be too rigid and not a good cultural fit for Tribal communities. What would you say to people about the NCA Accreditation Process that could address these concerns?

One of the really good things about the NCA Accreditation Standards is their flexibility to fit into many different communities. There are urban centers that are accredited, and there are incredibly rural centers that are accredited. We have accredited centers in Alaska, and we have accredited centers in Chicago. The standards are the minimum of what you need, and each community has some autonomy on how they're going to meet this and how they might alter things to fit their community once they've met that minimum. Your community decides what you need.

For example, let's take Standard #1, the Multidisciplinary Team. Representatives from six groups are required on the MDT: mental health, medical, prosecution, law enforcement, child protective services, and victim advocacy. These are the minimum in terms of who you have on your team. Most communities can meet that minimum. And then let's say we're a Tribal community, and

we also want a Tribal healer on the team. That's your decision. You would be able to include a traditional healer on your team because your community decides what is important to your children and families. It could be a Tribal educator, a Tribal Elder, or whomever you decide is going to be on that team for your community. You have the autonomy to do that. The standards are designed in a way that many different people in different communities, can meet them in many different ways.

Can you share a little bit about the National Children's Alliance, or NCA, as well as some other resources that can help with accreditation?

I'm a National Children's Alliance Site Reviewer, and I can say NCA's desire is for CACs to be anywhere that needs them or wants them. As for the accreditation process, they work hard to make sure that you have support. In addition, in every state, there is a state chapter, and those state chapter directors are wonderful resources to reach out to for help, particularly in the foundational stages of accreditation.

And what do you see as the value of accreditation?

One of the things accreditation does, in addition to ensuring that you're following these best practices that have been shown to be effective, is open up funding streams that might not have been available before for things like equipment or direct services for the expansion of programs. So, once you have that MDT and you start looking at becoming an associate member of NCA, or even just looking at that process, there are funding streams that do open up, allowing you to do that and, more importantly, to improve your services for children and families.

One of the things that you also will have access to is high-quality training through the National Children's Alliance or one of the other VOCAA partners. In case people don't know, the Victims of Child Abuse Act (VOCAA) partners are a partnership of leaders in the CAC movement, all funded by the Office of Juvenile Justice and Delinquency Prevention to do this work. We at NCARC are the newest VOCAA partner. The other VOCAA partners are NCA, and then there is the National Children's Advocacy Center, which provides training and technical assistance to child abuse professionals at a national level. Then there are four Regional CACs: Midwest Regional, Northeast Regional, Southern Regional, and Western Regional. And then there is the Zero Abuse Project. All of the VOCAA partners provide a range of training and technical assistance that can help MDTs and CACs at any stage of their development, and in a lot of cases it's either free or affordable for accredited CACs or for centers that are pursuing accreditation.

This last question maybe should have been my first question. I'm wondering what your "why" is? Why do you believe in this work? Why do you believe in the CAC and MDT models? And why do you believe in this approach to addressing child abuse in Indian Country?

The investigation of child abuse is a marathon, not a sprint, and we have to make sure we get it right. It's very important to get it right. MDTs bring all these amazing professionals together. It ensures that they

are sitting around the table, challenging each other sometimes to say, “We haven't done enough; we can do better than this,” and really challenging each other to think everything through as we investigate and work toward justice.

What else beyond investigation and prosecution?

It's not just about the investigation and prosecution part of the work, though that’s obviously important. There's also a healing part that is every bit as important.

One of my board members at the Leflore County CAC was Dr. Alice Smith. Her one goal when she hired me was that we would have onsite mental health, which wasn’t there when I started. We wanted to promote healing and to see families healed. We got it accomplished. They've had onsite therapy now for about 8 years. That healing part of it is amazing. Having families come in and they're in this traumatic situation, and you have your therapist that can sit down with them and help them get stable and develop a plan.

And the healing part of the MDT or CAC operations isn’t limited to therapy. As the person who was often talking to families when they came in, I would always tell them, this is just a thing that happened. It doesn't determine whether you're going to go live your best life. You’ll get through this. I've seen kids come back, and they're doing amazing things. I've seen it work and set families up for long-term success.

One of the stories I tell to explain the value of a CAC is about a family that was just devastated by child abuse. The mom was sitting on the couch with me, and she was saying, "How could I not know?” I was able to say, “This is not something that people think is going to happen to them. Don’t blame yourself.” We were able to surround that whole family with great resources, and wonderful therapy. And we could be there with them, for them, at this time in their lives, when they were devastated, and their lives were just completely shattered. And then I saw them a year later, and they've worked with the therapist, and they’re happy and healthy.

I know it works because I've seen it work. I've seen the positive impact on families again and again.

NCARC Project Director, Deanna Chancellor, MPA, Choctaw Nation of Oklahoma, joined the NNCTC in 2023 after serving 18 years as the Director of the Leflore County, Oklahoma, Child Advocacy Center and Women’s Crisis Services. She is a National Children’s Alliance Site Reviewer and has extensive experience providing training and technical assistance related to all aspects of child advocacy centers including development, accreditation, cultural adaptations, and secondary trauma.

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