

Regional Funding

Fiscal Year 2020 - Partner Funding Application

Safe Harbor Child Advocacy Center

Agency Information

General Information

Agency Name Safe Harbor Child Advocacy Center
Physical Address 305 Hanson Avenue, Suite 180, Fredericksburg, VA, 22401, U.S.A.
Mailing Address PO Box 56, Fredericksburg, VA 22404
Agency Phone Number (540) 891-6280
Federal Tax ID # 261563081
Web Address <http://www.safeharborva.org>
Agency Email Address elizabethmcnally@safeharborva.org

Agency Mission Statement

Safe Harbor's mission is to reduce the trauma to child victims of abuse by coordinating and strengthening the community response.

Number of Years in Operation 10

Main Contact

Main Contact Elizabeth McNally, phone: (540) 891-6280, email: elizabethmcnally@safeharborva.org

Job Title Executive Director

Localities Served

Please select any/all localities your agency serves.

Caroline
Fredericksburg
King George
Spotsylvania
Stafford

Collaborative Impact

Describe in detail how the community would be impacted if your agency were dissolved or merged with another partner agency.

Safe Harbor Child Advocacy Center (SHCAC) exists to ensure the abused children in our service area are not re-traumatized following their initial outcry of abuse. SHCAC provides a child-focused, safe environment in which a neutral, legally sound (forensic) interview may take place, and provides victim support and advocacy—including free mental health services—to support children's healing. Support services are also available for non-offending caregivers.

Empirical evidence demonstrates that communities with child advocacy centers (CACs) have greater law enforcement involvement in child sexual abuse investigations and greater incidence of coordinated investigations. Wolfeich and Loggins found that organizations with multidisciplinary teams (MDTs) were associated with higher frequency of substantiated abuse than the traditional child protection model that does not facilitate an MDT. By coordinating the investigation and combining the available evidence on the child's case, the MDT helps build a complete picture of the abuse. This type of coordination ultimately results in offenders being held accountable, reduction of duplication in both effort and cost, and most importantly, improved outcomes for children, adolescents, and the community.

CACs are critical to healthy communities. CACs help victims avoid the economic cost of abuse—estimated to otherwise be \$212,000 over the lifetime of a child victim—therefore not only improving outcomes for the child, but for the community at large.

Our work supports the mission of the Community Collaborative to "help to cultivate a thriving community through an inclusive collaborative in which youth and families acquire the foundation to be stable and successful." SHCAC's services directly support the following outcomes identified by the Collaborative in the Common Plan: family support, other adult relationships, community values children and youth, role models, resistance skills, and peaceful conflict resolution.

Community Impact

Please provide at least 2 examples of how your services have impacted members of our community.

Example 1

SHCAC provided a range of services to a seven-year-old male ("Jake") who alleged that his twelve year-old male cousin sexually assaulted him over the span of several months. Services began with a multidisciplinary team (MDT) staffing and proceeded to a forensic interview in August of 2017. Post interview, support services were provided to the child and caregivers including trauma-focused cognitive behavioral therapy (TF-CBT). Jake presented for therapy with several trauma symptoms including night terrors, bed-wetting, and behavioral challenges at school. The therapist met with Jake and his family weekly for eight months to address his trauma related symptoms of hyper-arousal, avoidance, and re-experiencing. The therapist also provided his caregivers support by conducting parent sessions to offer guidance as they engaged with their son and the school system. Additionally, the therapist participated in meetings with the family and school to support the child. Jake made significant progress in the areas of avoidance and re-experiencing as nightmares; his bed-wetting decreased significantly, and his ability to talk with his parents about his trauma increased. However Jake did continue to experience challenges related to hyper-arousal at school. To address this, the therapist met with Jake's teacher and consulted via phone with his guidance counselor and assistant principal to encourage an understanding of trauma and seek solutions. Jake's parents agreed to case

closure near the end of the school year; they had made the decision to home school Jake next year. Lastly, the therapist provided support as the case proceeded through the legal system; Jake was not required to testify as the defendant plead guilty, however, the therapist assisted the child with writing a victim impact statement. By the end of treatment, Jake had experienced a twenty-five (25) point reduction in his UCLA PTSD scale score.

Example 2

In October of 2018, one of SHCAC's partner MDTs achieved justice for a young, female survivor of abuse. The now five-year-old child was abused by her own grandmother who was ultimately charged in one local jurisdiction with conspiracy and using a communications device to facilitate an offense against a child. The abuser was convicted and was recently sentenced to 15 years in prison, was ordered to have no contact with the victim for the rest of her life and to have no unsupervised contact with any child. She was also banned from using the internet without supervision. The child survivor was provided investigative and supportive services by SHCAC.

Example 3 (Optional)

During FY2018, trauma-focused cognitive behavioral therapy (TF-CBT) services were initiated for 71 children who met the criteria established by the Rappahannock Area Community Services Board (SHCAC's partner provider of therapy services). On 6/30/2018, 31 of those children were still participating in therapy, 8 cases had been discharged from therapy due to non-compliance, and the remaining 32 cases completed therapy successfully.

TF-CBT seeks to address and deregulate symptoms in five domains: (1) affective, for example, anxiety, sadness, anger; (2) behavioral, for example, avoidance of trauma reminders, self-injurious behaviors, maladaptive behaviors modeled during trauma (e.g., sexual behaviors, bullying, aggression); (3) biological, such as hypervigilance, poor sleep, increased startle response, and somatic problems that interfere with functioning; (4) cognitive/perceptual, for example, intrusive trauma-related thoughts and memories; maladaptive trauma-related beliefs, dissociation, psychotic symptoms, cognitive dysregulation; and (5) social/school: such as impaired relationships with family, friends, peers, social withdrawal, decline in school concentration, performance and/or attendance; impaired attachment and/or trust.

To assess a child victim's reactions to trauma, the therapist administers the UCLA Posttraumatic Stress Index. This test has been used across a variety of trauma types, age ranges, settings, and cultures.

Of the 32 children who completed therapy successfully, all 32 reduced their PTSD Index score substantially, while 13 reduced their scores by more than 25 points indicating major reduction in trauma symptoms.

Safe Harbor Child Advocacy Center

Agency Budget Narrative

Administrative Expenses

Provide an overview of the administrative costs for your agency.

Administrative costs at SHCAC are low as the majority of our budget is comprised of personnel and operating expenses associated with the delivery of direct program services. Safe Harbor's overhead ratio is well within that permitted by most government funders.

If your agency is requesting an increase or decrease in administrative funding, please describe in detail the reasons for these changes.

Request for funding at the locality level is based on volume or services for that locality.

Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds.

At the time of application, the amounts of and justification for administrative costs are not historically recorded as being expended by specific revenue sources. General expenses that are not grant-specific are offset by the collective of fundraising net revenue, donations not earmarked for operations, and local government grants.

Capital Expenses

Please provide an overview of the capital costs for your agency.

At the time of this application, we do not currently anticipate capital costs in FY2020.

Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.

At the time of this application, we do not anticipate capital costs in the upcoming fiscal year that will need to be defrayed by locality funds.

Salary & Benefit Expenses

Please provide an overview of any increases or decreases in general personnel expenses for your agency.

FY2020 personnel costs are impacted by (1) the increase of a previously budgeted part-time position to full time (this occurred in FY2019, but is carrying forward to FY2020); (2) the budgeted increase of health insurance stipend by \$100 per month for staff and the executive director.

Please provide a description of any changes to agency benefits structure or cost.

Please refer to the response to the previous item.

Budget Issues

Provide any legislative initiatives or issues that may impact the agency for the upcoming year.

The state legislative calendar is, as always, full and it is unclear how the funding for the support of child abuse victims and their service agencies will be impacted. The Executive branch of the Federal government, and some decisions early in the administration, leave victims and service providers alike uncertain about future federal funding. At the state level, Children's Advocacy Centers of Virginia continues to coordinate efforts for SHCAC to participate in an advocacy event to educate state leaders on the continued need for funding.

If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

SHCAC's grant funding is on a set cycle which staff administer closely with the leadership of the respective funding sources.

Please detail any identified agency needs or areas of concern that are currently not being addressed in your funding request.

The Safe Harbor Board of Directors has established a Long Term Expense fund with the FY2019 budget. The purposes of the fund are to (a) set aside a minimum of six months operating costs (approximately \$200,000 in FY2019), and (b) set aside funds to support strategic goals. After its annual audit is complete (expected mid-November 2018), the Board will vote to transfer surplus funds from FY2018 out of its operating account into the Long Term Expense fund account.

Support for fundraising development continues to be a goal as we are seeking to create a robust strategic fundraising plan.

Safe Harbor Child Advocacy Center

Agency Total Budget

In the boxes below provide an overview of the administrative costs associated with your total agency budget.

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Salary	131,156.91	189,860.01	179,720.10	238,776.38	245,939.67
Benefits	14,701.27	17,051.61	2,969.50	3,065.22	2,942.93
Operating Expenses	179,937.23	110,581.95	135,163.68	159,086.99	170,947.78
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Other Expenses	0.00	0.00	0.00	0.00	0.00
Total	325,795.41	317,493.57	317,853.28	400,928.59	419,830.38

Revenues

Please include revenue associated with your entire organization. This section represents the TOTAL revenue your organization is receiving. The revenue associated with specific programs will be listed within your program budgets; this section represents total revenues. (For example if your organization requests funding for multiple programs the total amount requested from each locality or other entities goes within this section)

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	1,000.00	1,000.00	1,050.00	1,082.00
Fredericksburg	5,000.00	5,000.00	5,000.00	5,000.00	5,250.00
King George	3,000.00	3,000.00	1,500.00	1,575.00	1,625.00
Spotsylvania	7,000.00	7,000.00	7,000.00	7,150.00	7,365.00
Stafford	4,750.00	4,750.00	3,000.00	3,000.00	3,090.00
United Way	69,453.10	66,000.00	72,550.64	74,250.00	76,477.50
Grants	122,199.17	175,697.44	209,986.87	175,346.09	178,000.00
Client Fees	0.00	0.00	0.00	0.00	0.00
Fundraising	54,797.92	36,330.00	90,511.26	77,512.50	79,837.88
Other (Click to itemize)	51,190.45	37,000.00	69,615.59	56,045.00	67,103.00
Total	317,390.64	335,777.44	460,164.36	400,928.59	419,830.38

Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	-8,404.77	18,283.87	142,311.08	0.00	0.00

Safe Harbor Child Advocacy Center

Locality Information

Locality Notes

Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.

Caroline County

Fiscal year 2018 represents the ninth year that SHCAC has provided services not only to the abused children of Caroline County, but free trauma-focused mental health treatment services and ongoing education, training, and support for its multidisciplinary team.

We remain grateful for the financial support provided by Caroline County leadership in FY2019. During FY2018, SHCAC served 12 victims whose cases originated in Caroline County. The cost per child in FY2018, not including mental health services, was \$1,418. We remain committed to the partnership with Caroline County so that together we may bring trust, healing, and justice to its most vulnerable child residents.

City of Fredericksburg

SHCAC relocated to the City of Fredericksburg in August 2017 to a location that is central to the planning district service area, accessible to I-95, Route 1, and the local trauma center where forensic nurses are based.

We are grateful for the financial support provided by City of Fredericksburg leadership in FY2019. During FY2018, SHCAC served 25 victims of abuse whose cases originated in the City of Fredericksburg. The cost per child in FY2018, not including mental health services, was \$1,418.

King George County

King George County continues to fully utilize SHCAC for essential coordination of services for the abused children of that county. Fully embracing the CAC model, MDT members from King George actively seek continuing education which in turn supports the achievement of positive results for abused children.

We are grateful for the financial support provided by King George County leadership in FY2019. During FY2018, SHCAC served 13 victims of abuse whose cases originated in King George County. The cost per child in FY2018, not including mental health services, was \$1,418.

Spotsylvania County

Spotsylvania County continues to hold the highest utilization rate for SHCAC of the regional partners. We have nurtured a close partnership in ensuring these services are provided to abused children in a safe, child-focused environment with the wrap around services that SHCAC provides. Although SHCAC relocated from Spotsylvania County to the City of Fredericksburg in August 2017, as a non-profit serving the community for nearly ten years, we understood the need to continue stewarding the long-standing relationship that had been built and remain committed to a strong working relationship with the Spotsylvania multidisciplinary team.

We are grateful for the financial support provided by Spotsylvania County leadership in FY2019. During FY2018, SHCAC served 61 victims of abuse whose cases originated in Spotsylvania County. The cost per child in FY2018, not including mental health services, was \$1,418.

Stafford County

We are grateful for our partners in Stafford who support the program not only financially, but also through in-kind support such as the use of their training space for Safe Harbor to deliver continuing education for forensic interviewers all five of Safe Harbor's partner jurisdictions.

We are grateful for the financial support provided by Stafford County leadership in FY2019. During FY2018, SHCAC served 56 victims of abuse whose cases originated in Stafford County. The cost per child in FY2018, not including mental health services, was \$1,418.

Safe Harbor Child Advocacy Center - Safe Harbor Child Advocacy

Program Overview

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

General Information

Program Name Safe Harbor Child Advocacy

Is this a new program? No

Program Contact

Name Elizabeth McNally

Title Executive Director

Email elizabethmcnally@safeharborva.org

Phone (540) 891-6280

Program Purpose / Description

Provide an overview of this program

Safe Harbor Child Advocacy Center (SHCAC) is nonprofit whose mission is to strengthen and coordinate the community's response to child abuse and neglect. SHCAC follows a nationally recognized, evidence-based model which had its origins in Huntsville, Alabama in 1988 with the nation's first child advocacy Center.

SHCAC aims to lessen the trauma to child victims of abuse by coordinating and utilizing a multidisciplinary team (MDT) approach. Professionals from law enforcement, medical forensics, mental health, child protective services, prosecution, and victim advocacy come together to address and respond to the child's abuse. The MDT approach not only reduces trauma, but it is known to prevent further victimization of children as well.

SHCAC operates in a safe, child-focused setting. Services offered by SHCAC include case management, forensic interviewing, support for non-offending caregivers, and trauma-focused therapy. SHCAC also provides development, coordination, and training for members of the MDTs of the five jurisdictions it serves.

Client Fees

Please describe the fees clients must pay for the services by this program.

There are no fees for services at SHCAC.

Justification of Need

Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request.

According to the Virginia Department of Social Services, 6,947 children were involved in founded cases of abuse in state fiscal year 2017. Kids Count reports that in 2016, the rate of founded cases of child abuse per 1,000 children was 2.1 - Caroline Co.; 4.9 - City of Fredericksburg; 1.1 - King George Co.; 2.3 - Spotsylvania Co.; and 0.4 - Stafford Co. The investment by each locality in SHCAC's services at the time of acute events in children's lives has a profound, lasting impact as the survivor pursues a healthy, productive future.

The use of CACs and MDTs has resulted in increased successful prosecutions of child abuse perpetrators. In a study by Miller & Rubin comparing two districts of a large urban area over a period of 10 years, felony prosecutions of child sexual abuse doubled in the district in which the use of CACs remained constant. Locality funding to support CACs should be considered as an extension of all efforts to maintain safe, stable communities.

If this is a new program, be sure to include the benefits to the region for funding a new request.

The program has successfully operated since 2008.

Target Audience and Service Delivery

Describe the program's intended audience or client base and how those clients are served.

SHCAC aims to serve children and adolescents age 0 - 18 who are reported to be victims of sexual or physical abuse, severe neglect, or a witness to violence. SHCAC serves Planning District 16: the City of Fredericksburg, and the Counties of Caroline, King George, Spotsylvania, and Stafford; our child-focused location is in the City of Fredericksburg.

Members of the multidisciplinary team (MDT) begin the process by accepting the initial report of a child's outcry of abuse or that of a caregiver / mandated reporter. SHCAC collaborates with MDT members to collect intake information and provides services based on the recommendation of the MDT. Services include forensic interview, forensic medical exam, victim advocacy / case management, and trauma-focused therapy. Services continue, at no cost, until the child no longer needs them.

If your program has specific entry or application criteria, please describe it here.

SHCAC's services are initiated and provided at the request of locality MDTs.

Safe Harbor Child Advocacy Center - Safe Harbor Child Advocacy

Program Budget Narrative

Please indicate in detail reasons for increases or decreases in the amounts you are requesting.

The amount that SHCAC is requesting in increase from each jurisdiction is minimal (3%) and is being requested to attempt to maintain pace with the cost of day-to-day operations. SHCAC's staff do their best work with child survivors of abuse when they can give each child and caregiver their full time and attention. Ensuring that program equipment, supplies, software, hardware, and environment are trauma-informed and fully functioning is essential to supporting employees; the cost of maintaining such rises each year.

If an increase is being requested, please describe the impact not receiving an increase would have on the program.

If no increase is granted, SHCAC would seek other funding to support operations as the need for the services provided continues.

In particular, please describe in detail if any increase is sought for new positions or personnel.

There are no funds being requested for new positions or new personnel.

Safe Harbor Child Advocacy Center - Safe Harbor Child Advocacy

Program Specific Budget

Please provide your program specific budget below.

Expenses

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Personnel	131,156.91	189,860.01	179,720.10	238,776.38	245,939.67
Benefits	14,701.27	17,051.61	2,969.50	3,065.22	2,942.93
Operating Expenses	179,937.23	110,581.95	135,163.68	159,086.99	170,947.78
Capital Expenses	0.00	0.00	0.00	0.00	0.00
Total	325,795.41	317,493.57	317,853.28	400,928.59	419,830.38

Revenues

This section represents revenue specifically associated with your program. Revenue that supports the implementation of your program and the services provided to the community.

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Caroline	0.00	1,000.00	1,000.00	1,050.00	1,082.00
Fredericksburg	5,000.00	5,000.00	5,000.00	5,000.00	5,250.00
King George	3,000.00	1,500.00	1,500.00	1,575.00	1,625.00
Spotsylvania	7,000.00	7,000.00	7,000.00	7,150.00	7,365.00
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Grants	122,119.17	175,697.44	209,986.87	175,346.09	178,000.00
Client Fees	0.00	0.00	0.00	0.00	0.00
Fundraising	54,797.92	37,830.00	90,511.26	77,512.50	79,837.88
Other (Click to itemize)	51,190.45	37,000.00	69,615.59	56,045.00	67,103.00
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Surplus / Deficit

	FY 2017 Actual	FY 2018 Budgeted	FY 2018 Actual	FY 2019 Budgeted	FY 2020
Surplus or Deficit	-8,484.77	18,283.87	142,311.08	0.00	0.00

[View Diagram](#) Goals and Objectives

Goals

Goal:

Safe Harbor services will be utilized by local multidisciplinary teams from each jurisdiction to investigate cases of suspected abuse and neglect.

Objectives

		2017 Baseline	2017 Year End	2018 Baseline	2019 Baseline
Safe Harbor will provide the resources to conduct a minimum of 190 forensic interviews, medical evaluations, and consults.	Total # Clients Served		237	262	255
	Total # Clients Achieved/Successful		237	262	255
	% Achieved / Successful	0	100	100	100
100% of forensic interviews at Safe Harbor are conducted by an individual trained in the ChildFirst model of forensic interviewing.	Total # Clients Served		237	262	255
	Total # Clients Achieved/Successful		237	262	255
	% Achieved / Successful	0	100	100	100

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

The following is a revised goal for FY2020: "100% of MDT-requested forensic interviews at Safe Harbor are conducted by an individual trained in the ChildFirst model of forensic interviewing."

Occasionally, Safe Harbor provides space and support for child or adolescent forensic interviews conducted by US Immigration and Customs Enforcement's Homeland Security Investigations, Naval

Criminal Investigative Service, and/or the Federal Bureau of Investigations. When one of these entities requests space for an interview to take place, they may provide their own trained forensic interviewer who utilizes a different protocol such as "Prepare and Predict".

If you are restating the goals or objectives for the prior calendar year, please include those here

Goal:

Child victims of alleged child abuse have immediate needs addressed onsite in a coordinated, comprehensive, child-focused, safe and protected environment.

Objectives

		2017 Baseline	2017 Year End	2018 Baseline	2019 Baseline
Family needs assessments will be conducted with 250 families.	Total # Clients Served		237	250	225
	Total # Clients Achieved/Successful		237	250	220
	% Achieved / Successful	0	100	100	97.78
Child victims of alleged abuse return for ongoing mental health and support services to address the impact of traumatic events.	Total # Clients Served		48	55	55
	Total # Clients Achieved/Successful		15	42	44
	% Achieved / Successful	0	31.25	76.36	80
To be eligible for therapy at SHCAC, there must be a disclosure of abuse during the forensic interview and a subsequent score of 25+ on the UCLA Post Traumatic Stress Scale (exceptions may be made by the MDT on a case-by-case basis to provide therapy for children who score lower).					

Explanation & Overview

If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case

FY2017 Completion of treatment: Of the 48 children who entered treatment at SH, 15 had successfully

completed therapy by the end of the fiscal year. Of the remaining thirty-three (33), twenty-five (25) were still in treatment at SH.

FY2017 Reduction of PTSD Scale Scores: Of the 48 children who entered treatment at SH, fifteen (15) had reduced their PTSD scores by the time of this report. Eight (8) children had reduced their score by between 1-20 points; four (4) children reduced their score by 21-30 points; and three (3) reduced their score by more than 31 points. Of the thirty-three children remaining in treatment, it is our belief that with continued participation, these children will also realize large reductions in their PTSD scale scores.

Updates for FY2018

Please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported

The total projection of Family Needs Assessment has been reduced as the figure was originally based on the number of children served, not accounting for multiple siblings in one family. In those instances, one family needs assessment is conducted.

With regard to mental health treatment results, going forward, we will report and count children who completed therapy during the reporting period, but who began therapy prior to the reporting period (i.e. their treatment crosses fiscal years).

If you are restating the goals or objectives for the prior calendar year, please include those here

Safe Harbor Child Advocacy Center - Safe Harbor Child Advocacy

Number of Individuals Served

Localities

Please provide the actual numbers of individuals served in this program during FY2017 and FY2018, the estimated numbers of individuals served in FY2019 and the projected numbers of individuals served in FY2020.

Locality	FY2017 (Actual)	FY2018 (Actual)	FY 2019 Estimate	FY 2020 Projected
Fredericksburg City	31	25	27	30
Caroline County	29	12	20	25
King George County	14	14	18	18
Spotsylvania County	74	61	68	70
Stafford County	54	56	55	60
Other Localities	35	56	52	50
Total	237	224	240	253

Safe Harbor Child Advocacy Center - Safe Harbor Child Advocacy

Collaborative Impact

Efforts and Partnerships

Describe in detail examples of collaborative efforts and key partnerships between your program and the other programs or agencies in the area.

SHCAC has well-established formal partnerships with Mary Washington Healthcare (MWH) and the Rappahannock Area Community Services Board (RACSB) which enable the organization to achieve its mission.

MWH provides Sexual Assault Nurse Examiners (SANEs) and provides expert review of exams. Nurses have access to a fully equipped examination room at SHCAC.

RACSB is SHCAC's key partner for free, onsite trauma-focused cognitive behavioral therapy. Children who are forensically interviewed at Safe Harbor are eligible for therapy at any point in time after their disclosure until the age of eighteen.

SHCAC maintains inter-agency collaborative agreements with the City of Fredericksburg, Counties of Caroline, King George, Spotsylvania, and Stafford as their dedicated personnel form our multidisciplinary teams comprised of Law Enforcement, Department of Social Services (Child Protective Services) Commonwealth's Attorney, and Victim Witness.

Collaborative Impact

Describe in detail how the community would be impacted if your program were dissolved or merged with another partner agency.

SHCAC is the only child advocacy center in this region of Virginia.

Multiple pervasive and negative impacts would occur with the loss of SHCAC: (1) a delay for child victims receiving or total lack of availability of medical, therapeutic, or support services, (2) the loss of coordinated and comprehensive services, (3) the loss of training paid by SHCAC for government and public professionals who comprise MDTs; and (5) the loss of a cost saving of more than \$1,300 per case when approached using best practices through a CAC as compared to the traditional approach.

As described in our agency collaborative statement, data exists which demonstrates that communities with CACs have dramatic improvement in felony prosecution of child abuse as well as faster case processing time. Because SHCAC exists, healing, trust, and justice are the outcomes for abused children in our service area.