CHILDREN’S ADVOCACY CENTER of Kennebec & Somerset Counties

**GUIDELINES**

**MISSION STATEMENT**

The Children's Advocacy Center (CAC) of Kennebec and Somerset Counties provides a safe, neutral and child-centered place for coordinated evaluation of children following an allegation of sexual abuse. Using evidence-based best-practices, the CAC multi-disciplinary team members are committed to the minimization of trauma through a streamlined, non-repetitious and timely evaluation process. Accessible, on-going support for children and their non-offending family members/legal guardian will always be of paramount importance to the CAC team.

This mission is accomplished by creating a child-friendly environment, where all involved services—which may include DHHS, law enforcement, prosecution, medical, mental health, victim advocates or crisis center advocates, family support service and others—actively coordinate efforts on the child’s behalf.

This mission is accomplished by establishing and maintaining good organizational practices in the areas of management support for CAC members and for the Multi-Disciplinary Team.

This mission is accomplished by implementing the best practices of each discipline, informed by community standards, national standards, professional expertise, current research and scientific knowledge.

Finally, this mission is accomplished by pledging that the CAC will provide necessary services without regard for financial status, following the standards of the National Children’s Alliance, the policy of our host institution, MaineGeneral Medical Center—Seton Unit, and the traditions of public service of our member agencies.

**INTRODUCTION**

These guidelines for our Child Advocacy Center (CAC) have been developed as a cooperative effort by a team of professionals from our community who share expertise in child sexual abuse and a commitment to its prevention and treatment. We are guided in this effort by the National Children’s Alliance (NCA). From the difficult history of many child sexual abuse cases, from the positive example of the NCA, and from other CACs, we have learned that prosecution, prevention, and effective treatment of child sexual abuse requires a cooperative effort by professionals from several disciplines. We are inspired by children, by struggling and succeeding families, and by child sexual abuse professionals in Maine, in other parts of the United States and throughout the world. The purpose of these guidelines is to help individuals, agencies, and institutions involved in our CAC efforts recognize and respond appropriately to concerns of child sexual abuse.

**I. CAC SERVICE AREA, CASES, AND TEAM MEMBERS**

The service area of the CAC will be Kennebec & Somerset counties. From these counties, the CAC will accept cases of suspected child sexual abuse. Expansion to other geographic areas and types of child maltreatment may be considered by the CAC in the future.

The purpose of the multi-disciplinary team is to ensure that those providing services related to a child abuse case are able to conduct their work in a coordinated manner, maximizing positive outcomes for the child while promoting justice. Not all members of the CAC will be involved in all cases. Professionals not associated with the CAC who have a role in a specific case may be included by the CAC Family Services Coordinator or designee on advice and consent of the district attorney’s office and subject to applicable rules of confidentiality and rules of conduct.

The Child Advocacy Center (CAC) consists of representatives from the following community agencies, and institutions involved in protecting and treating children and prosecuting crime:

1. Department of Health & Human Services. The DHHS representative shall be a trained Child Protection Service Worker and/or supervisor.

2. Medical Personnel. Medical personnel may include physicians, nurses, nurse practitioners or physician assistants, with specific training and skills in identifying and treating children’s health needs and in gathering evidence where there is a disclosure or a concern of child abuse. Our CAC will routinely refer cases needing medical attention to the Spurwink Child Abuse Clinic or will refer treatment to the Emergency Department of MaineGeneral Medical Center.

3. Law Enforcement. The law enforcement representative shall be a sworn police officer with demonstrated experience and training in child abuse.

4. Prosecution. An attorney from the appropriate district attorney’s office with demonstrated interest in the prosecution of child sexual abuse cases shall be appointed by the local district attorney.

5. Mental Health. Mental health professionals trained in treating child abuse (herein used to include emotional, physical and sexual abuse) shall participate in the CAC.

6. Victim/Witness Advocate. The victim/witness advocate shall be a member of the district attorney’s victim/witness program, and shall have demonstrated interest in child sexual abuse cases.

7. Crisis Center Advocate. This person shall provide support to the non-offending caregiver in a manner consistent with the CAC. This advocate will be a staff person from the Sexual Assault Crisis & Support Center and/or Family Violence Project when domestic violence is involved.

Other roles:

In addition, the CAC shall include the following roles. With the agreement of CAC members and with appropriate training, these roles may be filled by a member of the multidisciplinary team (above) or a staff person of SAC & SC

1. Program Manager—The CAC case team meetings and case reviews shall be facilitated by the CAC Program Manager or his/her designee.
2. Family Services Coordinator—The Family Services Coordinator or designee oversees the intake process, scheduling of the forensic interview and coordination of services for the child and family throughout the CAC process. The Family Services Coordinator or designee will inform the team of his or her actions and respond to requests for information from the team in a timely manner. Interviews are scheduled and organized by the Family Services Coordinator or designee.
3. Forensic Interviewer—The forensic interviewer interviews children when there is a sexual abuse concern or disclosure.
4. Case Team—The case team is composed of the individuals with direct responsibility for the care of that child and the management of that case. Typically the team will include a law enforcement officer, DHHS social worker, district attorney or representative, crisis counselor, CAC designee, mental health provider and forensic interviewer.

In summary, the CAC and its partners have direct and/or referring responsibility for the following activities:

* Medical care of the child;
* Notification of DHHS, Law Enforcement, District Attorney and Crisis Advocates as needed;
* Forensic interview of the child;
* Support and safety planning; coordination of ongoing needs of the child and family;
* Mental health services for the child and immediate family members as it relates to the abuse;
* And Interagency releases and consents.

**II. PROCEDURES and STRUCTURE**

The procedures described in this document are not intended to replace procedures developed for each agency or organization.

CAC Structure – The CAC of Kennebec & Somerset Counties is located at Seton Unit of MaineGeneral Medical Center, Waterville, Maine and is a multi-disciplinary team lead program as a program of the Sexual Assault Crisis & Support Center. All employees of the CAC are hired and employed by the Sexual Assault Crisis & Support Center. The CAC is a program housed within the medical center and is bound by all the rules and regulations as outlined in the lease agreement of this host institution. All employees and volunteers who have contact with the children and families will submit to a criminal background check and a CPS background check.

**A. REFERRAL**

Referrals for CAC services are made by DHHS or Law Enforcement. The law enforcement officer will be responsible for investigating possible crime(s), notifying the prosecuting authority, and participating in CAC case review directly or via a designee.

This referral process does not replace an individual’s requirement to report suspected abuse to DHHS in accordance with Title 22 §4011-A. Referrals to the CAC will meet the following criteria:

1. Allegations will fall within the parameters of abuse or neglect as defined by the Title 17-A and Title 22.

2. The referral concerns a child who is between the ages of four and the 18. The Family Services Coordinator or designee can make exceptions in consultation with the team for younger children or older children that align with this group.

3. The child has made a disclosure or there are concerns of suspected sexual abuse or of witnessing sexual assault.

4. The child resides in Kennebec or Somerset County; or the abuse occurred in Kennebec or Somerset County. The CAC Program Manager or designee may schedule a forensic interview for other jurisdictions with approval from the team.

5. There is a “non-offending” parent, guardian or caretaker available to the child. If that person will not be attending the CAC interview, appropriate releases and consents will be completed and signed by the legal guardian prior to the child coming to the CAC.—These documents will be provided by the referring agent to the CAC and a copy will be kept on file.

Individuals and agencies that refer cases to the CAC agree to follow best practice. In addition, the Family Services Coordinator or designee may accept referrals outside these guidelines after careful consultation with appropriate team agencies. Other agencies outside our designated referral agencies will be directed to the appropriate child protection agency and/or law enforcement agency. The Family Services Coordinator or designee will assist in this process when appropriate.

After a minimal fact assessment, the referring agency shall provide relevant disclosure information, past history, and appropriate demographic information to the CAC at the time of the initial referral. It is preferred that any case investigation be at a preliminary stage. Cases where there is a history of investigative interviews related to the same incident will be reviewed for acceptance and may be accepted at the discretion of and in consultation with team members.

The Children’s Advocacy Center regular office hours will be from 8am to 4:30pm, Monday through Friday. The office phone number is: 207-861-4491 and the office fax number is: 207-861-4490. Special exceptions to these office hours may be considered on a case by case basis.

**B. INVESTIGATION**

Jurisdiction and responsibility for investigation and prosecution is maintained by the agencies of law enforcement—the police and office of the district attorney—in the jurisdiction where the offense occurred.

**C. MINIMAL FACTS INTERVIEW**

To avoid multiple interviews of a child (except where agreed in individual cases by the case team) ,no effort should be made to establish the child's competency at the time of the initial contact with the child. Initial or minimal facts interviews should be limited to eliciting basic background information on the alleged abuse, medical and safety issues. Initial interviews should be kept to a minimum and well documented. (See Addendum A—CAC staff only).

**D. INTAKE**

When the CAC has been notified of a potential case by DHHS or law enforcement, the Family Services Coordinator or CAC designee will screen the referral to ensure that it meets CAC criteria. Basic information will be taken (see CAC Intake Form—Addendum A). If the criteria are met, CAC staff will complete the Intake Form. After first being assured of the child’s safety and documenting other important circumstances of the case, the interview will be scheduled at the earliest appropriate time with input from the assigned Law Enforcement Officer, DHHS worker and/or prosecutor. CAC staff will ensure that all members of the case team are notified of the interview date and time.

In notifying the family about the interview, the child's non offending parent or guardian may be consulted about a gender or cultural preference, and about any special needs, including interpreter or transportation services, of the child and/or family member. If the non offending parent or guardian and child are in need of a certified interpreter, appropriate referrals will be made to accommodate them throughout the CAC process. The referent (DHHS or Law Enforcement) will be responsible for arranging interpreter services and any financial compensation for interpreter services. The CAC and its MDT members will not discriminate against any person we interface with.

When a referral is made to the CAC, the Family Services Coordinator or designee of the CAC will ensure that a report is filed with both the appropriate law enforcement agency that has jurisdiction the District Attorney’s Office and DHHS.

If based on the intake, it appears that the immediate safety or well being of the child is in question an interview will be scheduled as soon as possible with MDT partners. Furthermore, interviews will be scheduled as soon as possible with MDT partners if any of the following circumstances are present:

* when the allegation is of child sexual abuse reported to have occurred within seven (7) days of the reporting date and sexual penetration is reported;
* or evidence of physical trauma needs to be documented;
* or any situation or circumstance that the team believes an immediate interview is deemed appropriate.

When an immediate interview is not required, CAC staff will schedule the interview as soon as reasonably possible, preferably within 72 hours of receiving the report. While interacting with the non-offending parent or guardian, the CAC staff and all members of the CAC team will respond sensitively to the likelihood that this parent may also be a victim of violence, recognizing that appropriate support for this non offending parent or guardian may be essential to the child’s safety. The Family Services Coordinator or designee can arrange to provide emotional support and assistance with safety planning through a referral to the crisis center advocate.

**E. MEDICAL EVALUATION**

Medical assessment and care is available to children without regard to ability to pay. The medical exam can be performed by a licensed provider of children's health care in a child-friendly atmosphere by following the attached Pediatric Abuse Algorithm. (Attachment A)

The CAC team will facilitate referrals for medical examination. The medical provider makes information available to the appropriate CAC staff, MDT members, and families regarding the medical examination. The Medical Forensic Examiner is available to consult regarding timing, details and provision of evaluation. At the discretion of the team, children may be referred to their own PCP for evaluation and treatment of unmet health needs. HIPPA regulations will be followed in the referral process.

If a parent is opposed and the child apparently has not been physically harmed, the DHHS worker or investigating officer will decide whether the value of the exam outweighs the disruption of obtaining a court order to proceed with the examination. If immediate medical attention is necessary, the child should be brought to the nearest emergency room. When the family has agreed to a medical evaluation, a member of the CAC team will facilitate the referral to the appropriate medical provider. The CAC team, through appropriately signed releases, will ensure communication with the provider regarding the child’s disclosure to limit duplicative questioning of the child. (*See addendum E)*

The larger purpose of medical care is to be therapeutic for the child, physically, emotionally, and developmentally. Medical consultation and information is shared with the multidisciplinary CAC team according to release of information procedures required by DHHS, and by applicable reporting mandates.

Medical providers will participate in CAC case review and attend monthly meetings in order to update the team on current cases and to offer their expertise as needed. A member of the MGMC Forensic Program will participate in the monthly CAC Advisory Committee meetings. Medical providers will have Members of our program also adhere to their own professional licensure requirements with regard to training and peer review. Medical providers conduct team peer review of their exams on a regular basis.

**F. CONSENT and RELEASES**

In most cases, consent for the forensic interview, ongoing team communication, case review and service referrals will be obtained from the non offending parent or guardian using the CAC consent forms. In exceptional cases, the referring agent will attempt to obtain consent under relevant DHHS procedures, through a court order, or, for treatment deemed not “ordinary medical care,” by authorization of Probate Court.—Documentation will be provided to the CAC prior to the interview.

The CAC will take necessary actions to promptly obtain information covered by the releases needed by other members of the team. The CAC cannot proceed with services without the appropriate signed consent and release form. (See addendum C)

**G. FORENSIC INTERVIEWS**

The forensic interviewer(s) shall be members of the CAC, trained in one of several nationally-researched protocols, that includes a child development component, for interviewing children who may have been abused ensuring interviews which are legally sound.

Forensic interviews shall be conducted at the Child Advocacy Center whenever possible. When appropriate, other suitable arrangements will be made as needed by the CAC Team. In all situations the facility will be physically safe, appropriately supervised, and reflect cultural and physical diversity. Under no situation will the alleged offender be allowed on the premises of the CAC or allowed to accompany the child to the CAC. While a child is at the CAC, CAC staff will ensure that the child is supervised at all times.

The CAC staff will schedule the interview, pre- and post-interview meetings with all members of the case team. Prior to the interview, the case team shall conduct a pre-interview meeting. This meeting takes place approximately fifteen minutes before the families’ arrival to allow the team to share information and to best strategize and discuss alternative hypotheses for the forensic interview. Team members will come prepared with pertinent history involving the case to share with the investigative team members during this pre-meeting. The team shall also meet with the protective adult involved directly with the case prior to and after the interview. Finally, the team shall meet after the interview to strategize, develop and discuss its action plan and to inform the non-offending caregiver about the next steps.

Forensic interviews will follow the guidelines of Children’s Advocacy Center of Kennebec & Somerset County Protocols and the requirements of applicable law. (See Addendum H and I) In addition, the following procedures shall be used:

Welcome. The child and the person deemed to be the protective adult are welcomed by CAC staff. If in the child’s best interest or at the request of the child they will also be introduced to the individuals who will be participating in the interview process.

Interview Process. Under the direction of the District Attorney, his/her designee, and/or the case team, the team will decide on the best suited interviewer and will share information needed to determine the goals of the interview and for the purposes of an exploration of alternative hypothesis.

The interview shall be conducted in a private space, designed in a manner which is child-friendly, developmentally appropriate, and non-distracting to the interview process. During the child’s interview, the parent will be provided with support by the Family Services Coordinator or designee of SAC & SC. The Family Services Coordinator or designee shall meet with the family in the Family Services Coordinators Office unless other arrangements are necessary, in which case, the Family Services Coordinator will find an appropriate, private space.

At a minimum, interviews shall be observed by one of the following: a law enforcement officer, a prosecutor or prosecutors’ representative or a representative from DHHS. Other CAC/MDT members may observe the interview if deemed appropriate by the team. Only members of the CAC multidisciplinary team are allowed to observe the forensic interview. Observation is conducted through a closed circuit recording system which allows the team to directly observe the interview as it is occurring over a TV monitor.

It is strongly recommended, if possible, that law enforcement officers participating in the interview process shall not be in uniform.

Post-interview briefing. After the interview, the Forensic Interviewer will reunite the child with the non-offending caregiver in the Family Services Coordinator’s office. The team will then meet with the non-offending caregiver to discuss the outcome of the interview, next steps of the investigation, and answer any questions the non-offending caregiver may have. CAC Staff will discuss, with the non-offending caregiver, services available and suggest any referrals that the team believes will be beneficial to the child and non offending caregiver. The Family Services Coordinator will also follow up with the non-offending caregiver in one week and again in one month to discuss any further questions the caregiver might have as it relates to the CAC process and any referrals for services which are needed. (See Addendum D)

Documentation, disposition, and report. CAC staff shall provide, as requested, a DVD of the interview to DHHS and Law Enforcement who are present during the time of the initial interview immediately after the interview has concluded. The DVD will be labeled with CAC Case Tracking number. Each case will be entered into the CAC database. The database, along with all other CAC documents, shall be maintained in a secure area. The original of the DVD will be retained by the lead investigating agency. The CAC will not be authorized to release information about the interview nor will the CAC keep any copies of DVD interviews. The lead law enforcement agency is responsible for completing the report of the forensic interview and any other interviews with persons relevant to the investigation. These reports will be made available to child protection workers and to members of law enforcement involved in the case. Any requests for access to these materials will be referred to the lead law enforcement agency. ( See Addendum H)

Peer review of forensic interviews. All team members who conduct Forensic Interviews at the CAC will participate in monthly Peer Review. Peer Review will be conducted in a manner which is collegial, supportive, and non-judgmental. The goal of peer review is to improve the skills as forensic interviewers promoting developmentally appropriate, non-leading, forensically sound interviews. It will be mandatory that the Forensic Interviewers who conduct interviews at the CAC attend at least six Peer Review sessions annually. (See Peer Review Protocol)

**H. MENTAL HEALTH**

Mental health, crisis and support services will be available to all child victims and non-offending caregivers with a referral made by the CAC Family Services Coordinator or designee to the associated members of the MDT; Kennebec Behavioral Health, Crisis & Counseling of Kennebec and Somerset Counties and The Edmund Ervin Pediatric Center at Maine General Medical Center. In the situation where a client does not have the means to pay, he/she will have assistance in obtaining coverage through Maine Victim’s Compensation Act (if applicable), school-based therapy, and uncompensated care.

Information will be shared with the Multi-Disciplinary Team (MDT) on an as needed basis, with a signed authorization of release form by the non-offending caregiver. The Family Services Coordinator or CAC designee will describe to the non-offending caregiver the benefits of signing the “release of information” for case review in reference to the investigation, prosecution and treatment of the case. The non offending caregiver will be periodically updated on the status of the case, along with appropriate referrals for assistance with local services and crime victims’ rights. (See Addendum E)

The forensic interview, medical exam and assessment will be kept separate from the mental health treatment because the referral for mental health will come after the forensic interview, medical exam and assessment. Case Review will be held through the MDT as needed for each case. There will be a case tracking procedure in place to represent any changes in the case or referrals made to the non offending caregiver.

**I. VICTIM WITNESS ADVOCATE**

As part of the office of the district attorney, the role of the victim witness advocate is to provide assistance, support and information to crime victims and their family. The victim witness advocate is available to guide and support victims through the criminal justice process and to act as a liaison with the district attorney and other criminal justice agencies. Services include information about the status of a case, notification of hearings, preparation and support for depositions and court testimony, information regarding Maine’s Crime Victim’s Compensation Program and may help with victim impact statements, sentencing hearings and other related court issues.

The victim witness advocate’s role may start at an initial criminal investigation, and the victim witness advocate may serve as a support to the victim and may assist with releases of information, upon the approval of the district attorney. According to the recommendation of the district attorney, the victim witness advocate may participate in the interview process. In cases proceeding to prosecution, the victim witness advocate’s role extends beyond the sentencing stage to probation status. The victim witness advocate will assist in requesting notification of offender release from Maine correctional facilities.

Release of information will occur only if there is an expressed concern of harm to self or others, or if information is exculpatory to the prosecution of a case.

**J. CRISIS SUPPORT SERVICES**

Crisis support will be provided by member programs of the Sexual Assault Crisis & Support Center. As distinct from the services of the victim witness advocate that is part of the district attorney’s office, the role of the crisis and support agency is to provide an ongoing, confidential support and information for the family as long as needed with a focus on coping with the experience of being victimized. This support and information is offered by the Family Services Coordinator or designee to the non-offending caregiver during the interview process, and ongoing as requested by the families. Services of the Sexual Assault Crisis and Support Center or Family Violence Project advocate are confidential. The Family Services Coordinator or designee advises the non offending caregiver of support services and other needed services available to them. The Family Services Coordinator or designee may assist the non offending caregiver in accessing these services.

CAC Staff will notify the Sexual Assault Crisis and Support Center’s Client Services Coordinator when a referral has been made.

**K. CASE REVIEW and CASE TRACKING**

The CAC Program Manager or designated member of the MDT will lead the facilitation of case reviews. A member of the CAC staff is responsible for coordinating the case review meetings. (See Addendum F and Addendum J)

Case Review. All agencies participating in current cases are expected to attend monthly scheduled case review meetings. This includes CAC Staff, Law Enforcement, District Attorneys, DHHS, Mental Health, Medical Providers and other community support or advocacy representatives. Each month cases that were presented at the CAC during the previous month will be reviewed. Other cases may include those involving medical care, mental health care, and where legal disposition if relevant, is pending. The goal of case review is to provide quality insurance of the process for each child and family we serve while increasing our understanding of the complexities of these case. Case Review provides an opportunity for members to share expertise and ideas to assist in the investigation, as well as discuss and work through any difficulties that may have occurred during the investigation of each case. Participation in case review by other agencies which do not provide direct services will be considered on a case by case basis and by invitation only. Case review will be a time to address any barriers to service coordination for the families or cross cultural issues that may need to be addressed.

Case tracking. The Family Services Coordinator or designee will establish and maintain a database sufficient to NCA case reporting requirements and the wishes of CAC members. Cases are tracked while they remain pending in the DHHS and the criminal justice system. Statistics from the database will be available at the January and July case review meetings (and to CAC members at other times by agreement).

**L. INFORMATION SHARING**

Information about allegations and evidence will be freely shared, as permitted by applicable law and the Consent for Examination and Related Services. CAC members are required to adhere to Title 22 §4011-A rules and protocols of DHHS, and the protocols of the Kennebec & Somerset County District Attorneys’ Offices regarding dissemination of information in criminal investigations or criminal cases.

**III. OTHER**

**PROGRAM EVALUATION**

In consultation with experts in program evaluation, the CAC will develop an evaluation plan to assess its work and implement changes as needed.

**ADVISORY COMMITTEE**

The advisory committee is a non-governing body and will be represented by a minimum of one and a maximum of two representatives from each discipline. These disciplines will include, at a minimum; Children’s Advocacy Center, Medical, Prosecution, Law Enforcement, Mental Health, DHHS, and Domestic Violence & Sexual Assault Crisis and Support Centers. Each discipline will nominate these individuals from decision-makers of all member agencies in that discipline, with member agencies as listed in the CAC Interagency Agreement. Efforts will be made to ensure that the diverse populations of both counties are appropriately represented. Representatives will be approved by the Advisory Committee. The CAC requests that the chosen representatives provide a two year commitment to the Advisory Committee and must attend or send a designee to a minimum of 8 meetings per year. At the end of the two year period the representative may change based on recommendations by the committee and/or the nomination of their respective agency/discipline.

Furthermore, structure of the committee may change over time, as the CAC begins to broaden its scope of service. This will be evaluated as progress on the development of these services increases.

A quorum for a vote on any recommendation by this committee will only require the members in attendance at the time the vote is being sought. Minutes will be recorded and distributed after each meeting.

This team will meet monthly, with a minimum of nine meetings over a calendar year period. The role of the team will be;

* Supporting the ongoing work of the Child Advocacy Center Program
* Evaluating the overall functioning, as well as system barriers of the CAC- providing suggestions in this area
* Helping create and achieve future goals for the CAC program
* Assessing the training needs of the CAC team, as well as provide insight on how to meet those needs
* Resolving conflicts amongst any of the disciplines involved in the Child Advocacy Center Program, in relationship to the work of the CAC
* Leading and facilitating the process of accreditation
* Organizing and guiding the work of the subcommittees so that members continue to participate in the monthly meetings and so that members stay engaged in the continuing development and success of the CAC
* Reviewing and making recommendations or necessary changes to the existing CAC documents
* Members of the Advisory Committee or MDT may be asked to participate in outreach presentations

It should be noted, that at any time, the advisory committee can choose to re-evaluate its function and make necessary changes to its role within the Child Advocacy Center Program with the agreement from the Executive Director and/or the Board of Directors of the Sexual Assault Crisis & Support Center. The Advisory Committee description and function will be reviewed at least every other year.

All agency related decisions are the responsibility of the Sexual Assault Crisis & Support Center and it’s governing body.

**IV. AGREEMENTS**

1. The Program Manager, Family Services Coordinator and team members will note discrepancies, if any, between actions taken by the CAC and these guidelines and will discuss these with the Executive Director of the Sexual Assault Crisis & Support Center.

2. To document our support for the Mission and Guidelines of our CAC, members and their agency leaders have signed an Interagency Agreement.

3. To reflect current applicable law and to remain current with best practices in our disciplines, these guidelines and any other documents of the CAC will be periodically reviewed and changed in discussion with the CAC member agencies.

*(Version V-Jan.29, 201 msh)*