

Always Ready to Help: An Interview with Salli Kerr, WRCAC Training Specialist & Tribal Liaison

February 2024

NCARC's Jennifer Calder interviewed Salli Kerr, Training Specialist and Tribal Liaison at the Western Regional Children's Advocacy Center (WRCAC), to discuss the operations of a regional CAC and the unique characteristics of the Western Region. The interview has been edited for length and clarity.

Hi Salli, thank you for taking the time to talk with us. Can you start by sharing a little about your background and your role with the Western Regional Children's Advocacy Center (WRCAC)?

I've been with WRCAC for coming up on five years, providing training and technical assistance to children's advocacy centers (CACs) and multidisciplinary teams (MDTs) in the Western Region. I also serve as WRCAC's Tribal Liaison. I reside in rural Nevada and have always been a remote team member of WRCAC. Before that, in the town that I live in, I was the Director of an umbrella agency

that had a children's advocacy center along with the domestic violence, sexual assault, and victim services program—it's a family resource center that works with the child welfare department.

One thing we have noticed at NCARC is that when local stakeholders decide to start an MDT or CAC, it helps if they have some familiarity with the larger CAC movement, including state chapters, regional CACs, and other training and technical assistance providers. With that in mind, could you say a little about regional CACs generally—their mission, role, and services, as well as how they're connected to each other and the National Children's Alliance (NCA)?



There are four regional CACs in the United States organized by geography. There are the Western, Midwest, Southern, and Northeast regions. They're all funded by the Department of Justice, Office of Juvenile Justice and Delinquency Prevention. As you know, the regionals, together with the NCA, the National Children's Advocacy Center, the Zero Abuse Project, and your team at NCARC all together serve as what we call the "VOCAA Partners." "VOCAA" stands for Victims of Child Abuse Act, a different act than the similar-sounding VOCA, which is short for Victims of Crime Act. Anyway, VOCAA is the federal legislation that provides funding for the multiple agencies and partners that support a multidisciplinary team response to child abuse.

"Regional Children's Advocacy Centers model, champion, and support the multidisciplinary response to child abuse intervention, by providing expertise, training, and resources to improve outcomes for children and families affected by abuse." We all work autonomously and in partnership with each other. I see more of a collaborative effort in the last several years between the regionals. That collaboration has grown almost exponentially, frankly, even in the few years that I've been here. Now, we're working on more projects that involve each other. Even when we put out our own regional products, we send them to other partners for review before they go out. Having others comment and review is valuable because everybody has a little bit of a different approach coming from the region that they're in. To get that broader feedback is always nice.

So, all four of the regional CACs have the same mission, which I'll quote for you:

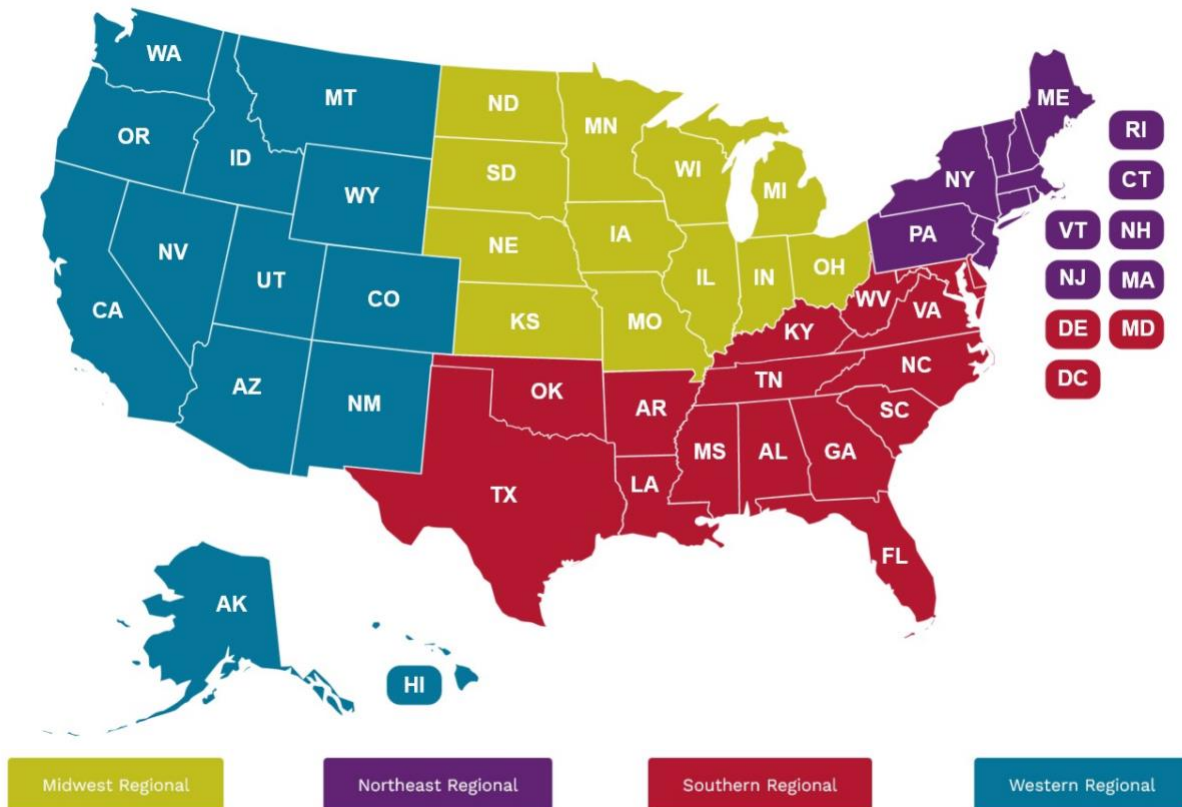


Image credit: Regional Children's Advocacy Centers, 2023, <https://www.regionalcacs.org>

Each regional CAC seems to have a slightly different focus or emphasis on its array of resources. What would you say is the WRCAC’s focus or areas of strength that distinguish you from the other regional CACs?

One of the places where we differ from the other regionals is in our work on telemental health. We come from a really big geographic area. We serve the biggest geographic area of all the regionals, and we have such a significant population living in rural and very rural areas, which creates big challenges to accessing services. Telemental health offers a way to start getting some of those services and evidence-based treatments for kids out to those kinds of areas.

Interestingly, this was our focus well before Covid. But once the pandemic hit, we very quickly saw massive growth of interest in telemental health and in how people could bring that to their CACs and how we can support it. We continue to work on that.

WRCAC also has a strong focus on working with Tribes, as your role on the team demonstrates. You are in the role of Tribal Liaison, which is a unique staff position for a regional CAC to have. Could you say a little about how this position came about and how this position or your Tribal work fits into the rest of what WRCAC does?

I’m not the first person to hold the Tribal Liaison position. I have held this role for about two years. This position was created at a time when we did not have a federally funded Tribal or Native organizational partner like yourselves at NCARC. Our region, in addition to its huge geographic size and the rural and very rural nature of much of our geography, also has by far the greatest

number of Native nations of any of the CAC regions. So, we knew that we needed to be intentional about having a staff member who could focus on the needs of those communities. Early on we were doing “Listen and Learn” events with Tribal communities, to learn about what those communities need, what kinds of resources they have, and what kinds of strengths they bring to this work. And we continue to learn.

One of the benefits of the liaison position is the ability to bring together Tribal perspectives and the other conversations that are happening in the field. For example, while serving on national work groups, I will hear about resources that are being developed that might be beneficial to Tribal CACs. When selecting participants for training or discussion groups, we will give Tribal representatives priority to share their perspectives within those larger groups. One example of this is a region-wide discussion we have on the topic of “Building Resilient Teams.” This discussion group has always been positively impacted by giving preference to Tribal CAC representatives and the knowledge and experience they bring into the discussion. They have provided rich examples of incorporating their cultural practices into the CAC.

Three of the four fully accredited Tribal CACs are in the Western Region. What role did WRCAC play in their accreditation?

We are always ready to help with the accreditation process if people need examples or just thought partners. I think in most cases, though, the state chapters have been the ones who have led the work of providing accreditation support.

For example, the Montana CAC chapter helped Fort Peck Red Bird Women’s Center with accreditation. That state chapter is far more knowledgeable about what that center may need than me. One of the strengths of the state chapters is that they are on the ground. We can come in behind them to bolster them with resources that they may need.

Several other staff members and I completed the NCA Accreditation Standards 2023 Train-the-Trainer course. We also have a site reviewer on staff who can help with questions about requirements for accreditation. As the liaison, I can help put people in contact with each other for whatever support is necessary. We can provide ongoing technical assistance to Native nations and teams as they develop the tools necessary for an MDT, such as protocol development. We will work with the chapter and Native Nations to assist.

Can you give us an overview of some of the training offerings or resources WRCAC offers?

We offer many trainings via Zoom, and we have [a menu of training offerings on our website](#) to support chapters, CACs, and MDTs. Our trainings cover topics such as MDT development, secondary traumatic stress, trauma-informed services, and building resilience. We also collaborate with our VOCAA partners to put on national trainings, such as the national victim advocate training, that allows centers to meet NCA training requirements for that standard, as well as MDT facilitator training. We are partners in national peer consultation forums. Our newest peer forum offering is a four-call series for victim advocates and mental health clinicians.

On the training menu, you can click on a link to join our mailing list, which will notify you about future trainings. Also, for each of the training options on our website, there is a contact email for the member of our team who leads that training effort, and they are always ready to talk more about what that training will look like. For example, if you click “learn more” on the Building Resilient Teams tile in our training menu, you will find my email, and I’m happy to answer any questions about that specific training. There is also an email icon that can be used to ask about relevant trainings and connect you with the person best suited to help with that request.

What advice would you offer non-Native service providers working with MDTs or CACs to serve Indigenous children and families?

Don’t assume. Enter your work in Indigenous communities with a sense of humility and a “listening to learn” perspective. Bring a curiosity that allows you to ask questions with the intent of gaining understanding, not providing an answer. Come alongside local stakeholders to better understand needs, resources, strengths, and opportunities with an openness to engage and a clear understanding that the Native nation and its citizens are the experts in their people, history, and knowledge.

Also, every Tribe and community is different. I can't assume that because I've gone to one particular Indigenous community that's going to prepare me to relate to the next person that I talk to in another Indigenous community.

Specific to the CAC model, I would also say that it’s important to take the time to

understand what might be different about Tribal MDTs, to listen to what the members are telling you about who else they need to have at the table and what cultural practices they have that are valuable and important to them in this context. And you should be ready to broaden the scope of what you think working with an MDT might be.

What is your view of the current state of the CAC movement in Indian Country?

I think some of the really inspiring work that's happening right now is just the growth and interest in developing MDTs. If you look at the Western region, for example, the places that need CACs or MDTs because they aren't currently being served, the communities that are primed for the biggest growth and development, are Tribal communities. It's inspiring to see the amount of interest right currently being generated within Native nations. It's great to see nations developing this model for their own families and communities and instituting best practices within the framework of their own cultural traditions and practices.

Another thing I find inspiring is your team's work at NCARC. For so long, many of us have felt like there wasn't a Tribal partner at the national planning level or a center leading the movement to better serve Native nations and Tribal CACs.

If you were making the case to a Native nation that they should consider developing their own CAC, what would you say?

The CAC model works because each community builds the services and relationships best suited to their community while following best practices as established

in the standards. Only the Native nation can determine what is best for their community. They are the experts. While this is true of other kinds of communities, it is especially important when considering the role that culture plays in supporting children and families in Native nations.



Salli Kerr has over five years of experience as an Executive Director and CEO in the non-profit sector and was instrumental in the formation and accreditation of the state chapter of children's advocacy

centers in Nevada. As Executive Director, Salli led a multi-service center that housed the Nye County Children's Advocacy Center, the Children's Advocacy Centers of Nevada, and other service organizations for victims of domestic violence, sexual assault, stalking, and other crimes. Salli's background of providing direct services, including foster parenting, provides her with a unique perspective on the impact of trauma in the lives of victims and the positive influence that a coordinated response has on victims' recovery and wellness.

This resource was prepared by the Native Child Advocacy Resource Center with support from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention(OJJDP), award #15PJDP-22-GK-03063-JJVO. The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of OJJDP.