

ATTACHMENT A
SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD ADVOCACY CENTER
(Effective October 1, 2012)

Introduction

The Child Advocacy Center funds (State dollars) and the Children’s Justice Act funds (Federal dollars) were historically separate requests for proposals.

The Child Advocacy Center (State) funds are to be used for the Forensic Interviewer and for the local Department of Child Services (DCS) to use the Child Advocacy Center for Forensic Interviews.

The Children’s Justice Act (Federal) funds are to be used to develop, establish and operate programs designed to improve:

1. The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;
2. The handling of cases of suspected child abuse and neglect related fatalities;
3. The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation;
4. The handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.

DCS met with the Indiana Chapter of the National Alliance membership (Child Advocacy Centers) to talk to them about making the contracting process simple for them to use the funds and to supply DCS with statistical data by Region and county through quarterly reports (which is a requirement of both the CAC and CJA funding). Historically, the Child Advocacy Centers have been the recipients of both the CAC and CJA funding under separate contracts.

DCS made the decision to combine both funding sources in a single Request for Funding Proposal. DCS will continue to purchase the same items (There will not be Forensic Interviewer rates, although the cost can be in the proposal budget, but the expenses that made up that rate will be reimbursable at actual cost under the new payment system.

Eligible Entities:

The Child Advocacy Center (CAC) must be a Non Profit entity with 501.c3 status or a government entity like a Prosecutor’s Office. The CAC with the Non Profit status may be a stand-alone CAC, a CAC under an umbrella agency or a CAC under s Prosecutor’s Office.

I. Service Description

The Child Advocacy Center (CAC) facilitates a multidisciplinary team approach to the assessment of allegations of child abuse and neglect. Teams of professionals, include law enforcement, child protective services, prosecution, medical and mental health, victim assistance, and child advocacy. The CAC must be a designated legal entity responsible for program and fiscal operations. The CAC must be a child appropriate facility, which maintains focus on the child and helps to ensure that systems designed to protect children are able to do so effectively through culturally competent policies and practices. The purpose is to enhance the response to suspected child abuse cases by combining the expertise and professional knowledge of various investigative agencies and other professionals. Those involved in the CAC share a core philosophy that child abuse is a multifaceted community problem and that no single agency, individual or discipline has the necessary knowledge, skills or resources to serve the needs of children and their families.

The Child Advocacy Center **shall** provide the following:

Recorded interviews of child abuse victims in safe, child-friendly surroundings to avoid multiple interviews, reduce the trauma of disclosure, and preserve statements for court purposes. It consists of one or a series of developmentally appropriate, forensic interviews by a specially trained forensic interviewer who builds trust and rapport with the child while taking care not to suggest words or answers that are not the child's own. Other professionals may observe interviews and participate as appropriate by using a one-way glass window, bug-in-the-ear system or remote camera/television or some similar method of communication. Team discussion and information sharing regarding the investigation, case status and services needed by the child and family are to occur on a routine basis. The CAC must develop and implement a system for monitoring case progress and tracking case outcomes for team components. **Copies of interviews and reports be given to local DCS offices. In the cases of prosecution, a report is required to be given to local DCS offices.**

The Child Advocacy Center **may** provide any or all of the following, **but these services will not be paid with CAC/CJA funding in the Request for Funding Proposal.**

- Forensic medical exams, offered on-site or by a consulting physician, utilizing specialized equipment necessary for accurate diagnoses.
- Mental health professionals with special knowledge, skill and experience in this field provide therapy for child victims of abuse and their families. Services include individual, family and group therapy, crisis intervention, and consultation to the child's school.
- Play Therapy to allow children to work through worries and troubles and gain understanding and mastery of the world around them. This is a powerful means for children to overcome experiences of victimization and to acquire a sense of safety and appropriate personal power.
- Case review and tracking which includes follow-up calls to clients for up to two years to offer services and to assure that family conditions remain stable.
- Family Advocacy, crisis intervention, and support/advocacy for victims and their families during the investigative and deposition process.

- Educational programs, and free abuse awareness and prevention training to the community. Programs may include recognizing signs and symptoms of child abuse, methods for abuse prevention, body safety and the intricacies of the child protection system.
- Provide support groups for non-offending parents in cases of alleged child sexual abuse in a manner that they can act responsibly to protect and support the alleged child victim.

II. Service Delivery

The Child Advocacy Center shall in its role as the coordinator/facilitator will be responsible for adherence to the following:

- Schedules the interview within the time frame given by DCS in order to meet statutory obligations. Failure to do so could jeopardize the contract.
- Any interpretation of DCS policy shall be given by a DCS employee.
- The Child Advocacy Center shall be available to DCS on a 24/7 basis.
- The Multi-Disciplinary Team Meeting shall include at minimum DCS, LEA and Prosecutor. Respect for each disciplines role is expected. Any discussion on how to improve the process shall be done with the team concept in mind.
- DCS will decide who will interview their clients.
- Any contact between the victim and the perpetrator shall be driven by LEA or DCS.

III. Target Population

Every child in Indiana alleging abuse may benefit from a multidisciplinary team approach to investigations in a safe, child friendly environment within a reasonable traveling distance.

Services must be restricted to the following eligibility categories:

- 1) Families and children for whom a child protection service assessment has been initiated.
- 2) Families and children for whom the children have been adjudicated a CHINS or have an Informal Adjustment
- 3) Children and their families which have an IA or the children have the status of CHINS or JD/JS
- 4) Children with the status of CHINS and JD/JS and their Foster/Kinship families with whom they are placed.

III. Goals

Goal #1

To provide a child and family friendly facility to which DCS and LEA may bring (or send) children and families for a forensic interview after a child's disclosure of abuse

Outcome Measures

- 1) Maintain a log of children interviewed
- 2) Maintain a log of MDT members using the facility
- 3) Maintain and/or provide multidisciplinary team members with a copy of the recorded interview according to established protocols

Goal #2

Provide a comprehensive multidisciplinary, developmentally and culturally appropriate responsive environment to prevent trauma to children during interviews.

Outcome Measures

- 1) Conduct interviews in the language of the child
- 2) Provide multidisciplinary partners appropriate training to ensure proper interviewing
- 3) Provide translators for child or family if one is necessary. This translator should be a non-family member of the client if possible.
- 4) Make provisions for hearing impaired child or family member if one is necessary. This translator should be a non-family member of the client if possible.

Goal #3

Maintain open communication, information sharing and case coordination with community professionals and agencies involved in child protection efforts.

Outcome Measures

- 1) Record interviews for sharing, as necessary, with community professionals (law enforcement, child protection services, prosecution, medical and mental health, victim assistance, and child advocacy) working with the child and non-offending family members.
- 2) Track interviews and services and coordinate with all professionals involved with the children and non-offending family members on an as needed basis.

Goal #4

Aid multidisciplinary team members educate non-offending caregivers on their role in the investigative process.

Outcome Measures

- 1) Help non-offending caregivers understand the legal and child protective systems
- 2) Assure non-offending caregivers understand their role is to support the child and not to gather facts independent of the multidisciplinary assessment/investigation.
- 3) Assist non-offending family members with regard to their lost of income or financial support, sudden change of lifestyle, and divided

Goal #5

Satisfaction with services

Outcome Measures

- 1) On the annual DCS Satisfaction Survey that is administered by DCS Programs and Services. 90% of respondents (DCS staff/Probation staff) will score the provider as "Meets Expectations" or above.
- 2) Providers are to survey a minimum of 12 clients or 20% of their caseload (whichever results in a larger number) randomly selected from each county served, no less than quarterly. 90% of respondents (direct service clients) will rate the services "satisfactory" or above on the Client

Satisfaction Survey. The Provider will develop and use a Client Satisfaction Survey until DCS implements the standardized Client Satisfaction Survey for provider use.

IV. Qualifications

Minimum qualifications:

Centers minimally will have a director and support staff, as needed. In addition, centers may maintain a staff of trained volunteers who assist in the provision of Center program services under the supervision of Center staff.

- **Executive Director:** Bachelor's Degree or related experience preferred as required by center's board of directors.
- **Forensic Interviewer:** Bachelor's Degree in social work, psychology, criminal justice, education or a related field or a Master's Degree in Social Work or Forensic Science. A minimum of two (2) years of professional experience working with children and families where abuse and violence are identified issues is required. Requires professional experience in working with the criminal justice or child welfare system and has been or will be trained in a Forensic Interview technique.
- **Interns** must complete orientation training and will be supervised by the executive director.
- **Volunteers:** Must complete volunteer orientation training. Volunteers may be supervised by center staff.

V. Billable Unit-Payment Points

The Children's Justice Act (CJA) funds may not be used to pay for direct services. The Children's Justice Act (CJA) Federal funds will pay for the following:

- Personnel costs for the CJA coordinator's salary (includes annual salary and fringe benefits). **CJA cannot pay for the salary of the forensic interviewer during the interview, but can pay for salary when this person is doing other work, such as coordination activities.**

Child Advocacy Center (CAC) (State) funds will pay for the following:

- Personnel (Forensic Interview)-CJA Coordinator salary/fringe benefits while conducting the forensic interview.
- Court-if CJA Coordinator in their capacity as a Forensic Interviewer receives a written or email request or subpoena from the local DCS to testify in court
- Translation or sign language-Services including translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client.

Example: If the Forensic Interviewer is the CJA Coordinator/ facilitator and it is estimated that 20% of the CJA Coordinator time is spent conducting the Forensic Interview, then State Funds will pay for the 20% of the salary/fringes of this individual. 80% of the CJA

Coordinator's time is involved with CJA approved activities, then the 80% would be charge to CJA (Federal funds).

The following expenses can be covered through CAC(State) funds or CJA (Federal) funds.

- Rent/Utilities (including the cost associated with the local DCS office use of the Child Advocacy Center for Forensic Interview if that is used separately)
- Telephone/Postage/Supplies-includes telephone, postage , printing, duplicating and advertising
- Equipment/Purchase/Lease/Renovations-includes equipment necessary for the project(ie. Equipment used for the Forensic Interview-cameras, televisions, tapes, etc.), renovation costs for the interview rooms or family waiting room (costs should cover what is being purchased and cannot cover costs of labor)
- Travel-airfare, mileage (per the state rate-\$.44/mile), registration, lodging, ground transportation, and subsistence (per the state in-state (\$26/day) and out-of-state daily subsistence (\$32/day).
- Training (local training for the MDT, FCMs, etc.)-includes office supplies, training materials, copying paper, books , printed costs for training materials, etc. that are required for training during the course of the project/contract.

VI. Record Documentation

Documentation shall include the following:

1. Center case number
2. Date of Interview
3. Names of child or children
4. Name of parent/mother
5. Name of DCS FCM
6. Name of interviewer
7. Court Reports
8. Reports to DCS
9. Referral Form
10. Any other information required by DCS

VII. Service Access:

All services must be accessed and pre-approved through a referral form from the referring DCS/Probation staff for the Forensic Interview. In the event a service provider receives verbal or email authorization to provider services from DCS/Probation, an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS/Probation. Providers must initiate a re-authorization for services to continue beyond the approved period.

VIII. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model. Providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.