**ATTACHMENT A**
**SERVICE STANDARD**
**INDIANA DEPARTMENT OF CHILD SERVICES**
**CHILD ADVOCACY CENTER**
**(Effective February, 2020)**

## Introduction

The Child Advocacy Center funds (CAC; State dollars) and the Children's Justice Act funds (CJA; 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 collaborates with the Indiana Chapter of the National Children Alliance membership (Child Advocacy Centers) ensuring that funding and tracking of forensic interviews by DCS Region and county through quarterly reports (which is a requirement of both the CAC and CJA funding). More recent updates to the DCS and CAC partnerships have included the use of the standardized release form that parents/guardians sign for DCS to share information with the CAC in the Multidisciplinary Team (MDT) meetings and during case reviews. As well as the addition of a parental consent form for the CAC interview of the child to be recorded and used by the MDTs and at the local CAC for training purposes.

## Eligible Entities:

The Child Advocacy Center (CAC) must be a Non Profit entity with 501(c) (3) 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 the Prosecutor's Office.

## I. Service Description

The Child Advocacy Center (CAC) facilitates a multidisciplinary team (MDT) approach to the assessment of allegations of child abuse and neglect when requested by DCS to reduce the impact on the child and family of repeat interviews by multiple agencies. Every child in Indiana alleging child abuse or neglect may benefit from a MDT approach to investigations in a safe, child friendly environment within a reasonable traveling distance. Teams of professionals, including law enforcement, child protective services, prosecution, medical and mental health, and child/victim advocacy, may participate in the MDTs. 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 or neglect 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 or neglect 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:

- Forensic interviews at the CAC at a time most appropriate for the child and family and that meet the specific needs of the members of the MDT including adhering to statutory obligations. Local protocol may include how MDT members will access the facility, if CAC staff is unavailable, and CAC equipment usage. CACs may make arrangements for multidisciplinary team members to use the CAC for additional services.

- Recorded interviews of child abuse or neglect 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, 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 provide copies of recorded interviews and interview reports (attachment L) to local DCS offices as requested**.**

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

 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.

 Consistent, (at a minimum) monthly case reviews should be conducted with the MDT. The CAC is responsible for organizing the case reviews and notifying MDT members about the cases to be reviewed.

 Family advocacy, crisis intervention, and support/advocacy for victims and their families during the investigative and deposition process.

Educational programs, and child abuse and neglect 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. Target Population**

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 (IA).
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 and report quarterly using the DCS report template (Attachment J).
2) Maintain a log of MDT members using the facility.
3] Maintain a copy of the recorded interview at the CAC according to established protocols in terms of the length of time maintained and security/confidentiality included in the interdepartmental agreements developed by the MDT.

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 forensic interviewers 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 required by law and requested, with community professionals (law enforcement, child protection services, prosecution, medical and mental health) working with the child and non-offending family members.
2) Track interviews 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 to 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 utilizing DCS staff.
3) Assist non-offending family members with any needed services following changes to the family structure as a result of pending prosecution.

Goal #5
Satisfaction with services
Outcome Measures

1) Annually survey MDT members, including DCS and probation staff, to ensure the CAC provider is meeting expectations.
2) Providers are to survey a minimum of 12 parents/guardians of 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 (parents of 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.

**IV. Qualifications**
**Minimum qualifications:**
The Child Advocacy 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**
Since DCS has combined two funding sources in the request for proposals, below is an explanation for which funds will be used to pay for specific costs as those costs are submitted by a contracted CAC. This explanation of federal and state funds is provided to assist in understanding how the contracted amount will be distributed across the two funding sources.
**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) 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/Interpreter or sign language-Services including interpreters 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 CAC Funds will pay for the 20% of the salary/fringes of this individual. If 80% of the CJA Coordinator's time is involved with CJA approved activities, then the 80% would be charged 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), registration, lodging, ground transportation, and in-state daily subsistence and out-of-state daily subsistence rates (per state of Indiana rates).

 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.

**All invoices must be accompanied with copies of receipts such as travel, equipment purchases, telephone, trainers' fees, etc. CACs are requested to submit monthly invoices.**

**VI. Case Record Documentation**
Documentation shall include the following and follow the guidance provided in the written report required to be completed on each interview:
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 as requested
9. Referral Form
10. Any other information required by DCS

**VII. Service Access:**

All centers (i.e. facilities, rooms, recording equipment) shall be available to DCS on a 24 hours/7 days a week basis. True emergencies will be determined by State Law and DCS Policies. DCS requires access to the facility and use of the CAC equipment. DCS facilitates forensic interviews on a 24/7 basis and therefore, CAC facilities should be made accessible to DCS staff. This could look many different ways and should be arranged at the county or regional level to meet the needs and staffing capacity of all parties involved. CAC staff do not need to be available on a 24/7 basis.

If DCS is assessing whether to file a CHINS case, DCS can determine who will interview a client. DCS will determine whether to file a CHINS, and DCS trained FCMs to facilitate forensic interviews. Irrespective of who runs the CAC, DCS controls decisions on CHINS assessments. Prosecutors control decisions regarding the filing of criminal cases. If no CHINS has been filed, DCS will not be part of the approval/permission for child interviews. If a CHINS has been filed and prosecutors seek an interview with a child, DCS will handle such request in accordance with its policies on consent.

Services must be coordinated with the Child Advocacy Center. This may be completed via a KidTraks referral or alternative communication agreed upon between DCS and the CAC. Once acknowledged by the CAC, they will contact the family within 48 hours.

Case reviews should follow the following principles as provided by the Indiana Chapter of the National Children's Alliance. Efforts during case review are coordinated and non-duplicative, and all aspects of the case are discussed. Generally, case review includes:

- Short description of the case
- Review interview outcomes;
- Discuss, plan, and monitor the progress of the investigation;
- Review medical evaluations;
- Discuss child protection and other safety issues;
- Provide input for prosecution and sentencing decisions;
- Discuss emotional support and treatment needs of the child and non-offending family members and strategies for meeting those needs;
- Assess the family's reactions and response to the child's disclosure and involvement in the criminal justice/child protection systems;
- Review criminal and civil (dependency) case disposition based on parental consent;
- Make provisions for court education and court support; and
- Discuss cross-cultural issues relevant to the case.

**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.

**IX. Trauma Informed Care**

Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care—SAMHSA (http://www.samhsa.gov/nctic/):
Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

**Trauma Specific Interventions: (modified from the SAMHSA definition)**

- The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
- The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
- The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

## X. Cultural and Religious Competence.

Provider must respect the culture of the children and families with which it provides services. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth. The guidebook can be found at:
http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf

Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

## XI. Child Safety

Services must be provided in accordance with the Principles of Child Welfare Services. Please note: All services (even individual services) are provided through the lens of child safety. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family. Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statue, IC 31-33-5-1. All service plans should include goals that address issues of child safety and the family's protective factors.