ATTACHMENT B
SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD ADVOCACY CENTER

I. Introduction

A. The Child Advocacy Center funds are currently provided through Social Services Block Grant (SSBG; Federal dollars).

B. Due to changes at the federal level in funding, the funding sources for the Child Advocacy Centers may change at any time.
   1. It is the responsibility of the contractor to contact DCS if the contractor needs to report which funding stream(s) is being utilized.

C. The Child Advocacy Center (SSBG; Federal dollars) 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.

D. DCS collaborates with the Indiana Chapter of the National Children's Alliance (NCA) ensuring that funding and tracking of forensic interviews by DCS Region and county through quarterly reports.

   1. The DCS and CAC partnerships include the use of the standardized release form(s) that parents/guardians sign for DCS to:
      a) Gain parental consent for the CAC interview of the child to be used by the MDTs and at the local CAC for training purposes.
      b) To gain DCS approval to use interviews for training, email childwelfareplan@dcs.in.gov with the child's first initial, last name, case county, and interview date.

II. Entities:

A. The Child Advocacy Center (CAC) must be a Non Profit entity with 501(c) (3) status or a government entity.

   1. The CAC with the Non Profit status may be a
      a) Stand- alone CAC
      b) A CAC under an umbrella agency, or
      c) A CAC under the Prosecutor's Office

III. Service Description

A. 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 improve outcomes from children and families, and reduce the impact on the child and family of repeat interviews by multiple agencies.

B. 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.

C. Teams of professionals, including law enforcement, child protective services, prosecution, medical and mental health, and child/victim advocacy, may participate in the MDTs.

D. The CAC must be a designated legal entity responsible for program and fiscal operations.

E. 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.

F. 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.

G. 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.

H. The Child Advocacy Center shall, at minimum, provide the following:

1. 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.
    a) Local protocol shall include how MDT members will access the facility and equipment, if CAC staff is unavailable.
    b) CACs may make arrangements for multidisciplinary team members to use the CAC for additional services.
2. 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.
    a) The interview(s) shall consist of one or a series of developmentally appropriate, interviews by a specially trained forensic interviewer.
    b) Other professionals and MDT members may observe interviews and participate as deemed appropriate by the NCA guidelines
3. The CAC must provide copies or access to recorded interviews and interview reports (attachment H), to local DCS offices request.

I. In efforts of best practice and to support the CAC model, The Child Advocacy Center **may** provide any or all of the following services, (not to be paid with SSBG funding).

1. Forensic medical exams, offered on-site or by a consulting physician, utilizing specialized equipment necessary for accurate diagnoses.
2. 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.
3. Consistent, (at a minimum) monthly case reviews should be conducted with the MDT.
    a) The CAC is responsible for organizing the case reviews and notifying MDT members about the cases to be reviewed.
4. Family advocacy, crisis intervention, and support/advocacy for victims and their families during the assessment and deposition process.
5. Educational, child abuse and neglect awareness and prevention training to the community.
    a) Programs may include recognizing signs and symptoms of child abuse, methods for abuse prevention, body safety.
6. Provide support groups for non-offending parents in cases of alleged child abuse

IV. Target Population

A. Services must be restricted to the following eligibility categories:

1. Families and children for whom a child protection service assessment has been initiated.
2. Children and their families which have an IA or the children have the status of CHINS or JD/JS.
3. Witnesses to suspected Child Abuse or Neglect

V. Goals

A. **Goal #1**: To provide a neutral facility in which children and families receive a forensic interview. Secondary to allegations of abuse or neglect.

1. Outcome Measures
    a) The facility will be physically and psychologically safe for children and families.
    b) Child accessible areas will be clean, sanitized, and child proof.

B. **Goal #2** : Provide a comprehensive multidisciplinary, developmentally and culturally appropriate evidence based response to the needs of children and families.

1. Outcome Measures
    a) Conduct interviews in the language of the child.
    b) Provide interviewers, cross disciplinary and cross-cultural training.

c) Provide translators for child and/or family if one is necessary. This translator should be a non-family member of the client

C. **Goal #3**: Maintain open communication, information sharing, and case coordination with community professionals and agencies involved in child protection efforts.

1. Outcome Measures

a) Recording and storing of interviews , as required by law and per contract.

b) Track interviews and coordinate with all professionals involved with the children and non-offending family members on an as needed basis.

c) Facilitate coordinated forensic interview efforts based on open communication, information sharing, and collaborative decision making among the MDT.

D. **Goal #4:** Aid multidisciplinary team members to educate non-offending caregivers on their role in the assessment process.

1. Outcome Measures

a) 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.

b) Assist non-offending family members with medical, mental health, and other victim services needs.

E. **Goal #5:** Satisfaction with services

1. Outcome Measures

a) Annually survey MDT members, including DCS and probation staff, to ensure the CAC provider is meeting expectations.

b) 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.

F. **Goal #6**: Use a Comprehensive case tracking system that provides information on essential demographic and case information. that monitors investigative, prosecutorial, child protection, medical, mental health, and victim advocacy services.

1. Outcome Measures

a) Maintain a log of children interviewed and report quarterly using the DCS report template (Attachment J).

b) Maintain a log of MDT members using the facility.

c) 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

VI. Minimum Qualifications

A. 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.

B. Executive Director

1. Bachelor's Degree or related experience preferred as required by center's board of directors.

C. Forensic Interviewer:

1. The Direct Worker must have one of the following:

a) Bachelor's, or Master's degree from an accredited university, and:

(1) A minimum of two (2) years of professional experience working with children and families where abuse and violence are identified issues is required.

b) High School Degree, GED, or Associate Degree

(1) If the Direct Worker possesses an Associate Degree, High School Diploma, or GED, they must also have:

(2) At least 4 years full time employment experience providing direct casework services to children & families that includes providing services to families that need assistance in the protection and care of their children

c) Professional experience in working with the criminal justice or child welfare system and has been trained in ChildFirst, or another model approved by NCAC (National Children's Advocacy Centers).

D. Interns
   1. Must complete orientation training and will be supervised by designated CAC staff.

E. Volunteers
   1. Must complete volunteer orientation training. Volunteers may be supervised by center staff.

VII. Billable Unit-Payment Points

A. Child Advocacy Center (SSBG; Federal) funds will pay for the following:
   1. Personnel (Forensic Interview)-CJA Coordinator salary/fringe benefits while conducting the forensic interview.
   2. Court-if CAC receives written or email request or subpoena from the local DCS office to testify in court.
   3. 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.
   4. 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)
   5. Telephone/Postage/Supplies-includes telephone, postage, printing, duplicating and advertising
   6. 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)
   7. 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).
   8. 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.

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

VIII. Case Record Documentation

A. 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. Any other information required by DCS

IX. Service Access:

A. All centers (i.e. facilities, rooms, recording equipment) shall be available to DCS on a 24 hours/7 days a week basis for the facilitation of a forensic interview.

B. True emergencies will be determined by State Law and DCS Policies.

C. DCS requires interviews to be conducted at critical times, and the CAC shall work to accommodate the needs of the department, the family, and the victim.

1. CAC staff do not need to be available on a 24/7 basis

D. If DCS is assessing allegations of child abuse/neglect, DCS will collaborate with the MDT to determine who will interview a client.

1. The MDT will provide input regarding each interview.
2. DCS will lead interview and filing determinations regarding CHINS decisions while the prosecutor's office will lead interview and filing determinations regarding criminal charges.

E. The interview must be coordinated with the Child Advocacy Center.

1. This may be completed via communication agreed upon between DCS and the CAC.

F. Prior to Interview:

1. MDT should meet to discuss relevant information; share information gathered and determine goals
2. Reasonable efforts will be made to prohibit known alleged perpetrators from being present at the CAC for the duration of the interview process.

G. After Interview:

1. Case reviews should follow the following principles as provided by the Indiana Chapter of the National Children's Alliance.
2. Efforts during case review are coordinated, non-duplicative, and pertinent aspects of the case are discussed. Generally, case review includes:
   a) Short description of the case
   b) Review interview outcomes;
   c) Discuss, plan, and monitor the progress of the investigation;
   d) Review medical evaluations;

e) Discuss child protection and other safety issues;
f) Provide input for prosecution and sentencing decisions;
g) Discuss emotional support and treatment needs of the child and non-offending family members and strategies for meeting those needs;
h) Assess the family's reactions and response to the child's disclosure and involvement in the criminal justice/child protection systems;
i) Review criminal and civil (dependency) case disposition based on parental consent;
j) Make provisions for court education and court support; and
k) Discuss cross-cultural issues relevant to the case.

X. Adherence to the DCS Practice Model

A. 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.

B. 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.

XI. Trauma Informed Care

A. 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/):

1. 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.
2. 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?"
3. 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.
4. 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

B. Trauma Specific Interventions: (modified from the SAMHSA definition)
   1. The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
   2. 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)
   3. 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.

XII. Cultural and Religious Competence.

A. Provider must respect the culture of the children and families with which it provides services.

B. 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.

C. 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.
   1. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.
   2. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
   3. The guidebook can be found at: http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf

D. 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.

E. 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.

XIII. Child Safety

A. Services must be provided in accordance with the Principles of Child Welfare Services.

B. All services (even individual services) are provided through the lens of child safety.

1. 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.

2. 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.