Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor
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July 27, 2015

Senator Eric L. Brakey, Chair
Representative Drew Gattine, Chair
Members, Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta, ME 04333-0100

Re: Chapter 364 Public Law-An Act to Create Create Child Advocacy Centers in Maine

Dear Senator Brakey, Representative Gattine, Members of the Joint Standing Committee on Health and Human Services:

The Department of Health and Human Services (DHHS) is mandated by LD 1334 An Act To Create Child Advocacy Centers in Maine to report on the establishment, organization and duties of the child advocacy centers.

Over the past year, DHHS has worked with Maine's Network of Children's Advocacy Centers to support and monitor the work of the two Children's Advocacy Centers. The attached report provides an overview of the current efforts of these centers in 2014.

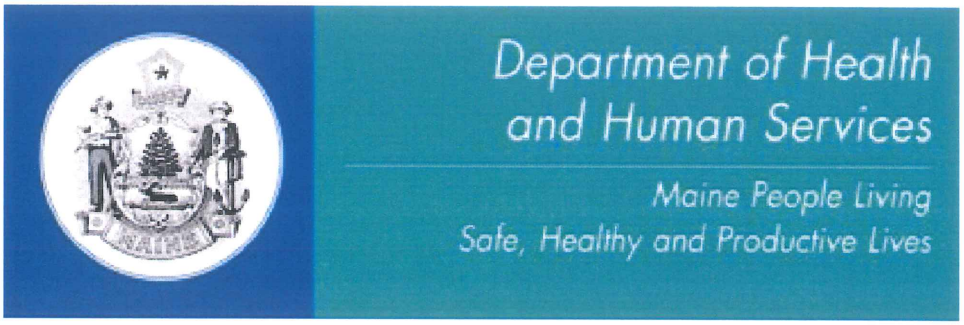
If you have questions please contact Jim Martin, Director of the Office of Child and Family Services at (207) 287-7923.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Attachment



Children's Advocacy Centers 2014 Annual Report

Prepared by:
Maine Department of Health and Human Services
Office of Child and Family Services
and the
Maine Network of Children's Advocacy Centers

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Executive Summary

Public law (22 MRSA §4019) was adopted in 2013 to create child advocacy centers in Maine. The Department of Health and Human Services (DHHS) must annually report to the Joint Standing Committee on Health and Human Services on the number of child advocacy centers, an overview of the protocols adopted by the centers, and the effectiveness of the centers in coordinating both the investigation and prosecution of child sexual abuse as well as the referrals of victims of child sexual abuse for treatment.

Maine currently has two nationally accredited CACs: the Androscoggin Children's Advocacy Center (covering Androscoggin, Franklin, and Oxford Counties) and the Children's Advocacy Center of Kennebec and Somerset Counties. In 2014, these centers served 439 children. In addition, multidisciplinary teams (MDT) in Cumberland County and in Penobscot/Piscataquis Counties are currently working toward developing CACs to serve children in other parts of the state.

The past year has heralded increased statewide work and structure regarding CACs. Formed in 2013, the mission of the Maine Network of Children's Advocacy Centers (the Network) is to promote the development, growth, and utilization of CACs and multi-disciplinary teams to more effectively respond to Maine's sexually abused children and their families. The Network submitted their application to the National Children's Alliance (NCA) for accreditation as the statewide chapter of Maine's CACs in early 2014, and was accredited by NCA just a few months later in October 2014.

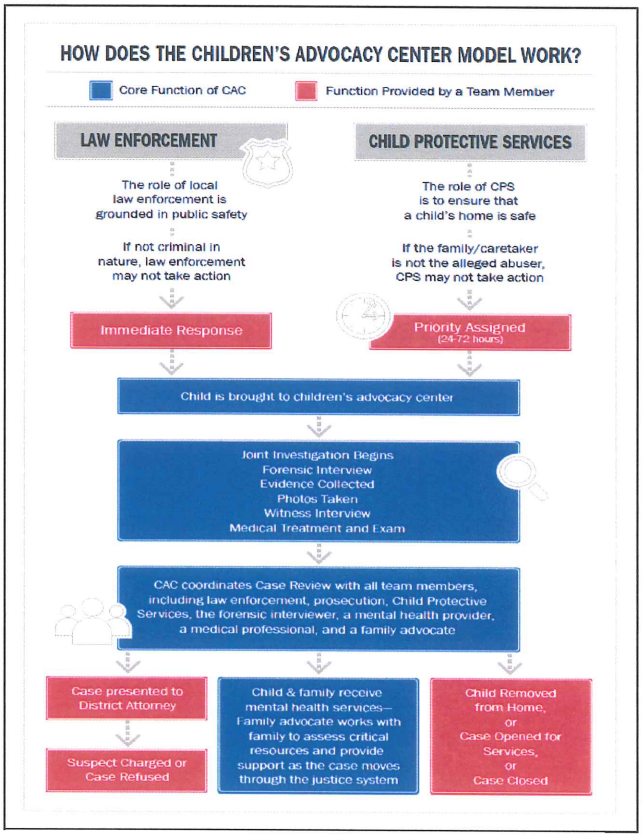
The Maine Network of Children's Advocacy Centers provides statewide representation and support for Maine's local Children's Advocacy Centers including resource sharing and mentoring, technical assistance, public policy advocacy, and statewide communication. The Network has been partnering with the Suffolk County CAC in Boston, Massachusetts, and the Support to End Exploitation Now (SEEN) Coalition to develop a protocol and a screening tool to identify and respond to the Commercial Sexual Exploitation of Children (CSEC). In February 2015, the Northeast Regional Children's Advocacy Center (NRCAC) and the Network co-hosted Maine CAC Team Week, a multidisciplinary team training for existing and emerging CAC programs. There were five teams that attended, representing seven counties: Cumberland, Franklin, Androscoggin, Kennebec, Somerset, Penobscot and Piscataquis.

What are Children's Advocacy Centers and How Do They Work?

Children's Advocacy Centers (CACs) are child-focused, facility-based programs in which representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, and child advocacy work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child sexual abuse cases.

Maine's Children's Advocacy Centers are an innovative approach to responding to child sexual abuse, with child-centered investigations that result in increased prosecution rates[1] and more effective services for children and family members.

Maine currently has two CACs accredited through the National Children's Alliance (NCA). The Children's Advocacy Center of Kennebec and Somerset Counties was accredited by the NCA in October 2013 and the Androscoggin Children's Advocacy Center (serving Androscoggin, Franklin and Oxford Counties) was accredited in October 2014. In addition to the two CACs, there are multidisciplinary teams (MDTs) in Cumberland County and Penobscot/Piscataquis Counties which are currently working toward developing CACs to serve children in other areas across Maine.



Source: http://www.nationalchildrensalliance.org/cac-model

How the CAC Works

When a child makes an allegation of sexual abuse, a member of law enforcement or child protective services will make a referral to the CAC. Once at the CAC, a forensic interviewer (the person conducting the child interview) will meet with the referring agency and the non-offending caregiver of the child to discuss what is known about the case. While the forensic interviewer interviews the child in an age-appropriate, court-admissible manner, other team members watch via closed-circuit television and can send questions to the interviewer. This process helps to ensure that each discipline gets the information it needs from the interview, while reducing the number of interviews in which the child must participate.

During the child's interview, a family advocate will meet with the non-offending family member(s) to provide additional resources and referrals, answer any questions the family members may have, and talk about next steps. This wrap around approach helps bring the system to families instead of requiring families to navigate the system alone.

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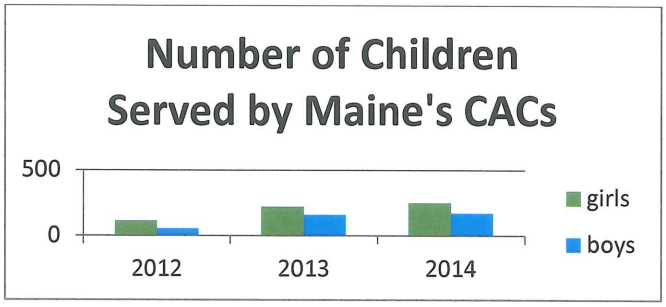
[1] Cross, T.P.; Jones, L.M., Walsh, W.A., Simone, M., & Kolko, D.J. (2007). Child forensic interviewing on children's advocacy centers: Empirical data on a practice model. *Child Abuse and Neglect, 31*, 1031-1052.

Current Statewide Overview

The Network continues to grow and leading the outcome evaluation of those served by the CACs, as well as protocol development related to serving commercial exploitation of children (CSEC) victims.

Because the work of CACs is largely achieved through multidisciplinary collaboration, they are fairly inexpensive to operate. Not including start-up costs (for interview equipment, etc.), at their most basic, CACs can consist of Coordinator/Forensic Interviewer and a Family Advocate and function for as little as $100,000 - $200,000 a year. Increasing the number of CACs in a state also increases the access the CACs have to funding provided through the federal Victims of Child Abuse Act, which is passed through the National Children's Alliance.

The Androscoggin and Kennebec/Somerset CACs both have grown over the last two years. In 2013, the Androscoggin CAC served 170 children and families for forensic interviews, increasing to 225 in 2014. Similarly, the Kennebec/Somerset CAC served 228 children and families in 2013 and 203 in 2014.



In 2013, DHHS and the Network began collaborating to improve and expand CAC programming statewide. The collaboration has continued to grow and the OCFS Associate Director of Policy and Prevention now serves on the Network's Advisory Council. DHHS is developing internal practice to direct caseworkers in the appropriate use of CACs to reduce the number of repeat interviews.

Goals of the collaboration between DHHS and the Network include: working with existing CACs to help them maintain national accreditation standards, standardizing policies across CACs, and supporting efforts in Cumberland and Penobscot/Piscataquis Counties to develop CACs.

Some of the activities completed across the state include:

- Partnering with the Administrative Office of the Courts to purchase closed circuit equipment to facilitate the testimony of children outside of the presence of the defendant. (The courts are currently developing protocols and a pilot project to guide them in the use of this approach.)
- Purchasing equipment for the Androscoggin CAC to allow them to do interviews in Franklin County (in addition to Androscoggin County) as the demand for interviews has increased significantly over the last year.
- Providing technical assistance for the ACAC to meet NCA accreditation standards.
- Convening monthly meetings of CACs (and developing/emerging CACs) to share resources and improve and standardize programming.
- Providing mentoring opportunities and technical assistance for the MDT in Cumberland County and the MDT in Penobscot/Piscataquis Counties in their CAC development.
- Creating outreach materials for the two CACs.
- Working with NCA to implement outcome measures for Maine's CACs.

Children's Advocacy Center Current Landscape in Maine

District 1 – York County and District 2 – Cumberland County

In April 2013, a community forum was held to explore the CAC model. Following the forum, a committee convened in May 2013 to begin the process of assessing the need and feasibility of a CAC in Cumberland County. The committee has representatives from law enforcement, the Cumberland County District Attorney's office, DHHS, medical services, sexual assault services, mental health services, domestic violence advocates, and child abuse specialists. The group continued to meet every four to six weeks. From July to September 2013, committee members consulted with five existing CACs in both Maine and New Hampshire. In November 2014, the MDT voted to house the CAC under the Spurwink Child Abuse Program. The CAC will be a collaboration of a forensic interviewer/multidisciplinary team coordinator position, funded by Spurwink and a family advocate position funded by Cumberland County's Sexual Assault Response Services of Southern Maine, as well as the Portland Defending Childhood, which is a US Department of Justice initiative that focuses on promoting safe and thriving communities by raising awareness and providing services to break the cycle of violence. Moving forward, with the support of the Network, the committee will develop protocols which align with recent Maine legislative standards and National Children's Alliance standards for the operation of a Children's Advocacy Center. This location has secured sufficient private funding to be self-sustaining.

District 3 – Androscoggin, Franklin, and Oxford Counties

In 2003, Androscoggin County law enforcement attended a conference in Huntsville, Alabama and returned motivated to bring the CAC model to Maine. They brought together community stakeholders in child welfare and sexual assault, and found support for the CAC model. Androscoggin County's Sexual Assault Prevention and Response Services (SAPARS) offered to be the fiscal sponsor for the Children's Advocacy Center and provide a space to house the program. With the help of the Northeast Regional Children's Advocacy Center, the team received a $50,000 development grant and hired a program coordinator. A SAPARS staff person with a work history in child development and prior work experience with the Office of Children and Family Services (DHHS) became first the ACAC interviewer, and then the full time coordinator and forensic interviewer. In July 2014, a second forensic interviewer was trained in order to respond to interview needs as quickly as possible. In August 2014, with United Way funding, a second office in Franklin County was added. In October 2008, the center began accepting referrals and interviewing children. In the final months of 2008, approximately 20 interviews were done. In 2009, 60 interviews were conducted. In 2014, 225 interviews were conducted at the Androscoggin Children's Advocacy Center.

The ACAC submitted their application for accreditation in March 2014; the NCA Site Review was completed in September 2014. The NCA Board met in October of that year to review the site reviewers' recommendations and voted to fully accredit the Androscoggin CAC.

District 4 – Waldo, Lincoln, Knox, Sagadahoc Counties

Discussions between Sexual Assault Support Services of Midcoast Maine (SASSMM) and an area hospital about a potential partnership in founding a CAC are currently underway. Should the hospital agree to house the CAC, SASSMM will help lead a community needs assessment.

District 5 – Kennebec and Somerset Counties

In 2010, members of the Sexual Assault Crisis and Support Center (SAC&SC) engaged in a community assessment with the Northeast Regional Children's Advocacy Center. SAC&SC formed a multidisciplinary team (the core of the Kennebec and Somerset CAC), which met monthly between

February 2010 and May 2012 to develop guidelines, protocols, and policies. Members of the team completed forensic interviewer trainings and attended site visits. The Kennebec and Somerset CACs held its first interview in May 2012; six referrals came in the very first day. With funding and continued support from MeCASA, the Kennebec and Somerset CAC applied for Associate Membership with the National Children's Alliance (NCA). In October 2013, they were officially accredited by NCA. The multidisciplinary team continues to meet on a monthly basis as an Advisory Committee and for Case Review. The Kennebec and Somerset Counties CAC interviewed 203 children and families in 2014.

District 6 – Penobscot and Piscataquis Counties

In 2010, District Attorney Chris Almy approached Rape Response Services (RRS) to coordinate the Cornerstone training (similar to forensic interviewer model). Together, they secured grant funding to cover training expenses, but have faced challenges moving forward with the "mini-CAC" model including limited resources and a lack of consistent participation from all of the disciplines. In 2014, there was a renewed interest in the full CAC model; RRS and Network staff participated in a preliminary meeting of a few key stakeholders. The group met again in October and discussed a plan for moving forward. The group continues to meet on a monthly basis and, in collaboration with the Network, conducted a CAC 101 presentation in January 2015 for community partners and stakeholders. The group will also be working with the University of Maine to conduct a community needs assessment.

District 7 – Washington and Hancock Counties and District 8 – Aroostook County

The sexual assault support center in Districts 7 and 8 – part of Aroostook Mental Health Center (AMHC) – is interested in developing a CAC, especially because it is costly to send children to resources outside of the county. AMHC is a small team with a large, broad catchment area, so sustainability is a concern. They are in the process of exploring how to conduct a community assessment.

Overview of Current and Developing Protocols

The policies and protocols by which each CAC abides are largely connected to the NCA accreditation standards. They include policies and protocols related to:

- Multidisciplinary collaboration
- Cultural competency and diversity
- Forensic interviews
- Victim support and advocacy
- Medical evaluation
- Mental health
- Case review
- Case tracking
- Organizational capacity
- Child-focused setting

Each accredited center's policies and protocols are attached to this report. **See Appendix B.**

Effectiveness of Children's Advocacy Centers

Children's Advocacy Centers are a national best practice in child sexual abuse investigation. The CAC movement is new in Maine, and measuring the effectiveness of CAC programming is still in its infancy. However, as the movement continues to grow, measuring effectiveness will take three tracks: service statistics, implementing NCA's Outcome Measurement Systems (OMS) program; and evidence-based research.

Consistent with NCA, DHHS, and the Network policies, service statistics are collected from existing programs on a quarterly basis. These statistics include victim demographics, the type of abuse suffered,

non-offending caregiver information, information on offenders, and actions taken/services provided. Case outcomes are also tracked. As noted earlier, Maine CACs served 439 children in 2014.

The Network is also in the process of implementing NCA's OMS program. OMS provides two surveys for caregivers – one given at the end of the initial visit and one given two months afterwards. Caregivers answer questions about how their children felt while visiting the center, interactions with staff members, access to information and services, and how well the center prepared them to meet the needs of their children in the days and weeks following contact with the center. All of these questions are focused on how well the CAC facilitates healing for the children and their caregivers. Members of the multidisciplinary team also complete surveys to provide feedback on how well the CAC helps to support them in their individual roles, from criminal investigations to treatment services for families.

Finally, as the CAC movement in Maine grows, so will evidence-based research regarding the model. DHHS and the Network are currently in dialogue with researchers through the University of Maine Orono regarding baseline data for regions yet to establish CACs. Once CACs in those regions are established, additional research can be conducted and compared to the baseline data.

National research demonstrates that CACs save money, hold offenders accountable, help children heal from sexual abuse, and support non-abusing caregivers.

- Coordinated investigations are more efficient, effective, and save money. A cost-benefit analysis demonstrated that traditional investigations cost 36% more than CAC-coordinated investigations.[2] By streamlining the investigation process, CACs can save as much as $1,000 per child abuse case.[3]

- By increasing the effectiveness of investigations, the use of CACs and multidisciplinary teams have resulted in increased successful prosecutions of child abuse offenders. A recent study compared two large urban districts over a period of ten years and found that felony prosecutions of child sexual abuse doubled in the district where the use of CACs nearly tripled.[4] Additionally, research shows that defendants convicted of sex crimes against children were sentenced to longer prison terms when they had been investigated using the CAC-multidisciplinary model.[5]

- CACs recognize and respond to the specialized needs of child abuse victims, and what will help them to heal. Child sexual abuse victims who receive services at CACs are twice as likely to receive specialized medical exams[6] and more likely to receive referrals for specialized mental health treatment.[7]

- It is important for non-offending caregivers to feel supported – both in their own response to their child's sexual abuse and in providing support for their child. According to recent research,

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[2] Formby, J., Shadoin, A.L., Shao, L, Magnuson, S.N., & Overman, L.B. (2006). *Cost-benefit analysis of community responses to child maltreatment: a comparison of communities with and without child advocacy centers*. Research Report No. 06-3, National Children's Advocacy Center, Huntsville, AL.

[3] Ibid.

[4] Miller, A. & Rubin, D. (2009). The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse and Neglect, 33,* 12-18.

[5] Cross, T.P., Jones, L.M., Walsh, W.A., Simone, M., Kolko, D.J., Szczepanski, J., et.al. (2008). *Evaluating children's advocacy centers' response to child Sexual abuse*. Bulletin. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, Department of Justice. August 2008.

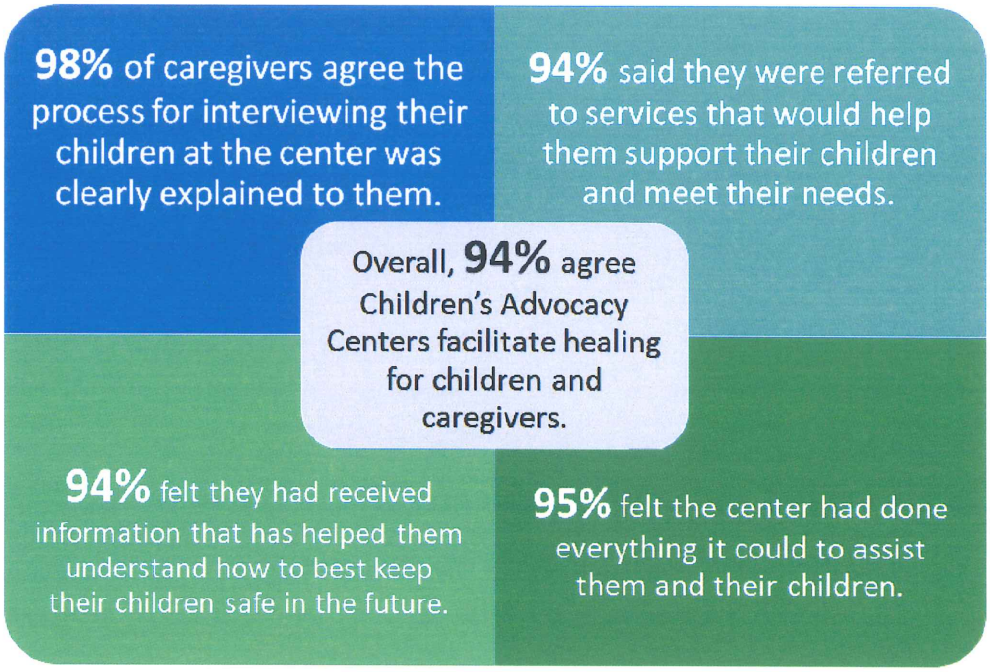
[6] Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M. & Davison, K.S. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse and Neglect, 31*(10): 1053-1068.

Smith, D.W., Witte, T.H., & Fricker-Elhai, A.E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*(4): 354-60.

Edinburgh, L., Saewyc, E., Levitt, C., (2008). Caring for young adolescent sexual abuse victims in a hospital-based children's advocacy center. *Child Abuse & Neglect 32*(12): 1119-112.

[7] Ibid.

94% of caregivers said they were referred to services that would help them support their children and meet their needs; 94% said they received information that helped them understand how to keep their children safe in the future; 95% felt the center had done everything it could to assist them and their children; and 94% agreed that Children's Advocacy Centers facilitate healing for children and caregivers.[8] Approximately 94% of caregivers said they knew what to expect in the next steps of their child's case and 97% said that they would recommend the CAC's services to someone else in their position.[9]



Source: http://www.nationalchildrensalliance.org/proven-results

[8] National Children's Alliance. (2014). *Proven results: The outcome measurement system*. Retrieved: http://www.nationalchildrensalliance.org/proven-results

[9] Ibid.

Appendix A: An Act to Create Child Advocacy Centers in Maine

LAW WITHOUT GOVERNOR'S SIGNATURE

JUNE 26, 2013

CHAPTER

364

PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND AND THIRTEEN

S.P. 468 - L.D. 1334

An Act To Create Child Advocacy Centers in Maine

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §4019 is enacted to read:

§4019. Child advocacy centers

This section governs the establishment, organization and duties of child advocacy centers to coordinate the investigation and prosecution of child sexual abuse and other child abuse and neglect and the referral of victims of child sexual abuse and other child abuse and neglect for treatment.

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Board" means a child advocacy advisory board established pursuant to subsection 2.

B. "Child advocacy center" or "center" means a community-based center that provides multidisciplinary services for children and families affected by child sexual abuse and other child abuse and neglect.

C. "District" means one of the 9 public health districts as defined in section 411, subsection 5.

2. Center; child advocacy advisory board. A district may establish one center within the district. A district that establishes a center shall establish a child advocacy advisory board to govern the center.

A. Each of the following officers or agencies shall designate one representative from within the district to serve on the board: a county sheriff; the Bureau of Child and Family Services; the district attorney; the State Police; a municipal police department; a sexual assault support center; and a county mental health organization; or a comparable representative for each who carries out these duties.

B. The board shall organize itself and elect from among its members a chair. Until a chair is elected, the district attorney representative or comparable representative who carries out the duty of prosecuting serves as interim chair.

C. The chair of the board may appoint additional members of the board as necessary to accomplish the purposes of this section. Additional members may include but are not limited to representatives of law enforcement agencies, the judicial branch and tribal courts.

D. The board shall adopt by a majority vote of its members a written protocol on child sexual abuse and other child abuse and neglect. The purpose of the protocol is to ensure coordination and cooperation of all agencies involved in child sexual abuse cases and other child abuse and neglect cases to increase efficiency and effectiveness of those agencies and to minimize stress created for the child and the child's family by the investigation and criminal justice process and to ensure that more effective treatment is provided for the child and the child's family.

E. In preparing its written protocol under paragraph D, the board shall consider the following:

(1) An interdisciplinary, coordinated approach to the investigation of child sexual abuse and other child abuse and neglect, which must at a minimum include:

(a) An interagency notification procedure;

(b) A dispute resolution process for the involved agencies when a conflict arises in how to proceed with the investigation of a case;

(c) A policy on interagency decision making; and

(d) A description of the role each agency has in the investigation of a case;

(2) A safe, separate space, with assigned personnel, designated for the investigation and coordination of child sexual abuse cases and other child abuse and neglect cases;

(3) An interdisciplinary case review process for purposes of decision making, problem solving, systems coordination and information sharing;

(4) A comprehensive tracking system to receive and coordinate information concerning child sexual abuse cases and other child abuse and neglect cases from each participating agency;

(5) Interdisciplinary specialized training for all professionals involved with the cases of victims and families of child sexual abuse and other child abuse and neglect; and

(6) A process for evaluating the implementation and effectiveness of the protocol.

F. The board shall annually evaluate the implementation and effectiveness of the protocol required under paragraph D and shall amend the protocol as necessary to maximize its effectiveness.

G. The board shall file the written protocol under paragraph D and each amendment to it with the Bureau of Child and Family Services and shall provide copies of the protocol and each amendment to it to each agency participating in the district.

3. Child advocacy centers; memorandum of understanding; participants. On the execution of a memorandum of understanding, a center may be established. A memorandum of understanding regarding participation in the operation of the center must be executed among the following:

A. The Bureau of Child and Family Services;

B. Representatives of state, county and municipal law enforcement agencies that investigate child sexual abuse and other child abuse and neglect in the district;

C. The district attorney who prosecutes child sexual abuse cases and other child abuse and neglect cases in the district;

D. Representatives of a sexual assault support center; and

E. Representatives of any other governmental entity that participates in child sexual abuse or other child abuse and neglect investigations or offers services to victims of child sexual abuse and other child abuse and neglect in the district and that wants to participate in the operation of the center.

4. Elements of memorandum of understanding. A memorandum of understanding under this section must include the agreement of each participant to cooperate in:

A. Developing a cooperative team approach to investigating child sexual abuse and other child abuse and neglect;

B. Reducing to the greatest extent possible the number of interviews required of a victim of child sexual abuse or other child abuse or neglect to minimize the negative impact of an investigation on the child; and

C. Developing, maintaining and supporting an environment that emphasizes the best interest of children and provides investigatory and rehabilitative services.

5. Office space and administrative services. A memorandum of understanding under this section may include the agreement of one or more participants to provide office space and administrative services necessary for the center's operation.

6. Child advocacy center duties. A center shall:

A. Assess victims of child sexual abuse and other child abuse and neglect and their families referred to the center by the department, a law enforcement agency or a district attorney to determine their needs for services relating to the investigation of child sexual abuse and other child abuse and neglect and provide those services;

B. Provide a facility at which a multidisciplinary team appointed under subsection 7 can meet to facilitate the efficient and appropriate disposition of child sexual abuse cases and other child abuse and neglect cases through the civil and criminal justice systems; and

C. Coordinate the activities of governmental entities relating to child sexual abuse and other child abuse and neglect investigations and delivery of services to victims of child sexual abuse and other child abuse and neglect and their families.

7. Multidisciplinary team. A center shall appoint a multidisciplinary team.

A. A multidisciplinary team must include employees of the participating agencies who are professionals involved in the investigation or prosecution of child sexual abuse cases and other child abuse and neglect cases. A multidisciplinary team may also include representatives of sexual assault support centers and professionals involved in the delivery of services, including medical and mental health services, to victims of child sexual abuse and other child abuse and neglect and the victims' families.

B. A multidisciplinary team shall meet at regularly scheduled intervals to:

(1) Review child sexual abuse and other child abuse and neglect cases determined to be appropriate for review by the multidisciplinary team. A multidisciplinary team may review a child sexual abuse case or other child abuse or neglect case in which the alleged abuser does not have custodial control or supervision of the child or is not responsible for the child's welfare or care; and

(2) Coordinate the actions of the entities involved in the investigation and prosecution of the cases and the delivery of services to the victims of child sexual abuse and other child abuse and neglect and the victims' families.

C. When acting in the member's official capacity, a multidisciplinary team member is authorized to receive confidential information for the purpose of carrying out the member's duties under this section. For purposes of this paragraph, "confidential information" includes confidential records regarding the investigation of reports of child sexual abuse and other child abuse and neglect, including videotaped interviews, and records, papers, files and communications regarding a person receiving services from or being investigated by the department.

8. Immunity from liability. A person is immune from civil liability for a recommendation or an opinion given in good faith while acting in the official scope of the person's duties as a member of a center's multidisciplinary team or as a staff member or volunteer of a center.

9. Confidential records. The files, reports, records, communications and working papers used or developed in providing services under this section are confidential and are not public records for purposes of Title 1, chapter 13, subchapter 1. Information may be disclosed only to the following in order for them to carry out their duties:

A. The department, department employees, law enforcement agencies, prosecuting attorneys, medical professionals and other state agencies that provide services to children and families;

B. The attorney for a child who is the subject of confidential records; and

C. A guardian ad litem appointed under section 4005 for a child who is the subject of confidential records.

10. Reports. Beginning January 2015, the department shall annually report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the centers. The report must include the number of centers and an overview of the protocols adopted by the centers and the effectiveness of the centers in coordinating the investigation and prosecution of child sexual abuse and other child abuse and neglect and referral of victims of child sexual abuse and other child abuse and neglect for treatment. The committee may submit legislation related to the report.

Appendix B: Current and Developing Protocols of Maine's Nationally Accredited CACs

Appendix B:
Current and Developing Protocols of Maine's Nationally Accredited CACs

Androscoggin Children's Advocacy Center (ACAC) Case Review Protocol
ACAC Forensic Interview Protocol
ACAC Medical Evaluation Protocol
ACAC Multidisciplinary Team List

Children's Advocacy Center of Kennebec and Somerset Counties (CACKS) Case Review Protocol
CACKS Forensic Interview Structure Protocol
CACKS Intake-Poster Interview Protocol
CACKS Peer Review Protocol
CACKS Guidelines
CACKS Interagency Agreement

ANDROSCOGGIN CHILDREN'S ADVOCACY CENTER

CASE REVIEW PROTOCOL

Goal: The goal of case review is to assure the quality of the investigative process for each child and family served by ACAC. Case Review provides an opportunity for members to share expertise and ideas to assist in the investigation, as well as to discuss and work through any difficulties that may have occurred during the investigation of each case. Case review will also be a time to address any barriers to service coordination for the families and any cross-cultural issues that may need to be addressed.

Process: Cases to be reviewed will be selected by a subcommittee of the MDT of which the ACAC Coordinator shall be a member. Cases will be selected from amongst those presented at the ACAC during the previous month(s), and will be chosen on case complexity, (multiple victims, locations, perpetrators) and the presentation of unique issues arising during the investigation (e.g.: language or cultural barriers to communication, complex medical findings, etc.).

Any member of the MDT may also suggest a case to the subcommittee for review. The subcommittee will coordinate the review and inform the relevant MDT members of the case(s) to be reviewed at least one week prior to the meeting. The sub committee will track and follow up upon all decisions and actions agreed upon in the review.

Case review will take place every month following the MDT meeting. The location of the MDT meeting is typically at the ACAC located at 182 Webster St. in Lewiston. Occasionally this meeting will take place at the Auburn Police Department located at 60 Court St. in Auburn, Maine.

Case review will be facilitated by Detective Jennifer King from the Maine State Police, also designated as a facilitator is Lionel Dehetre, Supervisor with the Office of Children and Family Services (DHHS). Should these individuals not be present, the ACAC Coordinator may act as the case review facilitator.

Participation: All MDT members participating in cases under review are expected to attend monthly scheduled case review meetings. This includes ACAC Staff, Law Enforcement, a representative of the Office of the District Attorney, DHHS, Mental and/or Medical Health Providers, and other community support or advocacy representatives.

Law enforcement representatives and casework representatives party to the investigation or case will be invited to participate in case review. The case review is an opportunity for MDT members not involved in the case to learn through other member's experience.

Content: During the case review, generally held following the monthly MDT meeting, the case worker or investigator will provide a brief description of the case under review including a complete timeline to date. In cases where prosecution is complete, the prosecuting attorney will make this presentation. The forensic interviewer will then present findings stemming from the interview and other MDT members involved in the case will share their actions including all referrals.

A general discussion will be conducted amongst all present to evaluate the effectiveness of actions to date and to determine the need for any additional actions if the case is still active. Team case review also includes identification and review of cultural issues that may impact the case so as to help team members become aware of such issues and to help ensure that they are considered in the service delivery process.

Case review documents will be provided at the case review meeting and collected at the end to be shredded/destroyed.

Follow up: Any recommendation for additional case action will be coordinated by the lead investigator. If a recommendation is made and there is not a representative from that agency present at the case review, the information will be communicated to the appropriate agency by the investigator or the ACAC Coordinator. These recommendations will then be reviewed the next meeting. Case review may also lead to recommendations for adjustments to ACAC protocol to be presented at the next meeting of the MDT and/or Advisory Council.

Case tracking: The ACAC Coordinator or designee will establish and maintain a database sufficient to NCA case reporting requirements and the wishes of MDT members. Cases will be 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 MDT members at other times by agreement).

Consent and Information Sharing: Information about allegations and evidence will be shared, as permitted by applicable law and the Consent for Examination and Related Services. All MDT members at Case Review are asked to share relevant information as long as it is not a violation of that individual agency's confidentiality policy. MDT members are required to adhere to Title 22 §4011-A rules and protocols of DHHS, and the protocols of the Androscoggin, Franklin, and Oxford County District Attorneys' Office regarding dissemination of information in criminal investigations or criminal cases. The release of information signed by the non-offending parent or guardian at the time of the interview is inclusive of the following: the forensic interview, ongoing team communication, case review, and service referrals.

ANDROSCOGGIN CHILDREN'S ADVOCACY CENTER

FORENSIC INTERVIEW PROTOCOL

The mission of Androscoggin Children's Advocacy Center is to promote the healing of victims of child abuse by providing a strong community response to investigation, treatment, and prevention of child abuse. This is accomplished by providing a safe, child- friendly environment for child abuse investigations and treatment; supporting a multi- disciplinary process to working with child abuse victims; and working with the community to develop and enhance services to child abuse victims and prevention programs.

Androscoggin Children's Advocacy Center (ACAC] provides multidisciplinary forensic interviews of children who have disclosed sexual or serious physical abuse in order to support accurate and fair decision making by the criminal justice and child protection systems. The fact-finding process used at ACAC is child-centered, developmentally and culturally sensitive, unbiased, coordinated to avoid duplication, and uses legally sound interviewing techniques. Interviews are held at the CAC in an appropriate and neutral setting and are designed to be non-suggestive, to reduce the number of interviews a child must endure and to minimize the traumatic impart of the investigation on the child.

This forensic interview protocol, which supplements other existing ACAC protocols, establishes recommended guidelines for interviews. Interviewers are strongly encouraged to follow the protocol in every interview in order to promote internal consistency among interviewers and uniformity between interviews.

CHILD FIRST DOCTRINE

ACAC adheres to a child first doctrine that provides that the child victim's needs are paramount to the needs of all other individuals and agencies involved in the investigation of a child abuse case.

PRIVACY POLICY

Protection of a child's privacy is an important goal of Androscoggin Children's Advocacy Center and its Multi-disciplinary team ACAC respects a child's right to privacy and makes every effort to prevent the unauthorized disclosure of confidential information. A child's parent or legal custodian shall provide consent before the ACAC discloses private information about a child (see ACAC Release of Information).

INFORMATION SHARING

Information about allegations and evidence will be 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 Androscoggin, Franklin, and Oxford

County District Attorneys' Office regarding dissemination of information in criminal investigations or criminal cases.

INTERVIEWER QUALIFICATION

ACAC forensic interviewers will have special training in conducting non-suggestive and age appropriate forensic interviews of children who have disclosed sexual abuse. All MDT members conducting forensic interviews must have documentation of specialized training that meets at least one of the following Training Standards:

- Documentation of satisfactory completion of competency-based child abuse forensic interview training that includes child development;
- Documentation of 40 hours of nationally or state recognized forensic interview training that includes child development.

PEER REVIEW OF FORENSIC INTERVIEWERS

All team members who conduct Forensic Interviews at the ACAC will participate in monthly Peer Review. On a quarterly basis these meetings will be held jointly with interviewers from the Kennebec and Somerset County CAC, the only other CAC currently in Maine. Peer Review will be conducted in a manner that is collegial, supportive, and non- judgmental. The goal of peer review is to improve the skills of forensic interviewers promoting developmentally appropriate, non-leading, forensically sound interviews. It will be mandatory that the Forensic Interviewers who conduct interviews at the ACAC attend at least eight Peer Review sessions annually. All forensic interviewers will also have opportunities for ongoing trainings that may include, but are not limited to: workshops or conferences, reading current research and literature on forensic interviewing, interviewing children about non-abuse related topics, observation of interviews and ongoing supervision, (see ACAC Peer Review Protocol].

PRE-INTERVIEW ACTIVITIES

Pre-interview Briefing: Prior to the interview, the case team shall conduct a pre- interview meeting. This meeting takes place approximately 30 minutes before the families' arrival. Under the direction of the case referent, the case team will decide on the best- suited interviewer and will share information including: relevant history with MDT partners, nature of disclosure, special consideration (including interpreter services and cultural considerations) for the child and an exploration of alternative hypotheses. This is also an opportunity for the MDT partners to inform the forensic interviewer about other concerns that they would like addressed during the interview, in order to minimize the likelihood that the child will have to be interviewed again. 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.

Welcome: Upon arrival at ACAC, the child and the accompanying non-offending parent or guardian, will be welcomed by the Family Advocate and/or ACAC Coordinator and introduced to other parties. The Family Advocate will provide a copy of the ACAC consent form to the parent. This is also an opportunity for the non-offending caregiver to ask questions about the process and for the MDT members to gather additional information that may be helpful for the interview and/or investigation.

CONDUCTING THE INTERVIEW

Interview Room: Forensic interviews shall be conducted at the Child Advocacy Center whenever possible. When appropriate, other suitable arrangements will be made as needed by the ACAC Team. In all situations the facility will be physically safe, appropriately supervised, and reflect cultural and physical diversity. Sometimes it will be necessary for a parent or guardian to escort a child to the interview room to decrease anxiety in the child. However, only the forensic interviewer, an interpreter, if any, and the child will be present in the interview room during the interview. Children will be told if the interview is recorded by DHHS. Children will also be told that others are watching the interview and may call into the interview room with questions.

The investigative team members will view the forensic interview "live" from another room via closed circuit television. Once the forensic interviewer has completed their portion of the interview they will request that the MDT members observing the interview provide them with additional questions related to their specific disciplines. The additional questions will be communicated to the forensic interviewer by the team members observing the interview.

Non-investigative personnel, including family members, are not permitted in the observation room. Prior to and at the conclusion of the interview, the lead investigating officer may discuss the interview with family members, as s/he deems necessary. Other observers shall treat the contents of the interview as highly confidential information.

It is strongly recommended that law enforcement representatives not appear at ACAC in full uniform. Additionally, firearms should be secured or concealed. Law enforcement personnel who are in uniform should arrange it so that they do not come in contact with the child who is to be interviewed.

Interview Process: A forensic interview is a semi-structured process through which an interviewer is expected to move in a sequential and organized manner. These phases include: introduction, rapport building, guidelines and rules, narrative practice about a non-abuse related topic, family, transition, narrative description, follow-up questions, clarification, and closure. Since this is a flexible process, one or more of these stages may be modified or eliminated, allowing for the developmental considerations and/or spontaneity of each child.

All questions will follow guidelines for age appropriate interviews. Each child's capacity will vary depending on the child's unique circumstances and developmental level. While gathering information the interviewer, when possible, will use general, open-ended questions to initiate information gathering. These are questions geared to elicit the child's spontaneous narrative statements and descriptions of abuse.

Interview Aids: Interviewers may use body drawings for anatomy identification. The ACAC does not use anatomical dolls.

POST INTERVIEW ACTIVITIES

Post-Interview Meeting: At the conclusion of the interview, the child will be reunited with his/her parent or guardian. The forensic interviewer and the MDT team will then meet to discuss follow up actions, including a recommendation for a medical evaluation and decide on what information will

be shared with the non-offending caregiver.

The case 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 they may have. ACAC 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 Advocate will also follow up with the non-offending caregiver to discuss any further questions the caregiver might have as it relates to the ACAC process and any referrals for services needed.

Documentation Procedures: The forensic interviewer, most often the CAC Coordinator, is responsible for completing an ACAC interview form documenting cursory information about the interview that will be maintained by the ACAC. (see ACAC Interview Form] Other team members will complete reports as required by their roles and agencies or organizations. The ACAC Interview form will be made available to the Department of Health and Human Services and to law enforcement.

The DVD of the forensic interview will be given to the lead investigator, either a DHHS representative or Law Enforcement agent, of the case by the forensic interviewer at the end of the forensic interview. The DVD will be labeled with the ACAC Case Tracking Number. No copies of the recorded forensic interview will be kept at the ACAC or in the possession of ACAC or SAPARS staff members once the interview has concluded.

The ACAC will only keep records of the initial intake information acquired at the time of the referral, releases, consent to record, consent to use the DVD for training purposes, and follow up referral forms for appropriate agencies.

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.

Release of Information: ACAC is not authorized to release any information regarding interviews. Any requests for information by parents or others will be referred to the lead investigator or the Androscoggin County District Attorney's Office.

OTHER REQUESTS TO USE ACAC INTERVIEW FACILITIES

To the extent feasible, ACAC will allow its facility to be used for interviewing victims in other appropriate cases. In those cases, interviewers may choose to use the model of interviewing used in the ACAC child sexual abuse forensic interview process, however, those interviews will not be formally affiliated with the ACAC multi-disciplinary team and its case review process.

CONCLUSION

This protocol has been developed in an effort to provide the highest quality of service possible for the children referred to ACAC. ACAC will review this interview protocol at least once every six (6) months and make changes as needed to ensure a professional standard of competency and accountability in all cases.

ANDROSCOGGIN CHILDREN'S ADVOCACY CENTER

MEDICAL EVALUATION PROTOCOL

The purpose of a medical evaluation is to ensure the health and safety of the child, including diagnosis and treatment of sexually transmitted infections, diagnosis of pregnancy or other medical conditions. Additionally, medical evaluations reassure the child and the family about the child's physical health. The purpose of the medical evaluation is also to identify, document physical findings and collect any physical findings or forensic evidence that may have resulted from the abuse.

All children and/or non-offending caregivers who are seen at the ACAC are provided information regarding child-friendly/sensitive, forensic medical evaluation's provided by the Spurwink Child Abuse Clinic. All medical exams are performed by or supervised by a healthcare provider with pediatric and child abuse expertise. The ACAC has a Linkage Agreement with The Spurwink Child Abuse Program (See Linkage Agreement – D. Accreditation Attachments page 50).

The Spurwink Child Abuse Program's Co-Director, Lawrence Ricci, MD, is Board Certified in Pediatric Child Abuse. (See Ricci Certifications – D. Accreditation Attachments pg. 41).

Specialized medical evaluations are available and accessible to all ACAC clients regardless of their ability to pay. Information and referral are provided for all children, if requested for a specialized medical exam. Sexual assault examinations, for the purposes of evidence collection, are billed to the Maine Crime Victim's Compensation Program.

The Spurwink Child Abuse Program charges for their visits. If the parent has Medicaid or private insurance for their child it is billed first. The Spurwink Child Abuse Program offers a sliding scale payment option for parties unable to pay the full fee.

The ACAC/MDT's written documentation allows the team access to appropriate medical evaluation and treatment. When appropriate the ACAC Coordinator or the Family Advocate will provide information and referral for a specialized medical examination by a child abuse specialist. More often, law enforcement and/or child protection caseworkers as a member of the MDT will make these referrals to The Spurwink Child Abuse Clinic. Information gathered during the forensic interview will be available to the medical provider from law enforcement or child protection.

MDT members discuss recommendations for a medical exam during the post-interview meeting at the ACAC (see ACAC Guidelines – D. Accreditation attachments page 9, letter F). Information gathered during the forensic interview will be available to the medical provider from law enforcement or the child protective caseworker.

The circumstances in which the ACAC MDT will recommend a medical evaluation are as follows:

- For every reported assault, a medical evaluation is considered.

- If during the interview process there is any disclosure of any penetrating sexual assault of any type a referral for a medical evaluation is made to The Spurwink Child Abuse Program.
- If a non-penetrating sexual assault occurs (i.e.: fondling of the breasts, etc.) parents are encouraged to take their child to their own pediatrician for evaluation.
- If the investigation suggests the possibility of injury, even without a disclosure (witness to an abusive event, sibling in the same environment as the victim who presented, or a sibling or child within the perpetrator's circle who are too young to be interviewed).
- Child presents with a severe physical injury, or reports a history of physical abuse.

If there is any question whether to have the child examined, consultation with Dr. Ricci at The Spurwink Child Abuse Program is available to the MDT. Currently in Androscoggin County, cases presenting with emergent medical need are immediately referred to Dr. Ricci and the Spurwink Child Abuse Program. Androscoggin County's hospitals refer to Dr. Ricci and The Spurwink Child Abuse Program for every suspected severe physical and sexual abuse cases.

The results of the medical forensic exam are shared, typically in writing, with the law enforcement and child protective services. Information regarding the medical exam is routinely shared with the MDT at monthly Case Review.

While it is the intent of the ACAC to limit medical evaluations to only those that are medically necessary or not duplicative, it is sometimes difficult because the child may initially present at their pediatrician office or through the local emergency room. In many of these instances the evaluations are complete prior to the ACAC becoming involved. The ACAC hopes to reduce these duplicative exams through on-going outreach and rapport building with local emergency room staff, pediatricians and pediatric offices and patrol officers.

The ACAC/MDT will provide opportunities for those who conduct medical evaluations to participate in ongoing training and peer review. All members of the ACAC MDT are included in notices regarding any relevant training through e: mail notification that is sent by the ACAC Coordinator and other MDT partners. All medical providers at The Spurwink Child Abuse Program participate in internal multidisciplinary peer reviews at the Spurwink Clinic and external peer review as needed through the New England Regional Helfer Webex.

Members of the ACAC MDT have received in-service training regarding the forensic medical exam provided by pediatric child abuse specialists. This training will be offered yearly to new MDT members who may not have had this type of training. In addition, MDT members will be encouraged to complete the statewide Pediatric Sexual Assault Forensic Examiner (SAFE) Training provided by the SAFE Program, Office of the Department of Health and Human Services.

The outcome of these trainings is such that the staff at the ACAC and members of the MDT are able to explain the process of the medical exam to the non-offending caregiver and the child, if appropriate. This is often done during the post-interview meeting with the MDT, but more often with the Family Advocate during the interview of the child.

ANDROSCOGGIN CHILDREN'S ADVOCACY CENTER

Multidisciplinary Team Agencies

Recognizing the importance of comprehensive collaboration, we have come together to create an interagency approach to child abuse that utilizes the Androscoggin Children's Advocacy Center (ACAC). The following agencies, as members of the multidisciplinary team, agree to support the philosophy, principles, and procedures of the ACAC in order to better serve the needs of children and their families.

- Office of the District Attorney
- Office of Child and Family Services, DHHS
- Spurwink Child Abuse Program
- Lewiston Police Department
- Auburn Police Department
- Sabattus Police Department
- Lisbon Police Department
- Livermore Falls Police Department
- Advocates for Children
- Community Concepts
- Maine State Police
- Tri County Mental Health
- Central Maine Medical Center
- Sexual Assault Prevention and Response Services
- Safe Voices
- Androscoggin Sheriff's Department
- Mechanic Falls Police Department
- United Somali Women of Maine
- Farmington Police Department
- Jay Police Department
- Franklin County Sheriff's Department
- Wilton Police Department
- Oxford Police Department
- Oxford County Sheriff's Department

Children's Advocacy Center of Kennebec and Somerset Counties
Case Review Protocol

- Case review will occur on a monthly basis.
- At this time, all cases from the previous month will be review during the open case review.
- All MDT members are encouraged to bring updates from earlier cases, especially if there has been a resolution in a case.
- If a case is resolved at any point, all MDT members involved are encouraged to update the Family Services Coordinator for the purposes of Case Tracking.
- In an effort to ensure that all cases are tracked accurately, the Family Services Coordinator will be following up with MDT members by phone on a regular basis and will be documenting the progress of cases as they move through the systems.
- The purpose of monthly case review is to address question, concerns and/ or outcomes. In general the case review process should include the following: a review of the interview outcomes, discussion about the progress of the investigation, a review of the medical evaluation, discussion of child protection and other safety issues, input for prosecution and sentencing, discussion of the emotional support and treatment needs of the child and non offending caregiver, as assessment of the family's reaction and response to the child's disclosure, assessment of the family's involvement and participation in the criminal justice/child protection systems, review of criminal and civil (dependency) case disposition, and discussion of any cross-cultural issues relevant to the case.
- All MDT members participating in Case Review are requested to share information that will aid in maintaining the safety of the child and the investigative process. Information regarding the case will be shared at Case Review as long as the sharing of information is not a violation of the individual agency's confidentiality policies or other protections.
- All MDT partners that participated in a case will be requested to attend the case review. At a minimum, this may include: law enforcement, DHHS, prosecution, medical, mental health, victim advocacy and the CAC.
- Case review will be held at either the CAC site or another space. This decision will be made by the facilitator and coordinator based on the cases chosen for review.
- Case review will be coordinated and facilitated by a CAC designee with experience and/or training in facilitation.

- Agendas and notification for case review will be distributed by the CAC designee at least one week prior to case review.
- All MDT members present at Case Review will sign a confidentiality agreement prior to the beginning of case discussions.
- A CAC designee will be responsible for recording, in writing, the recommendations of the team (See Addendum G: Open Case Review Document).
- All recommendations will be communicated to the MDT member responsible for the recommendation at Case Review. If there is a recommendation made regarding an MDT member/agency who is not present at Case Review, this recommendation will be communicated to the proper MDT member by the CACKSC Program Manager, by phone. All recommendations will be reviewed at the next Case Review.
- Information regarding case tracking may be accessed by all MDT members involved in a case. Access to this information is provided to the MDT members by the CACKSC FSC by phone or in person.
- In addition to sharing information about ongoing cases, Case Review also provides MDT partners with an opportunity increase their knowledge of the dynamics of child abuse cases and the complex issues that may arise. Discussions at Case Review may also include, but are not limited to, relevant theories; research; agency interventions, limitations, or service gaps; issues of family dynamics; developmental and/or emotional abilities; parenting styles and child-rearing practices; gender roles; religious beliefs; socioeconomics; and cultural dynamics and behaviors.
- Case Review may also be used as a training opportunity for MDT partners. MDT partners are encouraged to submit training topic requests to the CACKSC in person, by phone or email.
- Case Review time may also be used to conduct a thorough review of a closed or resolved case in an effort to identify challenges, highlight successes and improve service for the children and families in Kennebec and Somerset Counties.
- Annually Case Review time will be used to evaluate data and system response by the CACKSC MDT.
- Case review will be conducted in a professional, respectful, and collegial manner.

Children's Advocacy Center of Kennebec and Somerset Counties
Revised January 2013
Forensic Interview Structure and Protocol

- All forensic interviews conducted at the CAC will be done in a legally sound, child centered, non-duplicative, non-leading and neutral way. All MDT members conducting forensic interviews must have documentation of specialized training that meets at least one of the following Training Standards:
    - Documentation of satisfactory completion of competency-based child abuse forensic interview training that includes child development.
    - Documentation of 40 hours of nationally or state recognized forensic interview training that includes child development.
- The forensic interview is a structured conversation with a child intended to elicit detailed information about a possible event or events that a child has experienced or witnessed. The purposes of the forensic interview include, but are not limited to: obtaining information from the child that may be instructive in a criminal investigation, assessing the safety of the child, and obtaining information to either corroborate or refute allegations of sexual abuse.
- The Forensic Interview a structured conversation and is not considered mental health diagnosis or treatment.
- The interviewer must adopt a hypotheses-testing approach and maintain objectivity throughout the interview.
- The interviewer must be flexible in the structure and adapt the order of the interview structure based on each individual child. The following steps may be included during a forensic interview however, considering that each child and each interview are different; the interviewer must be flexible and adjust the steps according to each individual child.
    - Introduction
    - Rapport Building
    - Guidelines/Rules
    - Narrative Practice about a non- abuse related topic
    - Family
    - Transition
    - Narrative description
    - Follow-up Questions
    - Clarification
    - Closure

- Media and Interview Aids
    - Anatomical drawings may be used during an interview only after a disclosure and only for the purpose of clarification.
    - Anatomical dolls will not be used at any time during the forensic interview.

Children's Advocacy Center of Kennebec and Somerset Counties Intake/Pre-Interview/Interview and Post Interview Protocol

- The Children's Advocacy Center of Kennebec and Somerset Counties will serve children from the ages of four through 18 and, when deemed appropriate by referring agencies, younger children or older individuals with developmental limitations that align with this age group.
- Forensic Interviews will only be conducted by MDT members who have documentation of satisfactory completion of a nationally recognized, research and evidence based training that includes a child development component.
- At this time, referrals will only come to the CAC from either DHHS (Department of Health and Human Services) or Law Enforcement.
- The Family Services Coordinator or CAC designee will complete a minimum fact information form when the referral comes to the CAC and will then schedule the CAC interview with the appropriate MDT partners, the forensic interviewer and any interpreter services within the 72 hour timeline. At a minimum the Family Services Coordinator will contact the District Attorney's Office, law enforcement and DHHS.
- The Family Services Coordinator will contact the non-offending caregiver to confirm the interview time and ask about any special considerations for the child and/or non-offending caregiver (including need for interpreter or transportation services, and cultural considerations).
- Every effort will be made by the CAC and the referring agent to ensure that the alleged offender is not accompanying the child to the interview nor present during the visit to the CAC.
- If interpreter services are needed, the referent will be responsible for ensuring they are in place for the child and non-offending caregiver throughout the process of the investigation per the referring agency's policies. The referent will also be responsible for any financial obligations associated with the interpreter services.
- If transportation services are needed, the Family Services Coordinator will make every effort to make arrangements with KVCAP Transportation Services. In circumstances where KVCAP is not able to provide transportation, the referent will be responsible for making transportation arrangements for the child and non-offending caregiver. If KVCAP is not available and alternative arrangements have been made, the referent is also responsible for any financial obligations associated with the transportation services.

- The interview will be conducted by the CAC forensic interviewer unless there is a conflict of interest or other extenuating circumstances. If such circumstances exist, another trained interviewer will be selected to conduct the interview by the MDT members involved in the case.
- Prior to the child interview, there will be a pre-interview meeting, in which, all MDT partners involved in the case participate, when possible. The purpose of the pre interview meeting is to inform partners, including the forensic interviewer, about information relevant to the case. The information shared may include, but is not limited to: relevant history with MDT partners, nature of disclosure, special consideration (including interpreter services and cultural considerations) for the child and an exploration of alternative hypotheses. This is also an opportunity for the MDT partners to inform the forensic interviewer about other concerns that they would like addressed during the interview, in order to minimize the likelihood that the child will have to be interviewed again.
- The Family Services Coordinator will meet the family in the lobby of MaineGeneral's Seton Campus. The Family Services Coordinator will escort the family to the waiting area of the CACKSC. The Family Services Coordinator will have the non-offending caregiver sign the Consent to Record and answer any questions that the child or the non-offending caregiver may have at that time.
- Prior to the child interview, the non-offending caregiver will be invited to meet the MDT members and to see the CAC space. This is also an opportunity for the non-offending caregiver to ask questions about the process and for the MDT members to gather additional information that may be helpful for the interview and/or investigation.
- Only MDT members involved in the case may witness the forensic interview. This may include, but is not limited to: DHHS, Law Enforcement, Prosecution, mental health providers and medical providers. Non offending parents/caregivers will not be allowed to witness the forensic interview as it takes place at the CAC.
- The forensic interview will be conducted in a child centered, legally sound, neutral and fact finding manner. See Attached.
- During the time the child is being interviewed, the Family Services Coordinator or CAC designee will accompany the non-offending caregiver. The Family Services will provide the non-offending caregiver with information including, but not limited to: the process at the CAC, referrals to medical, mental health or confidential support/advocacy services, the Maine Crime Victim's Compensation program and other social services or agencies that may be relevant. The Family Services Coordinator or CAC designee with also ask if there are cultural/developmental considerations with regards to any referrals made by the CAC.

- The Family Services Coordinator or CAC designee will abide by all Mandated Reporting Laws while accompanying the non-offending caregiver.
- Once the forensic interviewer has completed their portion of the interview they will request that the MDT members observing the interview provide them with additional questions related to their specific disciplines. The additional questions will be communicated to the forensic interviewer, in writing, by one of the team members observing the interview.
- Immediately following the forensic interview the MDT team will meet to discuss follow up actions, including a recommendation for a medical evaluation at the Spruwink Child Abuse Clinic, and decide on what information will be shared with the non-offending caregiver.
- Following the MDT post interview meeting the MDT will invite the non-offending caregiver to share additional information relevant to the case. The non-offending caregiver will also be provided with an appropriate amount of information gathered during the interview and an opportunity to ask questions. The amount of information that will be shared will be decided by the MDT team, taking into consideration the safety of the child and the integrity of the investigation.
- The Family Services Coordinator or CAC designee will accompany the child while the non-offending caregiver participates in the post interview meeting.
- The Family Services Coordinator or CAC designee will abide by all Mandated Reporting Laws while accompanying the child.
- The DVD of the forensic interview will be given to the lead investigator, either a DHHS representative or Law Enforcement agent, of the case by the forensic interviewer at the end of the forensic interview. No copies of the recorded forensic interview will be kept at the CAC site or in the possession of CAC or SAC&SC staff members once the interview has concluded.
- The CAC will only keep records of the initial intake information acquired at the time of the referral, releases, consent to record, consent to use the DVD for training purposes, and follow up referral forms for appropriate agencies.
- The Family Services Coordinator will make referrals (when necessary and appropriate) to outside MDT partner agencies to assist the non-offending caregiver and /or the client of the CAC in their future healing. These referrals will be guided by the needs disclosed by the non-offending parent/caregiver and/or child of the CAC at the time of the interview.
- The CAC will be responsible for tracking each case and follow up plans for the child and non-offending parent/caregiver. The Family Services Coordinator will provide a follow up phone call with the non-offending caregiver at one week and one month post interview.

- All trained forensic interviewers will participate in quarterly peer reviews and will have opportunities for ongoing trainings that may include, but are not limited to: workshops or conferences, reading current research and literature on forensic interviewing, interviewing children about non-abuse related topics, observation of interviews and ongoing supervision.
- The CAC will be responsible for tracking each case from the beginning through final disposition and follow up plans as it relates specifically to the CAC case for the child and non-offending parent/caregiver. The Family Services Coordinator is not a case manager or providing clinical support, this role purely serves as a coordinator for the scheduling of the forensic interview, support during the interview process and for the purposes of referrals to MDT partners. The Family Services Coordinator will provide a follow up phone call with the non-offending caregiver at one week and one month post interview.

Children's Advocacy Center of Kennebec and Somerset Counties
Peer Review Protocol
Revised January 2013

- Peer Review will be conducted on a monthly basis.
- All team members who are conducting forensic interviews at the CAC are expected to attend Peer Review each month.
- Peer Review will be supervised by a professional with forensic interviewing experience and knowledge and familiarity with the CAC model.
- Peer Review will be conducted in a professional, respectful and collegial manner.
- All participants will sign a confidentiality agreement before each monthly peer review.
- The purpose of peer review is to strengthen forensic interviews in our area by providing the trained forensic interviewers with the following:
    - Feedback regarding the quality of the interviews
    - Ongoing training opportunities
    - Discussions about challenges during interviews
    - Opportunities for processing information gathered during the interviews
    - Current research and information regarding CAC Forensic Interview Practice

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.

<u>Other roles</u>:

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)

CHILDREN'S ADVOCACY CENTER OF KENNEBEC AND SOMERSET COUNTIES

INTERAGENCY AGREEMENT

I. MISSION STATEMENT

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

II. MEMORANDUM OF UNDERSTANDING

This agreement is made by and between the Children's Advocacy Center of Kennebec and Somerset Counties and the undersigned agencies/organizations. The CACKSC will utilize a multidisciplinary approach committed to:

- Sharing information and resources, including training and experience, for the appropriate disposition of cases of child sexual abuse; responding to all child protection issues of mutual concern, including, but not limited to, behavior outlined in MRSA Title 22§4011-A.
- Collaborating and cooperating with the undersigned organizations and agencies on community based efforts to prevent child maltreatment.
- Following a CAC modeled approach to child sexual abuse investigations.

III. PURPOSE

The purpose of this Interagency Agreement is to provide and promote closer coordination, communication and collaboration among participating agencies in order to better serve children, their families and the community. Specifically, we agree to commit resources necessary to effectuate our common goal, to work to resolve any differences that might arise between or among agencies, to support the further development of the CAC, and to place the welfare of children at the center of our efforts.

IV. INTERAGENCY AGREEMENT

Recognizing the importance for a comprehensive and collaborative approach, we have come together to create an interagency approach to child sexual abuse which utilizes the CAC. We, the undersigned, agree to support the philosophy, principles and procedures outlined in this document so that we may better serve the needs of children and their families. We also agree to

support the creation, development and implementation of a multidisciplinary approach to achieve the objectives outlined in Section II.

We agree to use the CAC multidisciplinary team as one of our primary entities through which our joint efforts are combined in response to children reporting incidences of child abuse.

Each agency has specific responsibilities imposed by law & policy and will continue to perform those functions. Each agency, however, agrees to work with the others to take agreed-upon actions to protect children, strengthen families, and support the appropriate disposition of cases of child sexual abuse outlined within the CAC Guidelines, Protocols and Procedures.

Specifically, we agree

- to develop, achieve and maintain interagency and inter-professional cooperation and coordination in case management and handling of cases of child sexual abuse;
- to provide initial case screening and assessment procedures;
- to provide a multi-disciplinary team and case management approach focused on the needs of the child victim and family whose interests are consistent with the best interests of the child;
- to reduce the number of interviews and physical exams, which includes encouraging expert medical consultation;
- to use research-based best practice interview techniques while advancing the therapeutic needs of sexually abused children and their families;
- to participate in monthly scheduled case management and review meetings and to share pertinent information;
- to provide, at minimum, one representative from the agency to serve a two year term on the CACKSC Advisory Committee;
- to share training and education opportunities for the CACKSC and other professionals and volunteers in the community who work with children who have been sexually abused;
- to serve as a source of information, education, and referral for the community on issues surrounding sexual abuse of children; and
- when possible, participate in revision of guidelines, policies, protocols and procedures.

Individual agencies reserve the right to terminate their partnership with the CACKSC.

V. CONFIDENTIALITY

The undersigned agencies and their representatives agree that information pertaining to children and families will be held in the strictest confidence. Members are bound by confidentiality provisions of our collaborative guidelines. Each agency shall follow its own regulations, policies and procedures addressing confidentiality; this agreement does not alter or change those regulations, policies or procedures.

Except for this limitation, the agencies are full members, whose participation and counsel is essential for protecting children and their supportive family members and for guiding the sound functioning of the CACKSC.

Maeghan Maloney - District Attorney for Kennebec & Somerset Counties in Maine

Therese Kahill Low – Director, Office of Child and Family Services, Maine Department of Health and Human Services

Dr.Larry Ricci – Spurwink Child Abuse Program

Chief Robert Gregoire- Augusta Police Department

Chief Craig Johnson – Clinton Police Department

Chief James Toman – Gardiner Police Department

Chief Eric Nason – Hallowell Police Department

Acting Chief Kingston Paul – Fairfield Police Department

Sheriff Randall Liberty – Kennebec County Sheriff's Office

Chief Barry Moores – Madison Police Department

Colonel Robert Williams – Maine State Police

Chief Kevin Mulherin – Monmouth Police Department

Chief Michael Tracy – Oakland Police Department

Chief Stephen Emery – Pittsfield Police Department

Deputy Chief Daniel Summers – Skowhegan Police Department

Chief Deputy Dale P. Lancaster – Somerset County Sheriff's Office

Chief Joseph Massey – Waterville Police Department

Chief Jeffery Fenlason – Winslow Police Department

Chief Joseph Young – Winthrop Police Department

Chuck Hayes – President MaineGeneral Medical Center

Thomas J. McAdams - CEO Kennebec Behavioral Health

Lynn Duby – Crisis and Counseling

Jody Breton- Associate Commissioner, Maine Department of Corrections

Pat Kosma – Kennebec Valley Community Action Program

Deborah Shepherd – Family Violence Project

Donna Strickler – Sexual Assault Crisis and Support Center