

CONTRA COSTA COUNTY MULTIDISCIPLINARY TEAM

Child Abuse Response Protocol

Children's Interview Center of Contra Costa County

(Revised 01 /2017)

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Contents

page

I. Multidisciplinary Team Mission, History, and Structure

A) Mission.....	1
B) Guiding Principals.....	1
C) Philosophy and Background.....	1
D) Cultural Competence.....	2
E) MDT Membership and Structure.....	4
1. Policy Oversight Committee	4
2. Advisory Committee	5
3. Case Team	6
4. CIC Staff	7
F) Data Collection, Tracking, and Reporting.....	8
G) Confidentiality and Information Sharing.....	8
H) Case Planning and Review.....	9
I) The Children's Interview Center Facility.....	11

II. Coordinated Response: MDT Members' Actions and Responsibilities, from the First Response through the CIC Interview

A) Field Response.....	13
B) Referrals to the Children's Interview Center.....	15
C) Multidisciplinary Team Participation	
In the Forensic Interview.....	18
1. Case Team	18
2. Pre-Interview Case Staffing	19
3. Child/Family Introduction to the CIC	20
4. The Forensic Interview	20
5. Equipment Use During the Forensic Interview	22
6. Post-Interview Case Planning	24
D) Concurrent Victim and Family Advocacy Services.....	25
E) Records.....	25
F) Multiple or Extended Interviews.....	27

III. Team Investigations: MDT Members' Actions and Responsibilities,
Post-Interview

A) Continuing Investigations. 30

B) Non-Acute Forensic Medical Exams. 30

C) Advocacy and Case Management. 32

D) Mental Health Services. 34

CONTRA COSTA COUNTY MULTIDISCIPLINARY TEAM

Child Abuse Response Protocol

I. Multidisciplinary Team Mission, History, and Structure

A) MISSION

To reduce further trauma and facilitate healing for child victims and their non-offending family members, while supporting effective investigations aimed at both protecting children and prosecuting crimes against children in our communities.

B) GUIDING PRINCIPLES

In support of our mission, we are committed to the following Guiding Principles of the MDT response:

1. Coordinating investigative efforts and sharing appropriate case information to reduce duplication (this includes minimizing multiple detailed interviews by different professionals) and increase effectiveness;
2. Conducting forensically sound, developmentally appropriate interviews in a neutral and centralized, child/teen-friendly setting;
3. Conducting non-acute forensic medical examinations, when indicated, in a centralized, child-friendly setting;
4. Promoting stability and healing by facilitating access to a variety of services, including specialized mental health services, for child victims and their non-offending family members;
5. Participating in activities to support the strength of the Team and the quality of our work, including training, case outcome tracking, and regular Case and Systems Review

C) PHILOSOPHY and BACKGROUND:

Child maltreatment has historically been very difficult to identify, investigate, and prosecute, for both social reasons (such as attitudes about the rights of children and the reluctance to report) and practical reasons (such as the age of the victims, lack of witnesses and corroborative evidence, and delayed disclosure). Since the first Child Advocacy Center in the U.S.

opened in 1985, there has been a growing understanding, based on research and experience, that taking a Multidisciplinary Team approach to these cases promotes better outcomes, for child victims and for the investigations intended to protect them. The Contra Costa County MDT fully supports the MDT approach.

The Children's Interview Center in Contra Costa County has its roots in a small group of people who began meeting in 1996, supported by the Child Abuse Prevention Council, to undertake a System Review for child abuse cases in our county. Planning for a Multidisciplinary Interview Center grew from these meetings. In late 1997, a start-up grant was received, the first Forensic Interview Specialists were hired, and the first CIC office opened at 100 Glacier Drive in Martinez. The first forensic interview was conducted on January 22, 1998. Operating without an interview room at that time, CIC Interviewers traveled to various law enforcement jurisdictions to assist with interviews. During 1998, the new CIC logged 189 forensic interviews. Community Violence Solutions joined the collaborative effort by providing advocates to work with victims and families. Also that year, the CIC received a Merit Award from the Children and Families Policy Forum.

The CIC Policy Oversight Committee held its first meeting in 1999, and began the work of drafting a Response Protocol for Contra Costa County. Community Violence Solutions took on a management role, and construction began at the current Alhambra Avenue location, which opened its doors in early 2001. The CIC gained full membership status and accreditation with the National Children's Alliance in December, 2001. After several years of planning and raising funds, the Team was able to complete construction of the medical suite at the CIC, and the first non-acute forensic medical exam was provided in July, 2004.

The program is a true collaborative effort, with fiscal agency, program oversight, and regular staffing provided by the non-profit partner, Community Violence Solutions; the facility and equipment provided in-kind by the Employment and Human Services Department (EHSD, which includes Children and Family Services); in-kind staffing for medical exams provided by the Contra Costa County Health Department, onsite support provided in-kind by the District Attorney's Office; and financial support by EHSD, the Contra Costa County Sheriff's Office, and all other law enforcement partners throughout the County.

D) CULTURAL COMPETENCE

1. Contra Costa County is geographically large (approximately 60 miles across) and has a population of just over one million. According to the US Census Bureau, Contra Costa County's population breaks down as follows: 47.7% Caucasian, 24.4% Hispanic/Latino, 9.3% African American, .6% Native American, 14.4% Asian, .5% Pacific Islander, and 3.1 % bi- or multi-racial. 23% of Contra Costa County residents are

foreign-born, and nearly one-third speak a language other than English at home.

2. The Contra Costa County MDT recognizes that cultural factors may play a role in the complex dynamics of sexual abuse: cultural norms about sex, modesty, shame, gender roles and privacy can affect the child's and family's response to the allegations and cultural norms about law enforcement and authority can affect their response to the investigation. Providing culturally appropriate services can help children and their families engage meaningfully in the investigation and the MDT process, to everyone's benefit.
3. The CIC is a welcoming, accessible facility with a commitment to having bicultural and bilingual (Spanish/English) staff. The CIC serves children and families without regard to race, ethnicity, religion, gender, sexual orientation or family composition, disability, class, or immigration status.
4. The pre-interview staffing includes consideration of any cultural issues when planning a strategy for the interview.
5. Forensic Interviews at the CIC are conducted in English. Interviews with non-English speaking children will be conducted with the assistance of an interpreter.
 - a) EHSD provides interpreters for CIC cases through an outside contract. At intake, CIC staff will identify children and/or non-offending caregivers who require interpretation services, and will schedule interpreters according to EHSD procedures.
 - b) An interpreter will be available for all children aged 6 or younger who live with a monolingual caregiver, regardless of their apparent ability to speak English. These children may choose to speak either language during the interview, and may switch between languages. At the Interviewer's and the Team's discretion, questions may be repeated in the child's home language to ensure the child's understanding.
 - c) Social Workers or detectives may step in as interpreters if needed.
 - d) CIC/ CVS staff includes Advocate/Case Managers who are bilingual in Spanish/English (Spanish is by far the most common non-English language spoken by CIC families). It is not appropriate to the Advocate's role to serve as an interpreter for the child during the CIC interview, or for the family during any interviews with investigators. Bilingual staff may sit in the observation room to assist the Team in some cases, including to verify the accuracy of the translation.

- e) Family members (especially children) will not be used as interpreters.
 - f) The MDT Leader or other CIC staff will orient interpreters to the facility and equipment, and to the content and forensic nature of the interview. It is helpful, when possible, to request particular interpreters who are familiar with the CIC and comfortable with the interview setting.
 - g) Interpreters are part of the Case Team and participate in the pre-interview staffing to assist in planning the interview strategy. For languages and cultures less familiar to the Team, the interpreter can also provide important information about cultural norms, to assist the Team in understanding the child's verbal and non-verbal responses.
 - h) As non-regular participants in the Case Team, interpreters will sign a confidentiality agreement.
 - i) The Interviewer will include information identifying the interpreter when introducing the DVD (prior to bringing the child into the room).
6. Community Violence Solutions provides all staff (which includes CIC staff) in-depth training throughout the year on issues of culture, bias, and working with diverse populations.
 7. The MDT will seek opportunities for Team training to promote cultural competency, and member agencies will seek opportunities for training in cultural issues for their staff who are regularly involved with the CIC.
 8. Regular monthly Case Review meetings will include opportunities to discuss cultural factors as they affect cases. The Advisory Committee will commit one meeting each year to educate the Team about various cultural issues, especially towards the goal of identifying and addressing underserved populations in Contra Costa County.

E) MULTIDISCIPLINARY TEAM MEMBERSHIP, STRUCTURE, and RESPONSIBILITIES

1. The **CIC Policy Oversight Committee** will have the ultimate responsibility for developing and implementing policy and resolving interagency disputes or policy conflicts. The Committee will be comprised of department heads, or a designee with the appropriate decision-making authority, from the following agencies:
 - a) Contra Costa County Office of the District Attorney
 - b) Contra Costa County Police Chief's Association

- c) Contra Costa County Employment and Human Services Department
- d) Contra Costa County Health Services Department
- e) Contra Costa County Office of the Sheriff
- f) Contra Costa County Counsel
- g) Community Violence Solutions

The duties of the members of the Policy Oversight Committee are as follows:

- a) Attend one POC meeting per year (or as needed)
- b) Be prepared for meetings by reading relevant meeting materials and being knowledgeable about the MDT's overall activities
- c) Be available between Committee meetings for occasional requests for assistance or voting related to the MDT's activities
- d) Support the collaborative process by encouraging the full and active participation of their agency or department
- e) Provide policy advocacy within member organizations and with organizations outside of the collaborative
- f) Ensure that the overall policies and direction of the collaborative remain consistent with the mission and goals established by the POC
- g) Help secure and oversee financial, human, legal, technical and other resources deemed necessary within member organizations and through organizations outside of the collaborative
- h) Provide ongoing operations, administrative, and management guidance by holding the CIC Team accountable for implementation of the CIC mission
- i) Appoint representatives to the Advisory Committee
- j) Act as ultimate arbiters of problems identified by the CIC Team
- k) Analyze and improve strategic plans as presented

2. The **CIC Advisory Committee** will have responsibility for advising the CIC Team, and the collaborative as a whole, on policy and development matters; for keeping member agencies and the MDT apprised of updates, developments, and trends within their agencies; for assisting with inter-agency disputes as needed; and for offering advice and information to individual investigators and other Team members on specific cases as needed through Case and Systems Review. The Committee will be comprised of designees from the following agencies:

- a) Contra Costa County Office of the District Attorney
- b) Contra Costa County Police Chief's Association
- c) Contra Costa County Employment and Human Services Department
- d) Contra Costa County Health Services Department
- e) Contra Costa County Office of the Sheriff
- f) Contra Costa County Counsel
- g) Community Care Licensing
- h) Community Violence Solutions

Also participating in Advisory Committee meetings will be:

- i) CIC staff
- j) Investigators and others who are part of the Case Team for cases under review

The duties of the members of the Advisory Committee are as follows:

- a) Attend and participate in Advisory/Case and Systems Review meetings monthly
- b) Be prepared for meetings by reading relevant meeting materials and being knowledgeable about the MDT's overall activities
- c) Act on behalf of the Advisory Committee between meetings
- d) Find solutions to operational barriers in a collaborative fashion
- e) Maintain meaningful communication
- f) Help secure and oversee financial, human, legal, technical and other resources deemed necessary within member organizations and through organizations outside of the collaborative
- g) Develop and implement, with approval of the Policy Oversight Committee, strategic plans for the MDT and the CIC
- h) Respond to requests for statistical information and case outcome information by CIC staff, for the purposes of data tracking and reporting

3. The Contra Costa County **CIC/Case Team** is the ad-hoc team that will assemble for each individual CIC interview. The composition of the Case Team will change with each referral for a CIC interview. The Case Team and its duties are discussed in detail below. In brief, the duties of the Case Team include:
 - a) To share appropriate case information in the pre-interview staffing and during the interview process;
 - b) To participate in providing a forensically sound, developmentally

- appropriate interview with the child(ren) involved;
- c) To coordinate case planning to move all investigations forward. This includes discussing next steps and timeframes, and considering joint interviews (including a joint post-interview meeting with non-offending caregiver(s), if indicated);
 - d) To consider if referral for a non-acute medical exam is appropriate;
 - e) To provide the child/teen and/or non-offending caregiver(s) with information regarding the MDT process and their rights as crime victims;
 - e) To promote and support healing for the child/teen and non-offending caregiver(s) through on-site advocacy, follow-up and referrals
4. The Children's Interview Center will, at a minimum, maintain the following staff positions:
- a) Multidisciplinary Team Leader
 - b) Forensic Interviewer
 - c) Family Advocate/Case Manager
 - d) Reception/Administrative Assistant
 - e) Forensic Medical Examiner

The duties of the Children's Interview Center Staff are described in detail throughout this Protocol document. In brief, they include:

- a) To provide leadership and coordination of the MDT process, including calling, facilitating, and documenting Policy Oversight Committee and Advisory Committee meetings;
- b) To provide forensically sound, developmentally appropriate interviews with child victims as referred by Team members;
- c) To provide non-acute forensic medical exams as referred by Team members;
- d) To provide on-site crisis intervention services and follow-up case management services, including referrals for appropriate mental health services as needed, to children and their non-offending family members;
- e) To develop and offer training to Team members on topics relevant to the MDT approach, such as First Responder training;
- f) To provide administrative support to the Team, including data collection and reporting

The Forensic Medical Examiners come to the CIC site as needed (as exams are scheduled). The Doctor's time is provided in-kind by Contra Costa County Health Services. The Nurse Practitioner is a contracted position. The onsite DDA's time is provided in-kind by the Contra Costa County Office of the District Attorney. All other primary onsite CIC staff are employees of Community Violence Solutions at the time of this writing; however, additional onsite staff positions have in the past and may in the future be provided and supervised by other MDT member agencies.

F) DATA COLLECTION, TRACKING, and REPORTING

Data collection, tracking, and reporting are critical components of the MDT effort. An analysis of client and case data allows the Team to identify trends, assess needs for additional services, and share important information with stakeholders, funders, and others.

Data reports, anonymously detailing information about CIC cases, clients and services, will be produced quarterly and at year-end, and additionally as requested by partner agencies, funders, or others. Reports will include, at a minimum, statistical and demographic information about the children and family members seen and the interviews conducted (including disclosure information), about jurisdictions referring cases, about services provided and referrals made, about suspects, and about the results of investigations and any subsequent prosecution or court action. From time to time, the Advisory Committee, the Policy Oversight Committee, or any member agency may have an interest in tracking other specific information about cases seen at the CIC, and may request that this information be added to the data tracking system.

CIC staff will coordinate the tracking and reporting of CIC data; however, input is required from Team members. CIC staff will keep demographic information in an appropriate spreadsheet or database form. CIC staff will, on a quarterly basis, prepare and submit to the District Attorney's Office and to EHSD a list of cases where outcome or status information is needed. The District Attorney's Office and EHSD will provide outcome or status information, and CIC staff will generate reports as needed.

G) CONFIDENTIALITY and INFORMATION SHARING

To encourage a multi-agency response to cases of alleged child maltreatment, and a coordinated approach to investigations, it is critical for Team members to share information. Welfare and Institutions Code Section 10850.1 provides that "the activities of a multidisciplinary personnel team engaged in the prevention, identification, management, or treatment of child abuse or neglect... and a member of the team may disclose and exchange any information or writing...otherwise designated as confidential...to other

members of the team.” A Multidisciplinary Team is defined as “any team of three or more persons who are trained in the prevention, identification, management, or treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse or neglect. The team may include, but need not be limited to, any of the following: (1) Psychiatrist, psychologists, marriage and family therapists, or other trained counseling personnel; (2) Police officers or other law enforcement agents; (3) Medical personnel with sufficient training to provide health services; (4) Social workers with experience or training in child abuse prevention.” On a case by case basis, an MDT may designate other individuals, who are not normally members of the team, to participate and exchange information.

The Contra Costa County MDT agrees to share relevant case information across agencies throughout the investigation, including but not limited to at the time of cross-report, during the pre-interview staffing, during the post-interview case planning meeting, and at Case and Systems Review. Each Team member agrees to hold any such shared information as confidential, and will not further disseminate shared information.

The information exchanged by individual investigators and others should not include hard copies of written reports, particularly when such reports may be cited by or incorporated into the written reports of another investigating agency. Preliminary written reports are often in draft form, absent supplemental information, during the early stages of an investigation. While written reports may be read, reviewed, and/or discussed as part of case staffing, the MDT recommends that investigators request copies of reports and records through official channels at each partner agency. This ensures that all reports disseminated are complete and in final form, and that there is a written record of their dissemination. Each investigator should share report numbers and other information to facilitate a records request.

As with mental health clinicians, RCC/CIC victim advocates are assured client privilege of confidentiality by Evidence Code Section 1035.2, and will participate in information exchange accordingly.

H) CASE PLANNING and CASE REVIEW

The Contra Costa County Multidisciplinary Team recognizes that a commitment to a coordinated response through the MDT process obligates Team members to share information, and to consider both the input of other Team members, and the effect on concurrent investigations by other member agencies, when making case plans and decisions. The experience of Team members, including those from other disciplines, is a valuable resource to investigators. The Team also recognizes that final responsibility for their case decisions, including filing decisions, rests with each member agency. The intent of this MDT Protocol is:

- a) To maximize opportunities for joint case planning,

- b) For member agencies to learn from one another and benefit from the breadth of experience represented on the Team, and
- c) For all Team members to have meaningful input into important decisions regarding cases before the Team.

Case Planning and Case Review are critical components of this effort.

- 1) **Case Planning** is undertaken for each individual case by the Case Team assembled for the CIC interview. There are several opportunities for coordination of efforts in case planning:
 - a) Investigators share information relevant to case planning for the purposes of planning the interview during the pre-interview staffing.
 - b) During the pre- and post-interview staffing, investigators have the opportunity to consult with one another, the Deputy District Attorney, and CIC staff in planning the next steps in the investigation. Investigators from different member agencies will share and coordinate their plans.
 - c) Following the CIC interview, CIC staff will provide a space for investigators to meet with non-offending family members if appropriate. This is an opportunity for investigators to interview jointly and gain additional case planning information.
- 2) **Case Review** is a more formal process undertaken by the Advisory Committee at a monthly Case and Systems Review meeting, held on the 4th Tuesday of each month at the CIC.
 - a) Any Team member can suggest cases for review, or request that a specific case be reviewed.
 - b) The Team is committed to reviewing cases that are still active, where important case decisions, including filing decisions, have not yet been made, in addition to other cases of interest.
 - c) The Advisory Committee will review for status, and for potential detailed review, all cases which have not been presented to the DA's office for a filing decision six months after the CIC interview. CIC staff, in coordination with the District Attorney's office, will maintain a list of these cases for review.
 - d) In addition, the MDT Leader chooses 2-3 cases for detailed review each month.

- e) In the uncommon event that Team members conducting a joint

investigation disagree regarding any significant aspect of case planning, including scheduling subsequent forensic interviews, the Team Leader will convene a special Case Review meeting as soon as possible (and within 5 days). This Case Review meeting will include the investigators involved and/or their supervisors or other representatives from their agencies, and its objective will be to understand the concerns of all Team members and to create a mutually agreeable case plan, in the best interest of the child(ren) involved. When a special Case Review meeting occurs, the Team Leader will report to the Advisory and Policy Oversight Committees at their next regularly scheduled meetings. If the special Case Review meeting does not result in a viable case plan, the MDT Leader will seek the advice of the Advisory Committee regarding how to proceed.

- f) The MDT Leader facilitates the monthly Case and System Review meeting and keeps records of attendance and minutes. Documentation of the Case and Systems review portion of monthly meetings will be brief, and no specific case information will be included in the minutes.
- g) Other than as described above, Team members will not keep or exchange written notes during Case and Systems Review meetings.
- h) The investigators involved in the cases reviewed are generally present at the Case and Systems Review meeting, and can receive any advice, input, and recommendations from the Team directly. If necessary, following the meeting, the MDT Leader will contact the individual investigators and agencies directly to convey any such information.

I) THE CHILDREN'S INTERVIEW CENTER FACILITY

The Children's Interview Center of Contra Costa County is a safe, welcoming, accessible, and child-friendly facility:

1. Waiting areas and playrooms are equipped with toys and activities appropriate for children of all ages and developmental levels, including a variety of books, games and movies in both English and Spanish. Murals on the walls throughout the CIC are bright and cheerful, and include children of different ages, ethnicities, and ability.

2. The space is structured to maintain both physical and emotional safety for children and their non-offending family members. There are two separate entrances, each with its own waiting area and playroom, to accommodate two families and maintain privacy. Entrances are locked at all times, with security cameras at all doors, monitored at the reception desk.
3. A window with half-curtains separates reception staff from the primary waiting area and play room, affording families privacy while also allowing reception staff to visually monitor the area as needed.
4. Adult suspects are not permitted on-site. Juveniles suspected of engaging in offending behavior may come to the CIC to be interviewed regarding any victimization they have experienced. Interviews with these juveniles will be scheduled to ensure that the alleged victim is not on-site at the same time.

II. COORDINATED RESPONSE:

The Multidisciplinary Team Approach, from First Report through CIC Interview

Allegations of child abuse may first be reported to either law enforcement or Children and Family Services. The Contra Costa County Multidisciplinary Team supports multi-agency involvement and a coordinated response to child abuse allegations, in order to reduce additional trauma to child victims and their non-offending family members, and to support effective investigations.

A) FIELD RESPONSE

1. Patrol officers and/or social workers are ordinarily the first to respond to reports of child abuse. This first contact with the child(ren), family, and/or reporting parties, and the first steps taken in the investigation, are critically important to the outcome, and guidelines for field response are central to the Multidisciplinary Team approach.

While each agency has its own internal policies and procedures, all agencies and jurisdictions in Contra Costa County are signatories to this Child Abuse Response Protocol, which follows the multidisciplinary model for team investigations. First Responders will take every opportunity for cooperation and collaboration with other responding agencies, while following their individual agency's policies and procedures, when responding to a report alleging child abuse.

In this context, when compared to responding to other types of criminal allegations, the role of the First Responder is different:

- a) First Responders do not need to establish all elements of the crime, but rather determine whether or not, in their best judgment, sexual abuse has probably occurred.
 - b) If information to make this determination is available from reliable witnesses and/or reporting parties, and depending on the First Responder's judgment and the totality of the circumstances, direct contact with the victim is not mandatory.
2. Under this Child Abuse Response Protocol, First Responders are responsible for:
 - a) Appropriate and timely cross-reporting
 - b) Responding jointly whenever appropriate and possible
 - c) Making initial investigative decisions, based on individual agency policy and guided by the MDT principles

- d) Obtaining as much of the information necessary for these early case decisions as possible from the reporting party and adult witnesses, rather than from the child(ren) involved
- e) Assessing immediate safety (which may include protective custody) and need for medical treatment
- f) Preserving and documenting evidence (including photographs of any possible crime scene and any injuries, and a SART exam, when indicated)
- g) Minimizing duplication of investigative efforts (this includes minimizing repeated, detailed interviews)
- h) Determining if the case is appropriate for a CIC referral
- i) If a CIC referral is planned, **minimizing the field interview** with the child victim(s)/witness(es) to cover only the immediate concerns listed above, and only when this information cannot be reliably obtained from adults (*Exception: it is appropriate to obtain a full statement from a teen who is willing and able to discuss the allegations in detail in a field interview*)
- j) As much as possible, documenting in detail in written reports:
 - i. The circumstances of any disclosure by the child to the reporting party or others
 - ii. If there is a field interview, the exact words of the child and the questioner (rather than a paraphrased description)
 - iii. The demeanor and behavior of all parties
 - iv. The names, ages, and locations of all children in the family or who may be involved
- k) Preparing the non-offending caregiver(s) for the CIC Interview and the next steps of the investigation with the following instructions:
 - i. Advise the caregiver(s) not to question the child further about the allegations
 - ii. If the child spontaneously talks about the allegations or makes further disclosures, caregiver(s) should reassure the child and make note of the statements made
 - iii. Suggest that the caregiver(s) prepare the child for the CIC Interview by letting the child know the subject of the interview, reassuring the child that it is okay to talk to the interviewer about the allegations, and encouraging the child to tell the interviewer the truth

3. The member agencies of the MDT will participate regularly in First Responders training, developed by CIC staff in consultation with member agencies and presented by CIC staff. The full and complete curriculum for First Responders training covers in-depth information about this Response Protocol, field interviewing (including language development and non-suggestive questioning techniques), trauma, and the dynamics of sexual abuse. This 2-3 hour training is the preferred format for First Responders training; a shorter overview, appropriate for briefing or roll call training, will also be offered as requested.

B) REFERRALS TO THE CHILDREN'S INTERVIEW CENTER

1. The Multidisciplinary Team strongly suggests referrals to the Children's Interview Center (CIC) for detailed forensic interviews in cases where:
 - a) the victim is a child aged 2-13 or a developmentally disabled individual of any age; *or*
 - b) the victim is an older teen who is highly traumatized or is unable or unwilling to give a statement to investigators in the field; *and*
 - c) there are allegations or reasonable suspicion of sexual abuse or severe physical abuse that could support a felony prosecution or 300 action.
 - d) *Note: This does not exclude cases where no disclosure has been made by the child*

Other cases may be appropriate for CIC response. The MDT encourages law enforcement and CFS investigators to consider referrals to the CIC for:

- e) child witnesses to homicide, domestic violence, or other serious and/or high-profile crimes;
- f) cases of unusual sexual behavior between young children when no adult suspect has been named;
- g) children who are at risk due to access by named perpetrator;
- h) misdemeanor allegations;
- i) extremely traumatized children who may benefit from a CIC interview rather than a standard investigative interview;
- j) any potential child abuse victim or witness when an investigator feels it would be helpful to the investigation.

2. The Children's Interview Center will accept referrals from any investigative agency involved in the Multidisciplinary Team. The vast majority of CIC referrals involve a law enforcement (LE) investigation and allegations of potentially criminal conduct. Approximately half of these also involve a concurrent investigation by Children and Family Services (CFS) into protective issues and potential action in dependency court. Sometimes other investigative agencies, such as Community Care Licensing or a federal agency, may also be investigating some aspect of the allegations. Although rare, some CIC referrals involve questions regarding protection issues and a CFS investigation where no crime has been alleged and/or no criminal suspect named.
 - a) In criminal investigations with no CFS involvement, the law enforcement agency/investigator can refer case to CIC. When these referrals are made, CIC Staff will make every effort to ensure that there is no pending action in Juvenile Dependency Court and no current CFS investigation.
 - b) CIC staff may request information from the Screening unit of Children and Family Services, including whether an investigation is open, the date of referral, current status, and the name and contact information for the assigned social worker.
 - c) In cases where LE and CFS are investigating jointly, either can make the referral. The referring investigator should ensure that CIC staff are aware of all agencies involved in the investigation, and CIC staff will make every effort to identify all investigators and to schedule the interview so that all investigators can be present. However, the law enforcement agent *must* be present for the interview. This is due to the rules of evidence in criminal court: in the event that criminal charges are filed, the presence of the LE agent at the CIC interview preserves the ability of the LE investigator, rather than the child, to testify about the interview at a preliminary hearing. Additionally, a law enforcement agent must sign the CIC log for receipt of the interview DVD, to preserve chain of custody.
 - d) In cases where CFS is investigating in the absence of a criminal investigation, CFS can refer to CIC without LE involvement. When these referrals are made, because of the considerations cited above, CIC staff will make every effort to ensure that there is no pending criminal investigation. Additionally, if disclosures of criminal conduct arise during a CFS-only interview, CIC staff, in consultation with the CFS social worker, may suspend the interview and schedule it to be completed at a later date, after appropriate cross-reports can be made and criminal investigators can be involved.

- e) Because law enforcement and CFS investigations operate with different mandates and timeframes, it may sometimes occur that one agency requests a CIC interview after another agency has completed its investigation. Should this occur, in consultation with all investigators and in order to avoid duplication, the Case Team and CIC staff will plan the interview to separate criminal issues from issues relevant to juvenile dependency court, and to deal specifically with issues relevant to the current open investigation.
 - f) Prosecutors may occasionally refer children to CIC for follow-up interviews in support of criminal prosecution. Again, in these cases, a law enforcement agent must be present for the interview.
 - g) The CIC does not conduct suspect interviews, even when the suspect is a juvenile. A child who is alleged to have engaged in inappropriate or even criminal conduct may be appropriate for a CIC interview if:
 - i. Investigators have a reasonable suspicion, or if the child discloses, that s/he is a victim
 - ii. The focus of the CIC interview will be on the child as a potential victim
 - iii. Investigators will consult with the District Attorney's regarding any potential criminal charges against the juvenile, and whether a CIC interview is appropriate
 - h) The CIC also accepts referrals for courtesy interviews from investigators in jurisdictions outside Contra Costa County, if the child and family live in Contra Costa County. For courtesy interviews, a local law enforcement agent must be present for the interview, and must take custody of the evidence on behalf of the investigating agency.
3. Investigators initiate a CIC referral by telephone, followed up with a confidential fax of an initial investigative report (when available). When receiving a referral, CIC staff will:
- a) Screen for appropriateness
 - b) Obtain names and contact information for all investigators from all agencies involved
 - c) Consider whether all appropriate cross-reports have been made
 - d) Consider any special needs (language, disability, etc.) of the child(ren) or non-offending caregiver(s) and make appropriate accommodations (such as arranging an interpreter when needed)
 - e) Schedule interview (involving entire Case Team) within 10 days under ordinary circumstances. Special consideration for urgent

scheduling will be given in cases where:

- i. The suspect is in custody;
 - ii. The child(ren) are in protective custody;
 - iii. The suspect's access to the child is imminent;
 - iv. There is concern about recantation or influence on child(ren) to recant;
 - v. The child(ren) will not be available at a later time
- f) Complete an intake and create a case file
 - g) Assist with appropriate outreach to non-offending caregiver(s) to handle interview logistics or pre-interview concerns when requested
 - h) Add the interview appointment to the upcoming CIC schedule, distributed by CIC staff to the District Attorney's Office weekly by email (with updates as needed)

C) MULTIDISCIPLINARY TEAM PARTICIPATION IN THE FORENSIC INTERVIEW

The forensic interview is central to the multidisciplinary team investigation. A developmentally appropriate, forensically sound interview can provide the detailed information needed for professionals on the Team to make informed decisions about prosecution, juvenile court action, and child protection; at the same time, it can sow the seeds of healing for child victims and their families. The Children's Interview Center provides a safe, neutral, developmentally appropriate, and child-friendly environment for children to talk about their experiences. This section of the Protocol details the actions and responsibilities of CIC staff and other Team members throughout the forensic interview process.

1. Case Team

On the day the forensic interview is scheduled, the Case Team arrives and assembles at the CIC. The Case Team, at a minimum, consists of the Forensic Interviewer and the referring investigator, but may include:

- a) Detective(s)
- b) Social Worker(s)
- c) Investigator(s) from other agencies with open investigations, such as Community Care Licensing
- d) MDT Leader
- e) Forensic Interviewer

- f) CIC Case Manager
- g) Interpreter for the child, if any
- h) Forensic Medical Examiner
- i) Deputy District Attorney
 - i. The District Attorney's Office does not have a co-located DDA on-site at the CIC at the time of this writing, but will make every effort to have a DDA from the Sexual Assault Unit of the DA's office attend all interviews involving an adult suspect, allegations of criminal conduct within a Contra Costa County jurisdiction, and a potential criminal prosecution.
- j) Any other individual designated by the MDT as an ad-hoc member of the Case Team
- k) Staff of MDT member agencies or others, as appropriate, who may attend and observe for training purposes

The Case Team does not include:

- a) The child's parents or caregivers (though the Team may consult with parents or caregivers to obtain information that may assist in planning the interview)
- b) Attorneys for any individual party, including the child's attorney

2. Pre-interview Case Staffing

The goal of the pre-interview case staffing is to exchange relevant case-related information and to plan a strategy for the interview. During the pre-interview case staffing, the Case Team will:

- a) Update other Team members regarding any new information obtained since the date of the referral
- b) Share information about the status of investigation
- c) Review and discuss, but not distribute, any written reports
- d) Share any questions and concerns, including any cultural or linguistic issues that may have an impact on the Case Team's approach to the interview
- e) Plan an approach for the interview
- f) Choose an interviewer if more than one is available

Additionally, it is the responsibility of CIC staff to:

- g) Record the child's name, the date, and law enforcement jurisdiction in the CIC log
- h) Prepare and label DVDs for recording
- i) Provide the DA Summary Sheet to the DDA attending (if any)
- j) Ensure that the interview room is prepared with appropriate chairs, drawing materials, teddy bears, tissues, and anatomical drawings

3. Child/Family Introduction to the CIC

When the child and family arrive, they are greeted by CIC staff, invited into the waiting/play area, and offered refreshments. Prior to the interview (and prior to the Case Team assembling in the observation room), the Forensic Interviewer meets the child and family in the waiting area. This is an opportunity to assess the child's comfort level, provide information about what will happen during and after the interview, and to answer any questions the child or family may have. During this introduction, the Interviewer will:

- a) Introduce him/herself to the child and family
- b) Show the child and family the room where the interview will take place (note: teens may be offered the option of seeing the room prior to the interview, but will be given the rest of the information detailed below)
- c) Provide the child age-appropriate information regarding the recording of the interview, and point out the cameras and microphone
- d) Provide the child age-appropriate information regarding the presence of observers during the interview
- e) Provide the child age-appropriate information regarding observers communicating with the Interviewer through the earpiece during the interview
- f) Address any questions or concerns the child and family may have

4. The Forensic Interview

- a) Minimum requirements for Forensic Interview Specialists at the Children's Interview Center are as follows:
 - i. Satisfactory completion of the California Forensic Interview Training (CFIT) or equivalent nationally recognized training

- ii. Demonstrated knowledge and understanding of the multidisciplinary team approach to child abuse investigations
 - iii. Experience, education, and/or demonstrated knowledge and understanding in the areas of child development, family violence and abuse dynamics, sexual assault, criminal justice, and/or psychology
 - iv. Regular participation in Peer Review for feedback and guidance regarding interviewing skills

- b) The National Children's Alliance (NCA) requires that forensic interviews follow research-based guidelines for forensically sound interview practice. Forensic interviews at the Children's Interview Center are based on the Ten-Step Interview and tailored to the child's ability. The Ten-Step Interview is a structured interview protocol adapted from The National Institute of Child Health and Development (NICHD) by Thomas Lyon. This is a nationally recognized, evidence-based interview protocol, characterized by the following key components:
 - i. Rapport building using narrative practice techniques
 - ii. Interview rules or instructions—sometimes referred to as defensible statements—which have been demonstrated to effectively address some of the most common concerns about the quality of children's testimony
 - iii. Detail gathering through open-ended questions, which invite a narrative response, to the extent this is possible and developmentally appropriate

- c) The Contra Costa County MDT has, over time and through experience as a team, developed and identified additional elements of successful interview practice, and supports their use at the CIC. These include:
 - i. For pre-school aged children (and others, on a case-by-case basis and decided by the Case Team, if developmental issues are identified), the rapport-building phase of the interview typically includes an introductory task using colored sticks. This exercise is often an effective rapport-building tool, and may, by demonstrating the child's knowledge and understanding of colors, counting, and prepositions, assist the Interviewer in planning developmentally appropriate questions

- ii. The Interviewer will take into consideration the child's emotional responses to the interview process, and may when appropriate temporarily re-direct the interview from allegation-related questions to engage in conversation regarding the child's concerns, fears, or feelings. The goal of this temporary re-direction is to reassure and assist the child in continuing with the interview, if possible, or to determine, independently or in consultation with the child and/or the Team, when taking a break or stopping the interview completely is in the child's best interests. In some cases, the interview may be continued at a later date.
- iii. Children aged 14 and over are presumed to qualify as witnesses by virtue of understanding the concepts of truth and lies. With younger children, the interviewer will typically attempt to demonstrate the child's ability to articulate these concepts prior to asking for a promise to tell the truth.
- iv. The Forensic Interview Specialist may in some cases utilize anatomical drawings during the interview. In accordance with evidence-based practice and guidelines published by the American Professional Society on the Abuse of Children (APSAC), anatomical drawings are generally used to clarify details following a disclosure by the child, rather than to elicit a disclosure. On a case-by-case basis, the Case Team may decide it is appropriate to use anatomical drawings to conduct a touch survey (a series of questions regarding the identity of body parts and rules about touching) prior to disclosure. The Case Team will the totality of circumstances, including factors such as:
 - o The age of the child
 - o The ability of the child
 - o The immediacy of any protection issues
 - o The likelihood of criminal prosecution
 - o The availability of other witnesses and evidence
 - o Any corroborating information from other credible sources

5. Equipment Use During the Forensic Interview

- a) All CIC staff are trained to operate the equipment used during interviews. Other Team members (Deputy District Attorneys and

investigators from member agencies) who regularly attend and observe interviews may also be oriented to the equipment to serve as back-up if needed.

- b) All CIC interviews are recorded digitally onto two DVD's. An additional audio cassette may be recorded at an investigator's request. CIC staff are responsible for labeling, recording, finalizing, and distributing DVD's.
- c) Each interview room is equipped with two cameras, and the ability to both scan the room if a child moves around and to zoom in as needed (on drawings, for example.) It is preferred that CIC staff operate this equipment for the benefit of observers. Another Team member who has been oriented to the equipment may take on this role if CIC staff is not available.
- d) The CIC is also equipped with radio communication devices to allow observers to discreetly communicate with the interviewer during the interview. Regarding radio equipment:
 - i. It is preferred that CIC staff handles the observation room radio and relay information or questions to the Interviewer as needed. DDAs or investigators who have been oriented to the equipment may also take this role.
 - ii. Rather than communicating all questions to the interviewer as they arise, it is preferred that observers make note of questions and hold them, as the interviewer may ask the question(s) without prompting. If the Interviewer does not ask the question(s) prior to leaving a subject or beginning to close the interview, then the questions should be relayed to the interviewer.
 - iii. Those communicating with the Interviewer via the radio should make every effort to keep communications brief and to the point, and to wait for a pause in the interview, rather than talking while the child is talking, whenever possible.
 - iv. If there are major questions or issues that cannot be communicated briefly via the radio, the observers should request that the Interviewer take a break and consult with the Case Team about how to proceed.
 - v. Use of the radio equipment is not required. Should the equipment be unavailable or in any circumstance where the radios are not used during the interview, the Interviewer will take a break prior to wrapping up, and consult with the Case Team for direction about additional questions to ask and/or areas to explore.

6. Post-Interview Case Planning

Following the forensic interview, the Case Team will meet to discuss information obtained in the interview and plan next steps. Particularly when parallel investigations are underway (most often by law enforcement and CFS, but at times including other agencies), it is critical for case planning to be a collaborative process, because actions undertaken in one investigation can have an impact on others. Areas of consideration in collaborative case planning include, but are not limited to:

- a) Any additional forensic interviews to be scheduled, for this child or other identified potential victims, witnesses, and/or children at risk
- b) Referral for a non-acute forensic medical exam, if indicated
- c) Safety and child protection factors, including protective custody, if indicated
- d) Planning for, and timing of, a pre-text phone call, if appropriate
- e) Search warrants needed, if any
- f) Planning for, and timing and circumstances of, suspect interview(s), if appropriate
- g) Status of any suspect in custody, and/or plans for any arrest(s)
- h) Child and/or non-offending caregivers' needs for therapeutic intervention and/or other assistance, including transportation, safety planning, and restraining orders, for example
- i) Timeframes for all concurrent investigations by different agencies, especially if any interviews are planned with suspect(s) or any court action that may necessitate discovery of case information is planned or pending
- j) Strategies to minimize duplication of investigative efforts, including joint interviews when appropriate.
- k) in the uncommon event that members of the Case Team encounter significant disagreement regarding case planning decisions, section I (H) (Case Review) (e) above (p.10-11) outlines how to proceed.

The CIC will provide a meeting space for investigators to interview non-offending caregivers. These will be joint interviews whenever possible.

All members of the Case Team will exchange contact information and schedule any needed follow-up for updates and further information exchange.

D) CONCURRENT VICTIM AND FAMILY ADVOCACY SERVICES

1. On-site advocacy services are offered parallel to the CIC interview for all children and their non-offending family members. As appropriate, in all cases where a non-offending family member is present, the CIC Advocate/Case Manager will offer:
 - a) Crisis intervention and emotional support as needed
 - b) Parent education materials and information, including sexual abuse dynamics
 - c) Information about the rights of crime victims
 - d) Assistance with VOCA forms
 - e) Information about the MDT process
 - f) Referrals, including mental health referrals
 - g) Follow-up contact within 72 hours (attempted contact, at a minimum) to assess any further needs for services and to offer Case Management services
2. The CIC Case Manager will attempt to gather information regarding the current status of and need for mental health services in all cases, and will track this information. The CIC Case Manager will maintain a list of mental health service providers with the appropriate skills and experience to work with children who have experienced trauma.
3. In addition to any referral information given to the non-offending caregiver, teen clients will be given referral information directly for youth-oriented crisis and other services.
4. When a child is in CFS custody and/or transported by the assigned social worker, CIC advocacy services are generally limited to emotional support around the interview process. The CIC Case Manager will consult with the assigned social worker to address any additional needs for services.
5. Advocacy is provided by the CIC Advocate/Case Manager or by advocates from the RCC. All CIC and RCC advocacy staff complete a 55-hour initial training and 8 additional hours of training yearly, and are certified sexual assault counselors.

E) RECORDS

1. The live recording of the interview onto DVD and/or audio tape is the official record of the interview. The Case Team/CIC staff will record the forensic interview on two DVDs. The interview may, at the request of the investigator, also be recorded concurrently on audio tape.
2. Following the interview, the law enforcement investigator and the Deputy

District Attorney will each receive a DVD, and will sign the CIC evidence log to confirm receipt. The Law Enforcement investigator will also receive any anatomical drawings used during the interview, and any writing or drawing made by the child relevant to the allegations and disclosure.

3. If no DDA is present, CIC staff will secure the DA's copy of the interview DVD in a locked file cabinet, behind three locks. An authorized DDA can receive and sign for past DVDs as needed.
4. The CIC does not maintain copies of interview recordings, with one exception: From time to time, CIC staff may make a copy of an interview DVD for peer review or training purposes. These DVDs will not be marked with client names. They will be maintained in a locked file cabinet, behind three locks. Training/peer review copies of interview DVDs will only be used on-site, for purposes of training or peer review only, and only when any participants in the training or peer review who are not already covered under the Contra Costa County MDT's Confidentiality Protocol agree to and sign a confidentiality agreement.
5. The District Attorney's Office is the custodian of records in regard to DVD recordings of CIC interviews. Recordings are confidential records and protected by court order. Interview DVDs may be viewed at the District Attorney's Office by MDT members involved in the investigation or subsequent court proceeding, or any other person involved in the case and with a valid court order. If requested by an MDT member or attorney for any party, CIC staff may provide the CIC number and interview date to facilitate the request for DVD viewing. All other inquiries regarding interview DVDs and access to DVDs will be directed to the District Attorney's Office.
6. The CIC maintains a paper case file for all interviews, for the purpose of case tracking and data collection and reporting. Any working notes made by the Forensic Interviewer, CIC staff, or others for use in preparing for the interview or in collaborative case planning are not part of the permanent case file and will be shredded following the interview. Information maintained in the permanent CIC case file is limited to:
 - a. Demographic information about the child and family, including any known special needs
 - b. Case numbers, child ID numbers, and any other similar identifiers to facilitate case tracking
 - c. Names and contact information for investigator(s)
 - d. Demographic information, as available, about suspect(s)
 - e. Basic summary of the allegations
 - f. Basic case information for the purposes of data tracking, such as dates and locations for any forensic medical examinations, whether in-home abuse is alleged, and relationship of the alleged victim to the suspect

- g. The date, time, and duration of the interview
 - h. Names of all observers present
 - i. Basic information regarding any disclosure(s), recorded by means of check-boxes rather than a narrative report
7. CIC Advocate/Case Managers will maintain advocacy records and paperwork as directed by Community Violence Solutions. Advocacy records are statutorily protected in California. Children and their non-offending caregivers who receive advocacy and/or case management services are clients of Community Violence Solutions. CIC Advocate/Case Managers are trained by Community Violence Solutions and qualify as sexual assault counselors under California Evidence Code 1035.2.

F) MULTIPLE INTERVIEWS AND THE EXTENDED FORENSIC INTERVIEW PROTOCOL

1. It is the intent of the CIC to conduct a forensic interview in a single session whenever possible. A single-interview model was considered best practice in the early development of the Children's Advocacy Center model, and is appropriate and effective with most children.

The focus on a single interview, however, is based on an expectation that children will be able to provide sufficient detailed information in one interview to support investigative efforts and decisions regarding prosecution and child protection. Research demonstrates the potential benefits in some cases of multiple, non-duplicative interviews conducted by the same interviewer, in terms of the amount of allegation-related detail provided. Additionally, the experience of the Contra Costa County MDT in team investigations, and a growing understanding of the dynamics of disclosure, indicate that multiple session interviews are more appropriate for some children—particularly those who are very young, extremely traumatized, have a long history of abuse, and/or in cases where the abuse allegations can be described as "discovered" (where suspicions or allegations arise from behavior, witness statements, medical exams, or other evidence, absent a spontaneous disclosure from the child).

The Extended Forensic Interview Protocol (originally called the Extended Forensic Evaluation) was developed by the National Children's Advocacy Center (NCAC) for use with preschool children, who may have cognitive or language challenges in participating in a forensic interview. In 2011, NCAC re-named the model and modified its guidelines in recognition that the multiple-session approach can be appropriate and effective with highly traumatized children of any age. *(Note: The CIC was one of the sites participating in a pilot of the EFE model, hosting a regional MDT training and a regional peer review, in which a CIC Forensic Interviewer's work was reviewed by Linda Cordisco Steele, M. Ed, LPC, a Senior Trainer for NCAC and an author of the EFE curriculum. The experiences of centers participating in the pilot, as well as research and advances in the field of forensic interviewing, played a role in the revision and expansion of the original EFE model).*

The goal of the MDT is to create a space where children are able to disclose the details of their experiences. Flexibility in considering multiple sessions is a more child-centered approach to the interview process. An adjustment to the single-session interview format may be appropriate in circumstances including, but not limited to, the following:

- a) The child indicates that s/he does have something to disclose, but that it is too hard to talk about, and the child agrees to return to answer questions another day (in practice, this characterizes the majority of second interviews scheduled at the CIC)
 - b) The child discloses, but the abuse history too long and/or complex to be discussed in sufficient detail within the time scheduled for the interview, or before the child tires
 - c) The child begins to disclose, but is emotionally unable to complete the interview, and agrees to return another day
 - d) The child denies or recants allegations which are supported by significant, compelling evidence
2. The Case Team may at any time, in consultation with the child and/or caregivers, when appropriate, consider:
- a) Taking a multi-session approach to the interview by suspending the current session and continuing at a later time. When this happens:
 - i. The same Forensic Interviewer will conduct all sessions of the interview whenever possible, unless the Team decides otherwise
 - ii. The procedure for the interview will not change, but rather be broken up over several sessions
 - iii. Sessions will be non-duplicative, though previous unanswered questions may be repeated and previous information may be summarized or referred to when necessary
 - iv. If multiple sessions are not productive and the child is unable to disclose, the Case Team will ensure that appropriate therapeutic interventions are in place with the understanding that the child may return at a later date if able to disclose
 - v. The Team must consider the child's physical and emotional safety between interview sessions, particularly if a named suspect has continued access to the child, whenever multiple sessions are planned
 - b) Moving to a formal Extended Forensic Interview, which involves several steps:

- i. Commitment of caregiver
- ii. Social and family history, taken by the Interviewer or Case Manager from the caregiver
- iii. Several brief interim sessions with the child, to build rapport and, for younger children particularly, engage in exercises that may assist the child in providing narrative, detailed information
- iv. All sessions are recorded, though not necessarily attended and observed by the Case Team
- v. If the child spontaneously discloses during any session, the Forensic Interviewer will gather as much detailed information as possible using standard interviewing practices
- vi. Absent spontaneous disclosure during the EFI process, a final session is scheduled to again attempt to address allegation questions
- vii. Final session is attended and observed by the Case Team

c) Scheduling follow-up interviews, which typically occur when:

- i. A child who did not disclose in the initial Forensic Interview later discloses to others, such as a therapist or parent
- ii. A criminal prosecution is underway and additional details are needed
- iii. Evidence or information regarding the allegation becomes available after the initial Forensic Interview, providing new areas of inquiry
- iv. A child who was offered an open-ended opportunity to return asks to do so

III. JOINT INVESTIGATION:

Multidisciplinary Team Members' Responsibilities Following the CIC Interview

A. CONTINUING INVESTIGATIONS

Following the CIC interview, all investigations will continue under the rules, protocols and guidelines of each member agency. The MDT encourages all investigators to take every opportunity for continued exchange of information and coordination of efforts, including joint case planning, to minimize duplication and best serve children and their non-offending caregivers.

B. NON-ACUTE FORENSIC MEDICAL EXAMINATIONS

1. The Children's Interview Center has an on- site medical examination room, a separate, private waiting area and playroom for clients, and an office for the Medical Consultant. The Medical Consultant's time is provided in-kind by the Contra Costa County Health Services Department, in order to:
 - a) Provide oversight of the SART program
 - b) Provide non-acute forensic medical examinations at the CIC
 - c) Review child abuse evidence as requested by law enforcement, CFS, and/or the District Attorney's Office
2. The Medical Consultant, and any other medical providers performing non-acute forensic medical examinations at the CIC, will be appropriately qualified medical providers with specialized expertise and training in the performance of child abuse and sexual assault evaluations.
3. The CIC is not a medical clinic. The scope of practice is limited to medical history, physical exam, and photography.
4. Acute cases (within 7 days of the last incident) should follow the SART guidelines for an acute exam at Contra Costa County Regional Medical Center. The SART Protocol is attached to this document. If the timeframe is uncertain or close to the SART guideline, investigators may seek advice from the Medical Consultant to determine if an acute exam is more appropriate.
5. Although the ideal is to offer all suspected victims of child sexual abuse a competent and compassionate medical evaluation, the MDT has established the following guidelines to identify priority cases for a non-acute forensic medical examination:

- a. History of pain (discomfort) or bleeding with reported contact
 - b. Recent contact, especially within three weeks
 - c. Genital contact with possible penetration (beyond the labia majora)
 - d. Persistent symptoms/signs (such as discharge or dysuria)
 - e. Follow-up exam following an abnormal or concerning acute SART exam, previous non-acute forensic exam, or other medical exam
 - f. History of a sexually transmitted infection
 - g. Any high-profile case with likely prosecution
 - h. The medical consultant may accept referrals for non-acute forensic medical exams for children who are too young to participate in a forensic interview, and for adults in some cases.
6. It is preferred, when possible, for the CIC interview to take place prior to the non-acute forensic medical exam. Post-interview case planning by the Case Team includes consideration of a referral for a non-acute forensic medical exam; however, referrals may be made at any point during the investigation. Law enforcement will make the request for a non-acute forensic medical exam by signing a CalOES 2-925 or 2-900 form (provided by CIC staff, and also available online at www.caloes.ca.gov). When there is no criminal investigation or prosecution pending, a social worker may request the exam.
7. CIC staff facilitates the medical exam referral by:
- a. Assembling forms and preparing a medical exam file
 - b. Ensuring proper signatures
 - c. Coordinating the scheduling of the exam with the family, investigator, and medical consultant;
 - d. Greeting the family on the day the exam is scheduled
 - e. Accompanying the child and/or non-offending caregivers during the exam process, if requested
 - f. Distributing all final reports to investigator(s) and/or the District Attorney's Office
 - g. Billing
8. Medical exams are billed to the referring law enforcement agency. Follow-up exams are billed at a reduced rate. No billing will occur in cases where CFS requests an exam in the absence of a criminal

investigation. Clients are never billed for any costs associated with medical exams.

9. Following the rules of evidence and the maintenance of medical records:
 - a. The medical record is not part of the CIC case file. The custodian of records is the CIC-SAM Medical Consultant.
 - b. Records will be maintained in a locked file with at least three levels of lockage.
 - c. Records will include dictation, CalOES 2-925 (or 2-900) reporting form, any notes taken during the medical interview, and a digital copy of images on CD-ROM.
 - d. Dictation will be completed in a timely manner, within two days of the medical evaluation. Dictation will be proofread and signed within one week of creation whenever possible. If the information is needed more urgently, CIC staff can fax the dictation to the examiner for review and signature.
 - e. Images will be backed up on a locked hard drive.
 - f. Mirror records will be kept off-site in a comparable, secure site at Contra Costa County Regional Medical Center (CCCRMC) by the custodian of records.
 - g. The original CalOES reporting form and signed dictation will be released to the referring law enforcement agency. A copy will be released to CFS if there is an open case.
 - h. In the event of a criminal trial, any records that are subpoenaed (especially digital images) require the completion of a Request Form. Digital photographs, because of their sensitive nature, are rarely released and only with a court order or subpoena.
 - i. Subpoenaed records are sealed in an envelope with evidence tape and a copy of the subpoena.
10. Because the statute of limitations on child sexual abuse cases has been and may be subject to both lengthening and removal in various circumstances, these records will be maintained in perpetuity.

C. CASE MANAGEMENT SERVICES

1. Depending on the circumstances, child victims are at increased risk for a variety of future problems, including exhibiting sexually reactive behaviors. Beyond the immediate and ongoing trauma experienced by

the child victim, the discovery or disclosure of sexual abuse can have a devastating impact on families, particularly in the early part of an investigation, when the disclosure is fresh. Families may experience split loyalties, with some family members supporting the child while others support the perpetrator. Sometimes families lose their sole source of support and/or their housing when the perpetrator is in custody. For these reasons, effective interventions to facilitate healing in the multidisciplinary context include non-offending caregivers as well as the child.

2. Case Management services at the CIC are intended to:
 - a) Assist families in crisis to regain stability by addressing immediate needs (for housing or other assistance, restraining orders, etc);
 - b) Provide information to assist families in navigating the legal system;
 - c) Provide information, referrals, and support in seeking services to address identified needs;
 - d) Provide tools to assist non-offending caregivers in parenting a traumatized child
3. For all cases where a non-offending caregiver is present, in addition to the on-site advocacy services offered the day of the Forensic Interview, the CIC Case Manager will attempt to make a follow-up contact within 72 hours, to identify any offer additional assistance and identify any needs .
4. After three unsuccessful attempts for follow-up contact, or if at the follow-up contact the client declines services, the file may be closed.
5. If the non-offending caregiver is in need of and accepts additional services, the CIC Case Manager will engage the client in case management services:
 - a. Identifying immediate needs and long-term goals
 - b. Addressing the child's and family's need for mental health services and assisting the caregiver to identify and engage in appropriate services
 - c. When Spanish-speaking caregivers have children who are engaged with therapy services at the CIC, assisting the therapist in communicating with the caregivers as needed
 - d. Providing information and referral for any of a wide range of needs the family may identify
 - e. Providing ongoing emotional support, in-person and by phone contact, as needed

- f. Assisting the client in obtaining current information regarding the status of investigation(s)
- 6. Case management files may be kept open as long as services are needed. When the family has a child participating in any on-site therapy available at the CIC, the file will be kept open at least throughout the course of therapy.

D. MENTAL HEALTH SERVICES

1. The Contra Costa County Multidisciplinary Team strives to protect children by conducting effective investigations, and by minimizing the trauma child victims may experience while participating in these investigations. However, the impact of sexual abuse on a child's development and functioning can reach far beyond the investigation, and an effective multidisciplinary response must attend to the ongoing mental health needs of the child victim, as well as siblings, caregivers, and other non-offending family members who may benefit from intervention.
2. The CIC Case Manager will:
 - a) Attempt, in all cases, to determine if the child and/or other family members are already in a therapeutic relationship
 - b) Assist caregivers with VOCA forms when appropriate
 - c) Refer cases to on-site therapy at the CIC when available
 - d) Refer families to outside service providers as needed
 - e) Maintain a current list of mental health service providers who have the necessary expertise and experience to treat child victims and their families
 - f) Follow up with families regarding the outcome of therapy referrals and the current status of mental health services before closing case management files whenever possible, and track this information
3. The CIC offers trauma-focused mental health services on-site as funds allow. There are several spaces within the CIC facility appropriate for therapy with young children, older children and teens, and adult family members, as needed.
 - a) Therapy services are provided through contracting with local licensed therapists.
 - b) All mental health service providers at the CIC will be trained

in a trauma-focused cognitive behavioral therapy model, specifically as this applies to treating childhood trauma.

- c) CIC mental health services engage non-offending caregivers, utilizing the assistance of the CIC Case Manager as needed
 - d) CIC therapists engage with CIC staff and the MDT as appropriate for the purposes of case planning and case review
4. When on-site therapy services are not available at the CIC, the Case Manager will refer families to appropriate outside services providers, as described above.

Memorandum of Understanding

Children's Interview Center

Contra Costa County

This *MEMORANDUM OF UNDERSTANDING* (MOU) stands as evidence that the Contra Costa County District Attorney's Office, the Contra Costa County Employment and Human Services Department, the Contra Costa County Health Department, all Contra Costa County Law Enforcement agencies, Contra Costa County Counsel and Community Violence Solutions intend to work together toward a mutual goal of providing maximum available assistance to child victims of sexual and physical abuse and their family members through the formation of a Multi-Disciplinary Team led by the Children's Interview Center.

The Agreement:

All agencies agree to closely coordinate services utilizing the agreed upon Contra Costa County Multi-Disciplinary Team Child Abuse Response Protocol to reduce trauma to victims, provide a safe and friendly facility, and provide forensically sound interviews, which will increase the likelihood of successful prosecution.

To further this goal, all member agencies will make every effort to:

- !• Respond as members of the Multi-Disciplinary Team for service Provision as set forth in the Contra Costa County Multi-Disciplinary Team Child Abuse Response Protocol.
- !• Participate in regularly scheduled meetings to (1) assess effectiveness of the program, (2) conduct case reviews, and (3) discuss strategies, timetables and Implementation of mandated services.
- !• Provide specific services as described in the Contra Costa County Multidisciplinary Team Child Abuse Response Protocol.

All member agencies agree to provide 30 days written notice to all other participating member agencies of intent to discontinue membership in the CIC collaborative.

The **SIGNATURE PAGE** attached to this MOU is to be signed every other 'odd' year by an appointed representative of all members' agencies.


Signature Sheet

Memorandum of Understanding


Procedure and Protocols

Children's Interview Center
of
Contra Costa County

Approved by:



Kathy Gallagher, Director
(EHSD) 5/10/17
Date



Cynthia Peterson, Executive Director
Community Violence Solutions 5/10/17
Date

Signature Sheet

Memorandum of Understanding

Procedure and Protocols

Children's Interview Center
of
Contra Costa County

Approved by:



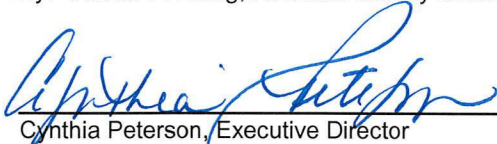
Sharon L. Anderson, County Counsel

CCC County Counsel

By: Steven P. Rettig, Assistant County Counsel

5/23/17

Date



Cynthia Peterson, Executive Director
Community Violence Solutions

5/23/17

Date

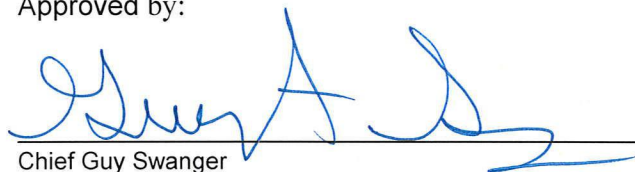
Signature Sheet

Memorandum of Understanding

Procedure and Protocols

Children's Interview Center
of
Contra Costa County

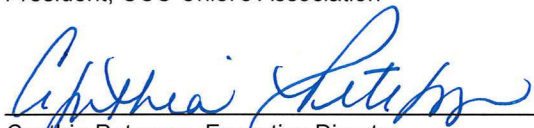
Approved by:



Chief Guy Swanger
President, CCC Chief's Association

8/19/17

Date



Cynthia Peterson, Executive Director
Community Violence Solutions

8/19/17

Date

Signature Sheet

Memorandum of Understanding

Procedure and Protocols

Children's Interview Center
of
Contra Costa County

Approved by:



William Walker, MD, Director
CCC Health Services

9/28/17

Date



Cynthia Peterson, Executive Director
Community Violence Solutions

9/28/17

Date

Signature Sheet

Memorandum of Understanding

Procedure and Protocols

Children's Interview Center
of
Contra Costa County

Approved by:



Mark Peterson, District Attorney
CCC Office of the District Attorney

5/8/17

Date



Cynthia Peterson, Executive Director
Community Violence Solutions

5/8/17

Date

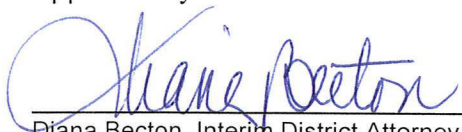
Signature Sheet

Memorandum of Understanding

Procedure and Protocols

Children's Interview Center
of
Contra Costa County

Approved by:



Diana Becton, Interim District Attorney
CCC Office of the District Attorney

9/27/2017
Date



Cynthia Peterson, Executive Director
Community Violence Solutions

9/27/17
Date