

The Southern Tier Child Advocacy Center STCAC

Multidisciplinary Team Working Guidelines

This document provides information for the internal guidance of the Allegany County and Cattaraugus County Multidisciplinary Teams (MDT) whose members include prosecutors, law enforcement, child protective services, medical, mental health, victim advocacy and child advocacy center personnel.

The purpose of these guidelines is to clarify the role of each discipline, coordinate the activities of each agency, reduce duplication of efforts, and provide for the use of a single, nonthreatening, child-friendly site to conduct investigations and provide services to abused children within Allegany and Cattaraugus counties. Nothing in this document shall be construed to erode the respective legal responsibilities of each participating agency. The guidelines shall be applied to the extent practical in each case. It is understood that there will be circumstances that demand deviation from these guidelines. These guidelines should be reviewed and revised, as needed, on a regular basis and not less than every two years.



Table of Contents

- I. Mission/Vision Statement**
- II. Nondiscrimination Policy**
- III. Introduction**
- IV. Type of Cases Handled at the STCAC**
- V. Mandated Reporting**
- VI. STCAC/MDT Orientation Program**
- VII. Partner Agency Roles & Commitment to the Southern Tier Child Advocacy Center**
 - a. Law Enforcement**
 - b. Prosecution**
 - c. Child Protective Services**
 - d. Medical Evaluations**
 - e. Mental Health Counseling**
 - f. Victim Advocacy**
- VIII. Forensic Interview Services and Procedures at the STCAC**
 - a. Forensic Interview Procedures**
 - b. Referrals for Forensic Interviewing**
 - 1. Scheduling of interviews
 - 2. Interviews Conducted Jointly
 - c. Videotaping of Forensic Interview**
 - 1. Policy
 - 2. Custodian of DVD
 - 3. Viewing of Completed DVD
 - d. Post-Interview Procedures**
 - e. Videotaping for Grand Jury**
 - f. Peer Review Procedures**
- IX. Referral for Medical Evaluations**
- X. Referral for Therapeutic Services**
- XI. Victim Advocacy**
- XII. STCAC Case Review**
- XIII. STCAC Case Tracking**
- XIV. Confidentiality and Information Sharing**
- XV. Conflict Resolution Policy**

I. Mission Statement

The Mission of the Southern Tier Child Advocacy Center is to provide a coordinated, multidisciplinary investigative and treatment approach to child victims of sexual and physical abuse. We provide a safe, child-friendly environment for interviews, medical examinations, and support to child victims and their non-offending family members. We are committed to reducing trauma, promoting justice and fostering healing.

Vision Statement

We will have met success when all children in Allegany and Cattaraugus counties have access to the services of the child advocacy center.

II. Nondiscrimination Policy

No child whose case fits the criteria outlined in section IV., Types of Cases Handled at the STCAC, shall be excluded from services provided by the STCAC or be subject to discrimination based on race, ethnicity, age, disability, gender, sexual orientation, gender identity or gender expression, religion, national origin, or any other protected status. The STCAC is committed to the ongoing development of cultural competency. Cultural competency is defined as the capacity to function in more than one culture requiring the ability to appreciate, understand, and interact with members of diverse populations within the local community.

III. Introduction

Southern Tier Health Care System founded the Southern Tier Child Advocacy Center (STCAC) in September of 2007 to create a collaborative, multidisciplinary approach to allegations of child abuse. The Southern Tier Health Care System Board of Directors and Southern Tier Health Care System CEO provide administrative and financial oversight of the center as well as making all strategic planning decisions.

The STCAC provides a comprehensive, coordinated response to the investigation of child sexual and/or physical abuse and maltreatment allegations. Our Multidisciplinary Team (MDT) members work together to investigate, prosecute and provide services to abused children. The most important part of the investigation is the child victim; the safety of the child victim comes first before any other case needs.

This collaborative response includes mechanisms to assure the availability of neutral, non-leading, forensic interviews; medical evaluations; therapeutic interventions; victim support and advocacy; case review; and case tracking. Whenever practical, these components are provided at the STCAC in order to promote a sense of safety and consistency for the child and non-offending family members.

The intent of the STCAC MDT is to support the efforts of individual disciplines and agencies. The MDT response incorporates an ongoing respect for differing legal mandates, professional responsibilities and ethical considerations and includes the following components: (1) Law Enforcement (LE); (2) District Attorney's Office (DA); (3) Child Protective Services (CPS); (4) Medical Services; (5) Mental Health Services; (6) Victim Advocacy Services; and (7) the Child Advocacy Center. The Allegany and Cattaraugus County MDT includes a variety of agencies involved in the response to child abuse.

Team partners include:

- Allegany County Department of Community Services
- Allegany County Department of Social Services
- Allegany County District Attorney's Office
- Allegany Rehabilitation Associates – The Counseling Center
- Cattaraugus County Department of Community Services
- Cattaraugus County Department of Social Services
- Cattaraugus County District Attorney's Office
- Cattaraugus County Sheriff's Office
- Jones Memorial Hospital
- New York State Police
- Olean Medical Group
- Olean Police Department
- Rehabilitation Today Services
- Salamanca Police Department
- Southern Tier Child Advocacy Center
- Universal Primary Care
- Wellsville Police Department

Additional Collaborating Agencies Include:

- Allegany County Probation Department
- Belmont Central School District
- Cattaraugus Community Action
- Cattaraugus County Probation Department
- Cuba/Bolivar Police Department
- Friendship Central School District
- Olean General Hospital
- Randolph Academy Union Free School District
- Seneca Nation of Indians

In addition, we collaborate with smaller agencies in our judicial district that may not have representation on the MDT. We welcome and encourage participation on all investigative processes related to cases within their jurisdiction. We provide service and assistance with the FBI and Homeland Security as needed.

REMOVED SECTION ABOUT STATE CENTRAL REGISTER

IV. Types of Cases Handled at the STCAC

These guidelines shall apply to all cases in which a child under the age of 18 is suspected of having experienced sexual and/or severe physical abuse.

The guidelines may also be applied whenever CPS and/or LE team members agree such application is appropriate.

The STCAC does not provide services to any alleged offenders. No known or suspected adult offender will be allowed on-site. In situations when a child discloses abuse by someone who accompanied the child to the interview, law enforcement and/or CPS arrange to interview or meet with suspected offender(s) off-site.

An exception to this rule may be made in situations when the alleged offender/aggressor is a minor. The decision to provide such services will only be made when prior discussion has taken place with the investigative team and the Director of the STCAC.

V. Mandated Reporting

All members of the MDT are mandated to report the abuse/maltreatment of a child to the State Central Register (SCR). If, as a result of providing services, any member of the MDT has reason to suspect a child is being abused or maltreated by a parent, guardian, other adult household member or “any legally responsible person,” if a report has not been made to the SCR, the MDT member shall immediately report the matter to the SCR, or cause such report to be made, pursuant to New York State Social Services Law §413.

Reports should be made immediately (at any time of the day and any day of the week) by telephone to the State Central Register (SCR) at 1-800-635-1522. The first team member to become aware of the neglect/abuse is responsible for reporting the same to the State Central Registry.

VI. STCAC/MDT Orientation Program

(Please refer to STCAC Orientation Manual for additional information)

The STCAC/MDT supports an orientation program for all new members joining the MDT. Organized orientation trainings will be held yearly in March and October. Notice of training dates will be distributed to the MDT at the beginning of each calendar year. The orientation will include a walking tour of the facility along with an overview of STCAC/MDT programs, policies and operating procedures. In addition to regularly scheduled orientation trainings, orientation presentations may be requested on an as needed basis. Please contact the STCAC at (716) 372-8532 to schedule.

VII. Partner Agency Roles & Commitment to the Southern Tier Child Advocacy Center

a. LAW ENFORCEMENT (LE)

Law enforcement’s role at the STCAC is to conduct criminal investigations and determine if a crime has occurred. If a crime is alleged, LE will gather, preserve and collect the evidence. If “Probable Cause” of a crime exists and there is a known criminal suspect, the investigator will follow their agency’s policy and procedure.

Guidelines:

- Upon receiving a report of sexual abuse or severe physical abuse of a child 17 or under, law enforcement personnel will make an initial assessment of the allegations. This will include jurisdiction and basic elements of the allegation. This information can be obtained from sources other than the child.
- As a mandated reporter, the law enforcement officer is required to immediately report all cases of suspected child abuse to the SCR pursuant to NYS Social Service Law, Section 413.
- The LE agency of jurisdiction will coordinate their investigation with CPS when the alleged offender or person allowing the offense to occur is a parent, guardian, other adult household member or any other “legally responsible person” acting in a parental capacity. The LE personnel receiving child abuse reports should affect a joint response as early as possible. Coordination between LE and CPS personnel will be initiated by the agency receiving the report.
- When a case meets criteria for a LE only response, the STCAC will contact CPS to request assistance. If during the investigation the case meets criteria for CPS response, a report will be made to the State Central Register.

- In accordance with New York State Law, Section 423-a, whenever practical, an in-depth interview of the child shall be conducted at the STCAC with the participation of Child Protective Services. LE will coordinate the investigation with CPS to determine when and where the forensic interview and the initial contact with family will be completed. Nothing in this procedure shall be deemed to interfere with the normal duties of the responding officer (e.g. evidence collection, effecting arrest, and addressing the safety needs of the child).
- Investigative interviews will be conducted using established forensically sound best practices and will be conducted by trained investigators utilizing the New York State Children’s Task Force Forensic Interviewing Best Practices, Cornerhouse Forensic Interview Protocol, or other established, recognized forensic interview protocols approved by the MDT.
- The initial joint interview will be conducted by either the forensic interviewer, the law enforcement officer, CPS, or a member of the district attorney’s office. The selection of the primary interviewer will consider the experience and training of the interviewers, the rapport already built with the child, and the information already known. Forensic interviewing procedures are outlined in section VI. of this document.
- The LE investigator will provide information for documentation for the STCAC intake as outlined in section VI. B.1.
- When an arrest is made, LE will forward a copy of all case documents and materials to the DA's office for prosecution.
- To the extent that it does not obstruct or unfavorably impinge upon the criminal investigation and to the extent allowed by law, the LE investigator will provide and share information about case status to team members.
- Law enforcement agencies are encouraged to participate in regularly scheduled case review meetings whenever there is a case on the agenda in which they have involvement and/or jurisdictional authority.
- LE MDT members will provide feedback and suggestions regarding procedures/operations of STCAC.
- LE investigators are encouraged to participate in the STCAC/MDT orientation program and any organizational development activities sponsored by STCAC.
- LE investigators are encouraged to participate in orientation, trainings, relevant professional education and community educational efforts.

b. PROSECUTION

The Allegany County and Cattaraugus County district attorney offices represent the State of New York in criminal proceedings in county courts. The district attorney may assign the prosecution of certain felony child abuse cases to his/her assistant district attorney of jurisdiction. The district attorney prosecutes:

Felony and misdemeanor complaints that involve physical abuse, sexual abuse, or maltreatment of children under the age of 18 at the time of the last-reported offense.

Guidelines:

- STCAC shall consult with the district attorney’s office when appropriate upon receipt of a request for an investigative interview. The prosecutor shall be involved in the investigation of cases of child abuse at the earliest possible stage. Assistance is available to LE agencies on a 24-hour basis.
- The prosecutor is responsible for consultation with the victim and victim’s family, LE, CPS and STCAC staff regarding the need for further investigation, and presentation to the grand jury and, if it is deemed appropriate, videotaping of the victim’s testimony for grand jury.

- The prosecutor shall provide and share information about case status to team members as needed while maintaining the right of confidentiality.
- The prosecutor shall provide information about case status and update appropriate STCAC partners on criminal court status as needed.
- The assigned prosecuting attorney will be responsible for all aspects of criminal prosecution, including disposition by trial or plea. Every effort will be made to ensure that the victim and victim's family is consulted regarding the progress and ultimate disposition of the case.
- The prosecuting attorney shall provide court preparation for professionals and victims who are required to testify.
- A representative from the district attorney's office is encouraged to participate in regularly scheduled case review meetings whenever there is a case on the agenda in which they have involvement and/or jurisdictional authority.
- The district attorney's office will provide feedback and suggestions regarding procedures/operations of STCAC.
- The district attorney's office is encouraged to participate in the STCAC/MDT orientation program and any organizational development activities sponsored by STCAC.
- The district attorney's office is encouraged to participate in orientation, trainings, relevant professional education and community educational efforts.

c. CHILD PROTECTIVE SERVICES (CPS)

CPS investigates reports of child sexual and physical abuse, and provides services to children who have been abused by a person legally responsible for a child's care, custody or welfare. The focus of CPS is the safety of children and to "act in the child's best interest." The decisions made concerning the safety and protection of the child shall be based upon the professional judgment of the CPS case worker and supervisor in conformance with current CPS policy.

Guidelines:

- Upon receipt by the SCR of a report of suspected child sexual abuse or severe physical abuse, the case will be assigned to the appropriate CPS caseworker for investigation.
- The CPS caseworker assigned to the case will begin an investigation of the allegations in accordance with state mandates and take any action necessary to maximize safety of any children in the family.
- The CPS caseworker shall make referrals to the appropriate LE agency as required by law. Coordination between CPS personnel and LE will be initiated by the agency receiving the report.
- In accordance with New York State Law, Section 423-a, whenever practical, an in-depth interview of the child shall be conducted at the STCAC with the participation of LE. CPS will coordinate the investigation with LE to determine when and where the forensic interview and the initial contact with family will be completed. Nothing in this procedure shall be deemed to interfere with the normal duties of the CPS caseworker (e.g. addressing the safety needs of the child).
- When a case meets criteria for a CPS only response, the STCAC will contact LE to request assistance. If during the investigation the case meets criteria for LE response, if probable cause of a crime exists and there is a known criminal suspect, the investigator will follow their agency's policy and procedure.
- Investigative interviews will be conducted using established forensically sound best practices and will be conducted by trained investigators utilizing the New York State Children's Task Force Forensic Interviewing Best Practices, Cornerhouse Forensic

Interview Protocol, or other established, recognized forensic interview protocols approved by the MDT.

- The initial joint interview will be conducted by either the forensic interviewer, the law enforcement officer, CPS caseworker or a member of the district attorney's office. The selection of the primary interviewer will consider the experience and training of the interviewers, the rapport already built with the child, and the information already known. Forensic interviewing procedures are outlined in section VI. of this document.
- The CPS investigator will provide information for documentation for the STCAC intake as outlined in section VI. B.1.
- To the extent that it does not obstruct or unfavorably impinge upon the criminal investigation and to the extent allowed by law, the CPS caseworker will provide and share information about case status to team members.
- CPS caseworkers are encouraged to participate in regularly scheduled case review meetings whenever there is a case on the agenda in which they have involvement and/or jurisdictional authority.
- CPS personnel are encouraged to participate in organizational development activities sponsored by STCAC.
- The director of the Department of Social Services is encouraged to provide feedback and suggestions regarding procedures/operations of the STCAC.
- CPS personnel are encouraged to participate in the STCAC/MDT orientation program and any organizational development activities sponsored by STCAC.
- CPS personnel are encouraged to participate in orientation, trainings, relevant professional education, and community educational efforts.

d. MEDICAL EVALUATIONS

Specialized medical evaluation and treatment services to sexually and physically abused children will be provided at the STCAC.

The STCAC medical provider will provide forensic medical examinations at the STCAC at a mutually agreed upon day and time. The medical examiner will also provide emergency forensic medical examinations with 24/7 coverage.

Guidelines:

- Providers are duly licensed health care practitioners as defined by the NYS Department of Health.
- The medical evaluation will be conducted in accordance with medically accepted protocols from the New York State Department of Health guidelines and New York State law.
- Providers will adhere to guidelines as outlined in the sexual assault forensic examiner contract.
- Providers will provide competent medical evaluations for children seen at the STCAC where there are concerns of abuse. Referrals originate by request of CPS, LE, or DA's office.
- Providers will provide and share information about case status to team members as needed while maintaining the right of confidentiality.
- Providers will share findings of the medical evaluation with investigators and prosecutors as appropriate in a routine and timely manner.
- Providers shall duly document observations, conclusions, and findings from examinations so that records of such examinations may be properly maintained.
- Providers will be responsible to ensure that records are complete.

- Providers will provide medical consultation on cases of abuse that are not medically evaluated at the STCAC, upon request by a MDT member.
- Providers will work with Allegany and Cattaraugus county prosecutors to provide appropriate medical information and medical expertise needed for expert testimony.
- Providers are encouraged to attend case review whenever there is a case on the agenda in which they have involvement.
- Providers are encouraged to provide feedback and suggestions regarding procedures/operations of STCAC.
- Providers are encouraged to participate in the STCAC/MDT orientation program and any organizational development activities sponsored by STCAC.
- Providers are encouraged to participate in orientation, trainings, relevant professional education and community educational efforts.

e. MENTAL HEALTH COUNSELING

All children and families who become involved with the Southern Tier Child Advocacy Center will be afforded mental health services without regard to ability to pay. The role of the mental health professional is to provide treatment to a child who has disclosed allegations of abuse or has experienced trauma through exposure to violence. The mental health professional may also provide treatment to a child when no disclosure has occurred.

Mental health counseling is available at the STCAC utilizing evidence-based treatment practices that support recovery for the child victim and their family. Children who require psychiatric services will be assisted with a referral to an appropriate provider. The STCAC staff will assist child victims and non-offending caregiver family members with referrals for therapeutic services. This service is integral to the mission of STCAC and allows for coordination of investigative and therapeutic functions.

Guidelines:

- Mental health professionals are duly credentialed mental health providers training in the delivery of trauma focused treatment.
- Mental health professionals will provide assessment to determine the need for treatment and if warranted, evidence based treatment to child victims and their families upon request of family and /or team members.
- Mental health professionals will provide expert testimony for prosecution on child sexual abuse cases when deemed appropriate.
- Mental health professionals will provide and share information about case status to team members as needed while maintaining their professional right to confidentiality.
- Mental health professionals are encouraged to attend case review whenever there is a case on the agenda in which they have involvement.
- Mental health professionals are encouraged to provide feedback and suggestions regarding procedures/operations of the STCAC.
- Mental health professionals are encouraged to participate in the STCAC/MDT orientation program and any organizational development activities sponsored by STCAC.
- Mental health professionals are encouraged to participate in orientation, trainings, relevant professional education and community educational efforts.

f. VICTIM ADVOCACY

All children and families who become involved with the Southern Tier Child Advocacy Center will benefit from victim advocacy services. When a family receives services from the center, an advocate from the STCAC will be assigned. When appropriate, the STCAC family advocate (FA) will work in collaboration with advocates from linkage agencies.

Guidelines:

- When services from a linkage agency are requested, the agency will provide a victim advocate with specialized training in the field of child abuse to assist child victims and their non-offending caregivers throughout the process.
- During their visit to the Center, the STCAC family advocate assigned to the case will meet with the non-offending caregiver and when age/developmentally appropriate the child victim to explain:
 - The STCAC MDT process
 - Provide crisis intervention and support
 - Provide information and education related to child abuse and the dynamics of abuse
 - The need for assessment to identify need for treatment
 - Available treatment and services
 - Complete intake paperwork which includes consent to release information
- The advocate will ensure follow-up contact with child victim and/or non-offending caregivers to include at a minimum 24 hour, two week and one month contact after initial visit to the STCAC. During follow-up contacts, the advocate will ensure families are being kept up to date on case status by CPS, law enforcement or DA's office as well as inquire about the child's well-being and how the family is doing. Any pertinent information will be forwarded to the investigative team.
- During the 24 hour follow-up contact with the family the FA will engage in dialogue to determine how the family is doing since their visit to the center and to ensure needs are met. As part of this inquiry the advocate asks three specific questions:
 1. What was most helpful during your visit yesterday at the CAC?
 2. Do you have any questions or concerns at this time?
 3. Do you understand why therapy is recommended? (if appropriate)
 4. What questions do you have about coming to therapy? (if appropriate)
- The advocate will provide assistance with referrals to outside agencies for mental health treatment and other services such as protective orders, housing, public assistance and domestic violence intervention when necessary. As part of the referral process, the FA will complete the STCAC aftercare referral paperwork to ensure the need for assessment and possible treatment is appropriately outlined and fax aftercare documents to the referral provider.
- The advocate will work with the STCAC program coordinator to follow-up with team members for updates on case status and input all data regarding the case in NCAtrak for case tracking purposes.
- The advocate will provide and share information about case status to team members as needed.
- Advocates are encouraged to attend case review meetings whenever there is a case on the agenda in which they have involvement.
- Advocates are encouraged to provide feedback and suggestions regarding procedures/operations of the STCAC.

- Advocates are encouraged to participate in the STCAC/MDT orientation program and any organizational development activities sponsored by STCAC.
- Advocates are encouraged to participate in orientation, trainings, relevant professional education, and community educational efforts.
- Once targeted for closure by the MDT, prior to closing, each case will be reviewed internally by the STCAC victim advocate, program coordinator and director to ensure a final contact is made with families to ensure there is no need for additional services.

VIII. FORENSIC INTERVIEW SERVICES AND PROCEDURES AT THE STCAC

a. Forensic Interview Procedures

A primary goal of the STCAC is to reduce the trauma for a child reported as abused or maltreated by reducing the number of times a child has to tell his or her story. Upon receiving a report of child abuse or other matter outlined in these guidelines, whenever practical, the lead investigating agency should affect a joint response and contact the STCAC to arrange for a forensic interview.

The forensic interviewing process at the STCAC enables children to make their disclosures using a close-circuit TV videotape/DVD recording system allowing the professionals involved in the case to view the taped statements, rather than having to conduct additional in-depth interviews themselves.

The safety and well-being of the child will determine how soon after the report has been received that the child should be interviewed. Whenever practical, the interview shall take place within 24 hours of receiving the case. Personnel with appropriate, specialized training and skills will conduct the forensic interview. Through the MDT, team members with specialized training and experience can provide “courtesy” interviews and assistance in cases not typically within their agency’s jurisdiction when needed.

b. Referrals for a Forensic Interview

Referrals to the STCAC are received through LE, CPS, and the DA’s office. The appropriate LE officer, CPS caseworker and prosecutor should be present whenever practical for the investigative interview. Prior to conducting the interview at the STCAC, the team shall participate in a pre-case interview meeting. The pre-case interview meeting will: (a) identify the primary interviewer; (b) review case information; (c) develop a plan for the interview; (d) determine the manner in which observers can submit additional questions to the interviewer; (e) discuss documentation and note-taking during the interview (f) identify any special needs of the child related to disability, language, religion or culture and (g) discuss any other issues related to the interview.

Selection of the primary interviewer will consider experience and training, the rapport already developed with the child, information already known, prior contact with the child, anticipated future contact with the child, and other factors deemed relevant by the team. Parties necessary to the investigation who are not conducting the interview will observe and will have an opportunity to submit questions in a manner agreed upon during the pre-interview meeting.

1. Scheduling of Interviews

To schedule an interview at the STCAC contact the center at (716) 372-8532. Center staff are responsible for scheduling the interview at the earliest possible, mutually convenient time for the child, family and team members. STCAC personnel will contact participating agencies to inform them of the interview. The needs of the child will also be taken into consideration when scheduling interviews. The STCAC is a 24/7 facility, interviews can also be scheduled outside of normal business hours by contacting STCAC director at (716) 378-9227. If director is unavailable, follow STCAC phone tree.

Callers must to provide the following intake information:

1. Copy of Incident Report or CPS Intake report (**fax to 716-372-8574**)
2. Name of CPS caseworker and telephone number
3. Name of law enforcement officer, jurisdiction and telephone number
4. Child's name and DOB, address and contact information
5. Child's gender and ethnicity
6. Name of child's guardian
7. Name of individual bringing child to the STCAC
8. Name of offender and relationship to the child
9. Brief summary of allegations of abuse
10. Date alleged incident occurred, if known
11. Acute injuries.

2. Interviews Conducted Jointly

STCAC promotes forensic interviews that are legally sound, developmentally appropriate, culturally competent, and of a neutral fact-finding nature. It is STCAC policy that each child be exposed to a minimum number of interviews and interviewers. The STCAC has a setting that allows team members to observe interviews and to communicate with the forensic interviewer during the interview. The following guidelines have been established to meet the STCAC goals and to provide the highest quality interview for each child victim.

1. Notification of Team Members – Prior to interviewing a child victim, the following team members will be notified:
 - a. LE assigned to the case or, in their absence, a detective/investigator representative of that same agency.
 - b. CPS investigator assigned to the case or, in their absence, a representative from the same investigative unit.
 - c. District attorney's office when appropriate.
2. Availability/Presence of Team Members:
 - a. Whenever practical, team interviews should include participation by all team members with the investigative responsibilities in each case.
 - b. The presence of the law enforcement officers is intended to assure the quality of the interview for the criminal investigation and possible prosecution purposes. The presence of investigators enhances the likelihood that the informational needs of the law enforcement agency and criminal prosecutors will be met.
 - c. The presence of the CPS worker is intended to assure the quality of the interview for the civil investigation. The presence of a specially trained CPS child abuse investigator enhances the likelihood that the informational needs of CPS and civil prosecutors will be met.
3. Persons Allowed to Observe the Interview while being taped:
 - a. All child interviews are confidential to protect the privacy of children. Observation by any individual other than a partner agency member, approved STCAC staff or cooperating law enforcement agency must be approved by the respective agencies conducting the investigation. Observation by any individual other than those agency professionals with official jurisdiction in the investigation and prosecution of the case is not permitted. Exceptions can be granted by the respective agencies with investigative and prosecutorial jurisdiction in the case.
 - b. Parents and/or guardians are not allowed to observe child interviews.

c. Videotaping of Forensic Interview

1. Policy

The purpose of the videotape is to establish a documented foundation for the facts as reported by the child for use by all partner agencies and to eliminate the necessity of further interviewing.

- a. All interviews with children conducted at the STCAC where there is an allegation of sexual and/or physical abuse will be recorded.
- b. One person will conduct the interview while the other members of the MDT observe from the observation room. The interviewer will consult with the caseworker and/or law enforcement officer observing the interview prior to the conclusion of the interview to ensure the informational needs of all agencies have been met.
- c. Children and non-offending parents or guardians will be informed that the forensic interview will be video recorded.

2. Custodian of Videotapes

- a. The STCAC will maintain the DVD recording in the IRecord system for up to 500 recording hours. When disclosure of abuse has been made, a backup copy of the DVD recording will be maintained at the STCAC in the appropriate case file.
- b. Copies of the original DVD recording will be given to the LE, CPS, and when requested, prosecuting attorney assigned to the case.
- c. Any MDT member receiving a DVD recorded copy of an interview will complete the video log sheet detailing their signature, date and time recording was secured.

3. Viewing of Completed Videotapes

The following persons shall have access as needed to the videotape to further the investigation, treatment and for evaluation of the child:

- a. STCAC therapist, psychologist or psychiatrist assigned to treat or evaluate the child or assess the child's credibility to prove testimony in court.
- b. District attorney assigned to the case.
- c. Law enforcement officer assigned to the case and supervisor.
- d. CPS caseworker assigned to the case and supervisor.
- e. Medical provider assigned to the case.
- e. County attorney assigned to the case.
- f. STCAC staff.

d. Post-Interview Procedures

- a. Team members present for the interview will meet to share information, discuss the case and coordinate investigative strategies and activities.
- b. The team or representative of the team should meet with the non-offending parent or guardian (as appropriate) to inform them about the interview and answer any questions they might have.
- c. If a medical evaluation is needed, the STCAC staff will coordinate appointment with the medical provider as soon as possible. (See Section below for specifics on making referrals for medical evaluations).
- d. If a referral for mental health services is needed the STCAC staff will coordinate a counseling appointment.

e. Videotaping for Grand Jury

In cases of sex offenses, incest or child endangerment, the grand jury testimony of a child 12 years old or younger may be video recorded and then played to the grand jury. This is not required, but will usually be the preferred alternative to having the child testify live in front of the grand jury. The same procedure can be used for a child more than 12 years old, if the child "is likely to suffer very severe emotional stress if required to testify in person" regarding these

crimes. However, for the child more than 12 years old, the district attorney or assistant district attorney (DA/ADA) must first obtain a court order for the video recorded testimony.

Grand jury proceedings are secret, as such; video-recorded grand jury testimony at the STCAC must also be conducted in secret. Only authorized persons may be present to view the testimony. A social worker, victim advocate, rape crisis counselor, psychologist or other professional providing emotional support to a child witness may be present in the room with the child, or may be present in the viewing room, if the DA/ADA consents. A doctor, nurse or other medical assistant may also be present if required by the circumstances. Such person, who may be present, must not provide the child witness with an answer to any question or otherwise participate in the examination. Also, the person must take an oath that he/she will keep secret all matters before the grand jury.

The procedure to be followed during the video-recorded grand jury testimony is contained in the Criminal Procedure Law at section 190.32. All DA/ADA's responsible for conducting video recorded grand jury testimony at the STCAC will be familiar with, and follow, these procedures.

When a DA/ADA obtains evidence during a grand jury proceeding which provides reasonable cause to suspect a child has been abused or maltreated, and such evidence is not already the subject of, or substantially similar to such information, a report to the state central register of child abuse and maltreatment, the DA/ADA "must apply to the court supervising the grand jury for an order permitting disclosure of such evidence to the state central register of child abuse and maltreatment." The application must be made ex parte and in camera.

f. Peer Review Procedures

1. Peer review of forensic interviews multidisciplinary team rules

- a. Participants agree that there are no perfect interviews and even our best interview will have room for improvement;
- b. Feedback/suggested improvements from each peer review will be compiled and shared with all forensic interviewers who provide service at the CAC;
- c. Interviewer should be present when possible;
- d. Feedback and critique should come from a strengths based perspective (i.e. start with the positive and move to areas of growth);
- e. Feedback and critique should be followed up with ideas on ways to improve;
- f. Participants agree that the feedback and critique is not personal and is done in the interest of professional growth;
- g. Each participant will be afforded the opportunity to provide input;
- h. Interviewer will receive a copy of critique forms at end of session. STCAC will maintain original documents.
- i. Peer review will be coordinated and led by the STCAC Director or their designee.

2. Interviewer responsibilities

- a. Interviewer will attend a minimum of two structured peer review per year, as a matter of quality assurance;
- b. Interviewer will provide background information on interview and outline things for reviewers to watch for;
- c. Interviewer will have to opportunity at the beginning, prior to others giving thoughts, and end of feedback process to critique his/her own interview.

3. Professional conduct

- a. Individuals participating in the peer review process must have been trained in an approved Forensic Interview model; individuals not trained are welcome to attend

and learn from the process, however they will not be asked to complete a review form;

- b. Individuals participating in peer review agree to be objective and professional throughout the process.

IX. REFERRAL FOR MEDICAL EVALUATION

Medical Evaluations

A forensic medical evaluation by a specially trained medical provider will be made available for children and adolescents who make a report of, or who are suspected/alleged to have been physically or sexually abused. The determination to conduct a medical evaluation will be made in consultation with the STCAC medical providers. Medical evaluations shall be available regardless of ability to pay. It is important that children who have been physically and/or sexually abused receive a medical evaluation for forensic purposes, for overall health evaluation and to reassure children and their families about the child's physical well-being.

The specific goals of the medical exam are:

- a.) To identify trauma which must be treated;
- b.) To identify medical conditions such as pregnancy and sexually transmitted disease;
- c.) To identify other forms of abuse;
- d.) To ensure the well-being of the child;
- e.) To collect and identify medical-legal evidence if present;
- f.) To consider alternative explanations for signs or symptoms;
- g.) Assess child for developmental, emotional, or behavioral problems that may need further evaluation and treatment and assist with referrals as necessary;
- h.) To be able to reassure the adult caretaker and child that the child is physically unharmed, if appropriate, or that injuries will be treated. The anticipated course of treatment shall be discussed with the child and parent or guardian.

Most examinations are not medical emergencies, though in some cases, emergency evaluations may be required. Medical evaluations are available at the STCAC and/or through linkage with the SAFE program on a 24-hour, 7-day-a-week basis. The STCAC will provide medical evaluations to children:

- Under the age of 18 who have disclosed physical and/or sexual abuse or when indicators of physical and/or sexual abuse exist.
- Referrals for medical evaluations are made by LE, CPS, emergency rooms, private health care providers or at the request of the non-offending caregiver.

Two types of cases:

- Emergency: When any of the following conditions are present:
 1. Allegation of sexual abuse within a 72-hour period that requires medical examination;
 2. Child complains of pain;
 3. There is evidence of bleeding or injury.
 - Business hours- call 716-372-8532
 - After 4:30 p.m.- call 716-378-9227
- Non-emergency: If the sexual abuse did not occur in the past 72 hours, a medical appointment should be scheduled at the STCAC as quickly as possible - call 716-372-8532.

Referrals made by private health care providers or outside medical staff. The STCAC will accept referrals from medical professionals involving cases of suspected abuse to a child when:

- The medical provider has reported the suspected abuse to law enforcement or CPS. If a medical provider suspects sexual abuse, they are required by law to make a report to the state central registry.
- Questionable finding by a physician requiring examination by the STCAC medical personnel to confirm findings of sexual abuse. The STCAC will assist medical providers in the community with questions about suspected sexual abuse findings and accepts referrals based on those findings.
- Referrals for medical evaluations originating from sources other than police, CPS or the district attorney will be reviewed to assure: (1) that a State Central Register report is not appropriate or has been unsuccessfully attempted; (2) that such referral will not result in repetitive medical evaluations; or (3) that such evaluation will not otherwise be contraindicated for the child. Acceptance of such referrals are subject to the approval of the medical director. Copies of medical records of prior exams will be required to avoid duplication of unnecessary testing and procedures.

If parents request to take a child to their own physician, the caseworker and law enforcement officer should encourage them to utilize the STCAC in an effort to avoid duplication and to ensure the integrity of the investigative process is protected.

- Whenever practical, medical evaluations shall be conducted in conjunction with the STCAC. Center staff, including medical staff, will assist MDT participants to determine when an exam is needed.
- It is appropriate for an evidence collection kit to be completed for a child if there is reason to believe a child has experienced skin-to-skin sexual contact within the past 72 hours. The MDT member should consult with STCAC staff and the MDT medical representative to initiate.
- These guidelines recognize that the medical evaluation requires medical history to be taken for diagnostic and treatment purposes. The examining clinician will avoid questioning that is leading or suggestible and will coordinate with the MDT to limit unnecessary, duplicative interviewing.
- At the time of the exam, the examiner will document the results and findings and review them with the non-offending caregiver and the child as appropriate. To the extent possible and allowed by law, the examiner will also review the results and findings with participating agencies.

- The clinician will work with the STCAC staff to ensure follow up medical testing, if needed, is conducted.
- The clinician will review and document test results and discuss findings with the non-offending caregiver and the child as appropriate.
- If a child is unwilling or unable to cooperate in the exam, the examiner will determine whether an exam under anesthesia is medically necessary or whether an exam should be attempted at a later date. An evaluation will be conducted under anesthesia under very limited circumstances, only as determined medically necessary by the examining physician. These circumstances may include the presence of significant lacerations, active bleedings, hematomas, generalized bruising or extreme tenderness to the area. When determined appropriate by the physician, a child unwilling or unable to cooperate in the exam and/or specimen collection will be rescheduled for a subsequent appointment.
- The law enforcement officer assigned to the investigation will ensure that all pertinent evidence, medical reports and written statements are collected in accordance with standard evidence collection and marking techniques.
- Any photographic documentation, including videotapes, video prints, or photographs will include proper documentation.

X. REFERRAL FOR THERAPEUTIC SERVICES

(please refer to STCAC Counseling Program Guidelines for additional information)

Referrals for therapeutic services are accepted from caregivers, MDT partner agencies, STCAC staff, schools and service providing agencies. Referrals shall be made by contacting the STCAC at 716-372-8532.

These include:

1. Child victims of sexual and/or physical abuse.
 2. Sibling of child victims of sexual and/or physical abuse
 3. Non-offending caregivers of child abuse victims
- All referrals to outside agencies for therapeutic services are handled through the STCAC victim advocate assigned to the case. All referral appointments will be made within five business days of initial visit to the STCAC whenever practical. If the mental health provider is unable to see the family within five business days, another referral to an alternative agency may be made. The mental health provider will make every effort to see the child within this time frame unless it has been decided by the family, and the MDT that this time frame can be waived.
 - All children and families who become involved with the STCAC will be afforded mental health services without regard to ability to pay. The role of the mental health professional is to provide treatment to a child who has disclosed allegations of abuse or has experienced trauma through exposure to violence. The mental health professional may also provide treatment to a child when no disclosure has occurred.
 - A therapeutic assessment is recommended whenever a child has disclosed allegations of abuse or whenever, as observed by caregiver or staff, the child would benefit by intervention services. Children who require long-term treatment of psychiatric services will be assisted in linking with an appropriate provider. The STCAC staff will assist child victims and the child's non-offending caregiver and family members to receive therapeutic services at the STCAC or from a provider of their choice.
 - These guidelines do not intend mental health professionals to investigate abuse. The clinician will not serve as investigator under any circumstances. The clinician may play a supportive role to the child during the investigative process however; clinician will show caution regarding the

use of leading questions, or other techniques which may be viewed as leading or suggestive, during the course of treatment.

- The child advocacy center will seek consent to share information from child's parent or legal guardian to participate in case review. The clinician will share the minimum amount of information necessary to promote the child's safety and well-being. **In no instances will counseling records be shared with MDT participating agencies or other providers.**
- The clinician will inform relevant participating agencies of concerns regarding the impact of any aspect of the investigation or legal intervention on the child. In addition, the clinician may serve as a consultant to the team about general issues, such as child development and the effects of trauma.

XI. VICTIM ADVOCACY SERVICES

- All children and families who become involved with the STCAC are provided advocacy services. Initial responders from CPS and/or LE will identify the need for transport services and work with the STCAC to assist in arranging such services. In addition, the family advocate (FA) will assist families in securing transportation to court appointments, treatment and other case-related meetings when needed.
- The advocate will coordinate with the STCAC staff, prior to case arrival, to identify roles to determine who will greet families at the door and orient the child to the center. Staff will work in collaboration to assure that children and families are supervised at the STCAC at all times. While the advocate meets with the non-offending caregiver another member of the team will accompany the child to the play area until the interview begins. Once the interview is complete, the team member will again accompany the child to the play area while the victim advocate accompanies the non-offending caregiver to the post-interview meeting.
- The advocate will provide the caregiver with educational materials regarding the dynamics of child abuse and answer any questions they may have. The advocate will provide information regarding behaviors they may expect from their child as the result of disclosure, investigative and therapeutic process.
- The advocate will provide families with an outline to include contact information for MDT members involved in the case and scheduled appointments. Once the interview is complete, the advocate will accompany the non-offending care-giver to any post-interview update meeting with the MDT investigators.
- Using the STCAC intake form the FA will elicit information from the client and document that information. Information gathered, if not available at the team pre-interview meeting, includes name, address and contact information. The information also includes demographics about the child(ren) and family, behavioral and needs assessment, involvement of the family with other community service providers and consents for team members and outside agencies for information sharing. The FA's inquiries also include any special needs of the child and /or family to ensure that the appropriate services are provided. This information is shared with team partners during the post-interview briefing.
- The advocate will educate child victims and non-offending caregivers regarding rights, compensations and services available. The advocate will provide applications for victim's compensation and assist families in completing them when necessary. In addition, victim advocates will secure proper authorization for consent release documents.
- The assigned advocate will work with the STCAC program coordinator to coordinate appointments for medical exams when necessary.

- The advocate will provide assistance with referrals to outside agencies for mental health treatment and other services such as protective orders, housing, public assistance and domestic violence intervention when necessary.
- The advocate will work with linkage agencies to coordinate court education, preparation and support. The STCAC advocate will ensure coordination with the district attorney's office, CCA and the NYS Police victim advocate to provide court education, accompaniment and support for grand jury, criminal court and family court. In addition, STCAC advocate will work with linkage agencies to provide updates to the family on case status, continuances, dispositions, sentencing, and offender release for custody.
- If there is an advocate from a linkage agency involved in the case, the STCAC victim advocate will contact that advocate to determine if service needs are being met for the family and to assist in any way needed. There should not be a duplication of services. If requested services are not being met, the STCAC advocate will assist in making appropriate service referrals for the family.

XII. CASE REVIEW

The purpose of case review is to improve communication and coordination of efforts between agencies and to improve the system that responds to cases of child physical and sexual abuse.

The STCAC has implemented a three tiered case review system

- **Level I** case review includes all MDT members involved in a case, law enforcement, prosecution, CPS, medical, victim advocates, mental health clinicians and STCAC staff. Level I case review occurs on a monthly basis. In Allegany County case review is typically located at the district attorney's office in Belmont, NY. In Cattaraugus County case review is held at the STCAC.
- The review process includes the sharing of information from each discipline regarding the status of the case in order to facilitate progress, coordinate services and track outcomes.
- All cases will be reviewed at the onset of the STCAC involvement, throughout the course of the case as needed and prior to closing of the STCAC file.
- Special needs of victims and issues regarding the safety of the child including concerns regarding the abuse will be addressed.
- **Level II** case review is treatment and case management focused and typically includes the STCAC staff, DSS case workers and supervisors, mental health providers, case managers and service providers. Level II case review typically occurs bi-weekly as needed with the focus on problematic cases. Level II case review is held at the Cattaraugus County Building.
- **Level III** case review occurs when needed and typically includes any and all service providers and the family. Level II case review occurs at a location convenient for the family and MDT.

When a team member involved in an open case cannot attend a case review meeting, the STCAC program coordinator or director arranges attendance by conference call. If a member is not available by conference call the program coordinator or director retrieves the case update prior to case review.

Case Review Process

- The STCAC program coordinator coordinates and facilitates the Level I monthly case review for both counties. The STCAC director and / or clinician coordinates and facilitates the Level II bi-weekly case review treatment team meeting. Level III case review can be coordinated and facilitated by any member of the MDT.

- On-going case review meetings will be scheduled by the STCAC. Additional emergency case review meetings may be needed in situations when; a major case development; at the request of an MDT member; any other reason suggesting an urgent need is identified.
- The STCAC staff will be responsible for communicating an agenda in advance of a scheduled case review meeting, cases up for review. MDT team members can, at any time submit cases to the agenda for review by contacting the STCAC staff.
- Team members participating in case review process will respect the rights of confidentiality. Information will be shared to the extent allowed by law. Each member of the team is bound by his or her professional ethics to share information during and outside of the case review process only to the extent allowed by law and required by professional responsibilities.
- The STCAC will assist in securing and maintaining authorization for release of information. The STCAC staff will request that the parent or legal guardian authorize release of information and document such release, for the purpose of information sharing, case review and case tracking.
- Case review will serve as a forum to discuss all aspects of a case to include support system for the child and family, outcome of the forensic interview and medical evaluation, investigation process, safety issues, prosecution - family and criminal court, treatment and services.
- Case review will also serve to identify learning opportunities, to identify successes, issues and opportunities for success and to promote on-going improvement of services.
- Case review will also serve as a forum to provide STCAC MDT updates/notifications and host cross-discipline trainings.

XIII. CASE TRACKING

- The Southern Tier Child Advocacy Center uses the NCA Trak web-based database case tracking system to collect and retain information which includes demographic information, case updates and statistics for cases that come to the center. The STCAC program coordinator will be responsible for monitoring case progress, collection and entry of materials into the system. Cases are tracked while pending in the child protective, criminal justice and/or prosecution system and while receiving services and treatment on-site at the STCAC.
- Information tracked, at a minimum, will include client demographics including age, ethnicity, disability and gender and case outcome. Additional information that may assist in needs assessment, program development, quality assurance and outcome measurement may also be tracked. Examples of such information include:
 - a.) The relationship between the victim and alleged perpetrator or the perpetrator and other family members
 - b.) The minor status of the alleged perpetrator
 - c.) Services provided
 - d.) Referral sources
 - e.) The nature of the allegations
 - f.) A history of family violence or other family dysfunctions
 - g.) Team and/or agency participation

- MDT members agree to provide STCAC staff with information regarding case outcome, unless prohibited by law. Information may be provided through direct input into NCA Trak, case review, follow-up contacts, written submission, or any other such manner agreed upon by the MDT.

XIV. CONFIDENTIALITY AND INFORMATION SHARING

- Appropriate information sharing is critical to an effective team response to allegations of child abuse. Information sharing promotes a comprehensive, coordinated response, increases efficiency, reduces trauma for the child victim and family and minimizes confusion by encouraging a consistent approach across systems.
- Each participating MDT agency appreciates the importance of the right of confidentiality as well as the necessity of information sharing. Information will be shared to the extent allowed by law and professional, ethical responsibilities in order to facilitate an appropriate response as identified in these guidelines. Information sharing will occur in formal and informal settings as appropriate, including pre and post-interview meetings, written notification, and case review and follow-up contacts.
- The files, reports, records, communications, and working papers used or developed in providing services by the STCAC are confidential and not subject to public release.

XV. CONFLICT RESOLUTION POLICY

Any conflicts among agencies or divergences from the guidelines and procedures that occur by agencies regarding cases being addressed by the STCAC shall be taken to the MDT Council for review when necessary.

Multidisciplinary Team Council

The mission of this council is to share information, promote working relationships, problem solve and identify gaps in services to children and families that are provided services by the STCAC. Each partner discipline will have a representative on the council.

The council will function as one central group to which issues related to the MDT process can be brought, addressed and resolved. The council will review MDT guidelines, make recommendations for revisions and participate in strategic planning for the team.

PARTNER AGENCY AGREEMENT

We the undersigned hereby attest that we have read, reviewed and have had the opportunity to participate in the most recent revision of this document: “Multidisciplinary Team Working Guidelines” of The Southern Tier Child Advocacy Center.

We, by so signing, do agree on behalf of the agency we represent to support and comply with the Multidisciplinary Team Working Guidelines as outlined herein.

It is understood that each agency/partner will work within its departmental mandates and policies. Nothing contained herein supersedes the statutes, rules and regulations governing each partner agency. To the extent that any provision of this agreement is inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail.

We, the undersigned, do hereby acknowledge that the Multidisciplinary team approach, through the coordination of The Southern Tier Child Advocacy Center, will serve to enhance the individual efforts of each agency.

In addition, we understand that possible revisions of this document and regular reviews will occur at a minimum of every two years.

Name, Title

Date

Partner Agency