



Children's Advocacy Center of Delaware, Inc.

State Funding Request

FY 2013

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Randall E. Williams
Executive Director
November 16, 2011

Children's Advocacy Center of Delaware

State Budget Request
FY 2013

900,000.00	FY 2012 State Funding Allocation
+ <u>142,838.00</u>	Requested Increase
<u>\$1,042,838.00</u>	Total FY 2013 Request

Door Opener

\$121,549.00

Ten month funding to offset the loss of VOCA funding (effective 9/1/2012) for the CAC/MDT Mental Health Services Program.

Volume and Inflation

Personnel Costs

\$ 16,140.00

2% salary increase effective 7/1/12. (The CAC did not receive increased funding for the 2% salary increase which becomes effective 1/1/12).

Contractual Services

\$ 5,149.00

Due to significant increases in interpreter fees and volume along with increases in audit fees, building leases and printing and copying.

\$21,289.00

Total Volume and Inflation.

Children's Advocacy Center of Delaware, Inc.
 Multidisciplinary Team Mental Health Services Program
 Annual Projected Costs

FY 2013

Salaries	\$137,853.00	3 Family Resource Advocates
OEC & Benefits	\$46,616.00	
Office Space	\$2,962.00	Kent & Sussex (leased space)
Travel		
Mileage/toll/parking (priv car)	\$3,000.00	
Common carrier	\$2,000.00	
Meals	\$1,170.00	
Lodging	\$3,000.00	
Contractual		
Licenses, Associations & Conference Fees	\$3,800.00	
Supplies & Materials		
Office supplies	\$5,400.00	
Equipment	\$3,200.00	
Publications & Subscriptions	\$300.00	
TOTAL	\$209,301.00	Annual Program Cost

State Funding Request Calculation

\$209,301.00	Total Annual Program Costs
-26,238.00	(July & August 2012 VOCA Funding)
-61,514.00	(Current State funding via CAC Operating Budget)
\$121,549.00	10 Month State Funding Request for FY 2013

Children's Advocacy Center of Delaware

Multidisciplinary Team Mental Health Services Program

Children Served (October 2004 – October 31, 2011)

- 6,913 Child victims have received initial mental health assessments and intervention services through the CAC/MDT Mental Health Services Program.

Child Victims Served by Reporting Period

737	10/1/04 – 2/28/06
879	3/1/06 – 3/31/07
1051	4/1/07 – 4/30/08
1061	5/1/08 – 4/30/09
1676	5/1/09 – 7/31/10
1509	8/1/10 – 10/31/11

- 3,126 Child victims have been referred to external, community based mental health service providers for comprehensive mental health assessments and services.

Child Victims Referred by Reporting Period

66	10/1/04 – 2/28/06
349	3/1/06 – 3/31/07
467	4/1/07 – 4/30/08
533	5/1/08 – 4/30/09
599	5/1/09 – 7/31/10
1112	8/1/10 – 10/31/11

History and Program Overview

Prior to implementation of The CAC/MDT Mental Health Services Program, child victims and witnesses of sexual abuse, physical abuse, neglect, domestic violence and other serious crimes were waiting from two to three months for a mental health assessment by a mental health professional. This resulted in children not receiving services in a timely manner and when they are most needed. These delays also resulted in the child and or their family losing interest in following through with the mental health services once they did become available.

Consequently, there were no-show rates of up to 80% for mental health appointments at the CAC. In short, there was no immediate mental health intervention available for child victims and their families. (Family members are often secondary victims of these crimes against children.) By providing full-time mental health staffing at all three CAC locations statewide since October 2004, our Family Resource Advocates (FRA), are able to provide a preliminary assessment of the mental health needs of each child victim and family while they are at the Center, provide immediate intervention as needed, and make arrangements and referrals for comprehensive community based mental health services.

Providing timely mental health services to child victims of abuse and neglect significantly reduces the severity of the trauma experienced by the child and will thereby allow the victim to more quickly begin the healing process. The initial mental health assessments provided at the CAC result in more appropriate and timely referrals to external, community based mental health providers, ensures that the child receives the most appropriate therapeutic services, thus providing an enhanced standard of care for the child and their family.

The CAC Family Resource Advocate's involvement with the family at the point of disclosure is invaluable. It enables families to connect with necessary treatment at the time of disclosure and significantly reduces the delay in accessing mental health services. Research indicates that early identification of trauma symptoms and the establishment of necessary supports are crucial to the reduction of a child victim's suffering. The loss of this service would negatively impact Delaware's child victims both short and long term. The CAC Family Resource Advocates

maintain a unique position by working with families during both the critical assessment and investigative stages of the case. Elimination of the CAC/MDT Mental Health Services Program will result in delays in child victims accessing appropriate treatment as well as an absence of a mental health perspective throughout the assessment and investigative stages of the case.

Mental Health Services Provided

- Immediately upon receipt of the case referral the Family Resource Advocate (FRA) telephonically contacts the victim and their family prior to their scheduled appointment to determine whether mental health services are required prior to the scheduled interview. Appropriate services/referrals will be provided as needed. The initial contact reduces the anxiety level of children and their families who are scheduled to come to the CAC. Additionally, the initial contact with the family increases compliance with scheduled appointments. It also begins the relationship building process, which is a fundamental component to working with children and their families. The information received from the initial contact assists the FRA in determining the current mental health needs of the child and their family, which enhances the services provided when they come to the center.
- The FRA meets with the victim and their family during their scheduled appointment at the CAC to make a more thorough assessment of the mental health needs of the victim and their family; provides information regarding the investigative process and provides immediate intervention and counseling as needed. Following the forensic interview, the FRAs are able to provide a mental health perspective to the MDT and assist the team in conveying concerns to the family, which facilitates full exploration of their mental health and/or social needs. If the child is already receiving mental health services, the FRA is able to obtain consent to release information from the family. The FRAs are then able to coordinate treatment services with the family's current mental health provider. The collaboration with community based mental health providers enhances the treatment offered to the child and his/her family. This is a unique position that integrates the

investigative and mental health professionals in order to provide continuous and comprehensive services for child victims.

- The FRA serves as a member of the “multidisciplinary team” (MDT) and participates with the team in making case management decisions. The FRAs provide the MDT with a mental health perspective. The FRA/MDT collaboration is not limited to the interview. Critical information obtained from either the family or a service provider in the community is shared through ongoing communication with the MDT and at the bi-monthly case review sessions. The FRAs also keep the MDT abreast of mental health resources in the community and nationally accepted best practices in the child mental health arena.
- The FRA makes appropriate referrals to external, community based mental health providers in order to ensure that the child receives the appropriate therapeutic services in a timely manner. The FRAs educate the child’s family on how to access appropriate treatment services in the community and discuss the signs and symptoms associated with child abuse as it relates to their child. In addition to addressing the child victim’s needs the FRAs will assess the treatment needs of the entire family. Research indicates that child abuse impacts the entire family.
- The FRA follows-up with the victim, their families and service providers in order to ensure that recommended mental health services are being provided/received. This contact with the families also helps to ensure that any additional mental health needs are identified and addressed. The FRAs check on the status of the recommended treatment and further assist the families in accessing the needed services as necessary. At times, immediate crisis intervention is required due to increasing mental health risks with the child victims and/or family members.



NATIONAL
CHILDREN'S
ALLIANCE®

**Standards for Accredited Members
Revised 2011**

MENTAL HEALTH

STANDARD: SPECIALIZED TRAUMA-FOCUSED MENTAL HEALTH SERVICES, DESIGNED TO MEET THE UNIQUE NEEDS OF THE CHILDREN AND NON-OFFENDING FAMILY MEMBERS, ARE ROUTINELY MADE AVAILABLE AS PART OF THE MULTIDISCIPLINARY TEAM RESPONSE.

Rationale

Children's Advocacy Centers have as their missions: protection of the child, justice and healing. Healing may begin with the first contact with the MDT, whose common focus is on minimizing potential trauma to children. Without effective therapeutic intervention, many traumatized children will suffer ongoing or long term adverse social, emotional, and developmental outcomes that may impact them throughout their lifetimes. Today we have evidenced-based treatments and other practices with strong empirical support that will both reduce the impacts of trauma and the risk of future abuse. For these reasons, an MDT response must include trauma assessment and specialized trauma-focused mental health services for child victims and non-offending family members.

Family members are often the key to the child's recovery and ongoing protection. Their mental health is often an important factor in their capacity to support the child. Therefore, family members may benefit from counseling and support to address the emotional impact of the abuse allegations, reduce or eliminate the risk of future abuse, and address issues which the allegation may trigger. Mental health treatment for non-offending parents or guardians, many of whom have victimization histories themselves, may focus on support and coping strategies for themselves and their child, information about sexual abuse, dealing with issues of self-blame and grief, family dynamics, parenting education and abuse and trauma histories. Siblings and other children may also benefit from opportunities to discuss their own reactions and experiences and to address family issues within a confidential therapeutic relationship.

CRITERIA

Essential Components

A. Mental health services are provided by professionals with pediatric experience and child abuse expertise.

The CAC must demonstrate that its mental health provider meets at least ONE of the following *Training Standards*:

- Masters prepared in a related mental health field
- Student intern in an accredited graduate program

- Licensed/certified or supervised by a licensed mental health professional
- A training plan for 40 contact hours of specialized, trauma-focused mental health training, clinical consultation, clinical supervision, peer supervision, and/or mentoring within the first 6 months of association (or demonstrated relevant experience prior to association)

B. Specialized trauma-focused mental health services for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers.

Specialized trauma-focused mental health services for the child client include:

- crisis intervention services
- trauma-specific assessment including full trauma history
- use of standardized measures (assessment tools) initially and periodically
- family/caregiver engagement
- individualized treatment plan that is periodically re-assessed
- individualized evidence-informed treatment appropriate for the children and family seen
- referral to other community services as needed
- clinical supervision

The above description of services should guide discussions with all professionals who may provide mental health services. This will assure that appropriate services are available for child clients and that the services are outlined in linkage agreements.

C. Mental health services are available and accessible to all CAC clients regardless of ability to pay.

CAC's have a responsibility to identify and secure alternative funding sources to assure that all children have access to appropriate mental health services. Ability to pay should never be a factor in the accessibility to mental health services.

D. The CAC/MDT's written documents include access to appropriate mental health evaluation and treatment for all CAC clients.

Because mental health is a crucial and core component of a multidisciplinary CAC response, the CAC/MDT's written documents must detail how such care may be accessed by its clients.

Rated Criteria

E. The CAC/MDT's written documents include:

- ***the role of the mental health professional on the MDT including provisions for attendance at case review;***

The CAC/MDT's written documents clearly delineate the role and responsibilities of the mental health professional. A trained mental health professional participates in case review so that children's treatment needs can be assessed and the child's mental health can be monitored and taken into account as the MDT makes decisions. In some CACs, this may be the child's treatment provider; in others, it may be a mental health consultant.

- ***provisions regarding sharing relevant information with the MDT while protecting the clients' right to confidentiality***

The CAC/MDT's written documents include provisions about how mental health information is shared and how client confidentiality and mental health records are protected.

- ***how the forensic process is separate from mental health treatment***

The forensic process of gathering evidentiary information and determining what the child may have experienced to account for the allegation is separate from mental health treatment. Mental health treatment is a clinical process designed to assess and mitigate the long term adverse impacts of trauma or other diagnosable mental health conditions. Every effort should be made to maintain clear boundaries between these roles and processes.

F. The CAC and/or MDT provide opportunities for those who provide mental health services to participate in ongoing training and peer review.

In addition, there must be demonstration of the following *Continuous Quality Improvement* Activities:

- Ongoing education in the field of child abuse consisting of a minimum of 8 contact hours per year

G. Mental health services for non-offending family members and/or caregivers are routinely made available on-site or through linkage agreements with other appropriate agencies or providers.

Mental health services for non-offending family members and/or caregivers include screening, assessment, and treatment on-site or by referral. It is important to consider the range of mental health issues that could impact the child's recovery or safety with particular attention to the caregiver's mental health, substance abuse, domestic violence, and other trauma history.

Family members may benefit from assessment, support, and mental health treatment to address the emotional impact of abuse allegations, reduce or eliminate the risk of future abuse, and address issues which the allegations may trigger. Siblings and other children may also benefit from opportunities to discuss their own reactions and experiences and to address family issues within a confidential therapeutic relationship.



STATE OF DELAWARE
EXECUTIVE DEPARTMENT
CRIMINAL JUSTICE COUNCIL

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June 27, 2011

Randall Williams
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Children's Advocacy of Delaware, Inc.
A.I. DuPont Hospital for Children
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P.O. Box 269
Wilmington, DE 19899

Re: Approved PARTIAL 8th year funding under FY2011 VOCA-Assistance Grant

Dear Mr. Williams:

The Criminal Justice Council staff has forwarded your request to receive continuation funding to the Victims Advisory Committee (VAC) for the available funds under the VOCA-Assistance Formula Grant Program. After a thorough review of all submitted concepts, the VAC forwarded their recommendations to the Council. On Monday, June 20, 2011, the Criminal Justice Council (CJC) approved your "*Children's Advocacy Center Expanded Services*" for the eight year funding under the 2011 Victims of Crime Act Grant (VOCA).

Per the VAC's recommendation, the CJC has approved **partial** funding for the CAC's 8th year of funding in the following amounts:

Federal Award:	\$60,000.00
Match:	\$15,000.00
Total Budget:	\$75,000.00

It was the VAC's decision to only support funding for the Forensic Interviewer's salary and fringes, not the three Social Workers.

The CJC received several concepts, totaling over \$1.8 million in requests; our allocation for FY11 VOCA is \$1,650,787. This year, the VAC made difficult decisions with regards to funding. The reduction of funding is strictly due to lack of available funds; and should not be considered a reflection of your performance, the quality of services the CAC Staff provides to

child victims and their families, or the efforts your agency make to collaborate with other agencies (law enforcement, DOJ, DSCYF, etc).

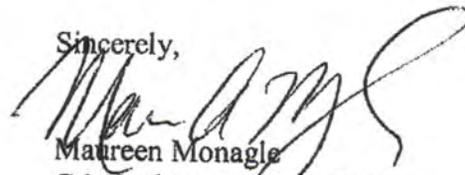
The Office for Victims of Crime has yet to issue the State Awards. This federal grant also still needs to appear before the Delaware State Clearinghouse Committee. Upon approval of the Delaware State Clearinghouse Committee and grant award notification from OVC, I will notify you of the federal grant identification number needed for your subgrant application.

When you are ready to submit, the application can be found on the CJC webpage at the following location <http://www.state.de.us/cjc/FORMS.shtml>. If you have difficulty accessing the internet, please contact our office, (302) 577-5030, and request an application be mailed.

To ensure no lapse in funding, please be aware of the end date of your current grant, and allow adequate time for the CJC staff to review the application for award (at least a month before this subgrant is needed to start).

If you have any questions, please feel free to contact me. I can be reached at 302-577-8442, or via email at Maureen.Monagle@state.de.us. On behalf of the CJC, thank you for the services you provide to victims, and we wish you continued success with your project.

Sincerely,



Maureen Monagle
Criminal Justice Coordinator

Cc: Federal File: FY2011 VOCA-Assistance

CAC STATE FUNDING HISTORY

FISCAL YEAR	STATE ALLOCATION	BUDGET STATUS	CUMMULATIVE NET CHANGE	NOTES
FY 2003	\$587,700.00	DSCYF Pass through		
FY 2004	\$587,700.00	DSCYF Pass through		
FY 2005	\$587,700.00	DSCYF Pass through		
FY 2006	\$647,700.00	DSCYF Pass through		
FY 2007	\$1,062,700.00	DSCYF Pass through		
FY 2008	\$1,062,700.00	DSCYF Pass through		
FY 2009	\$977,700.00	DSCYF Pass through	-85000	Reduction due to economy.
FY 2010	\$831,100.00	DSCYF Pass through	-231600	Reduction due to economy.
FY 2011	\$900,000.00	DSCYF Pass through	-162700	\$68,900.00 Allocated by JFC to hire an additional Forensic Interviewer due to increased caseload.
FY 2012	\$900,000.00	DSCYF Pass through	-162700	
FY 2013*	?	DSCYF Pass through	?	

1. The FY 2012 State allocation to the CAC is \$162,700.00 less than the FY 2008 allocation despite increased caseloads and operating expenses.

2. Although requested in FY 2012 the State failed to allocate funding to offset the loss of the VOCA Recovery Act Grant, the cost of a 2% pay increase effective 1/1/12 (as was granted to all State employees) or general volume and inflation costs. As a result, along with other cost cutting measures, the CAC was forced to terminate (effective 7/1/11) the Medical Services Agreement with the A.I. duPont Hospital for Children which provided for the medical exams of child victims, expert medical consultation with the MDT and expert court testimony. Consequently A.I. duPont has reduced the availability of on-site medical services in Kent and Sussex Counties from 40 hours per week to 4 hours per week.

*In FY 2013 our VOCA Expanded Services Program Grant will be reduced by \$147,787.00. As a result, the three mental health professional positions currently funded entirely through VOCA Federal Funding will no longer be funded. The CAC is seeking an increase in State Funding in order to offset this loss so that Delaware's MDT can continue to offer the critically important mental health services to child victims. Should State funding not be allocated, the CAC and our MDT will no longer be able to provide mental health services to the child victims interviewed at the CAC. Accordingly the multidisciplinary team will need to explore other means to provide said services.