



Huntsville, Alabama

308 Fountain Circle
Huntsville, AL 35801

Cover Memo

Meeting Type: City Council Regular Meeting **Meeting Date:** 7/27/2023

File ID: TMP-3169

Department: Police

Subject:

Type of Action: Approval/Action

Resolution authorizing the Mayor to enter into a Madison County Multidisciplinary Team Interagency Agreement.

Resolution No.

Finance Information:

Account Number: N/A

City Cost Amount: \$ 0.00

Total Cost: \$ 0.00

Special Circumstances:

Grant Funded: \$ 0.00

Grant Title - CFDA or granting Agency: N/A

Resolution #: N/A

Location: (list below)

Address: N/A

District: District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐

Additional Comments:

Interagency Agreement with the City of Huntsville (Police Department, Madison County District Attorney's Office, Madison County Sheriff's Office, Homeland Security Investigations Huntsville, Madison Police Department, Madison County Human Resources, National Children's Advocacy Center, Medical Consultant Mark Sapp, MD, and Crisis Services of North Alabama.

RESOLUTION NO. 23-_____

BE IT RESOLVED by the City Council of the City of Huntsville, Alabama, that the Mayor be, and he is hereby authorized to enter into an agreement by and between the City of Huntsville and the following entities Madison County District Attorney's Office, Madison County Sheriff's Department, City of Madison, Alabama (Police Department), Homeland Security Investigations (Huntsville), Madison County Department of Human Resources, National Children's Advocacy Center, Medical Consultant Mark Sapp M.D., and Crisis Services of North Alabama, on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said agreement is substantially in words and figures similar to that certain document attached hereto and identified as "Madison County Multidisciplinary Team Interagency Agreement" consisting of thirty (30) pages, and the date of July 27, 2023 appearing on the margin of the first page, together with the signature of the President or President Pro Tern of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk of the City of Huntsville, Alabama.

ADOPTED this the 27th day of July, 2023.

President of the City Council of the City
of Huntsville, Alabama

APPROVED this the 27th day of July, 2023.

Mayor of the City of Huntsville, Alabama

Madison County Multidisciplinary Team Interagency Agreement

MDT Mission

The Madison County MDT will consistently provide the highest quality child abuse response services to our community. It is our belief that a coordinated multidisciplinary child abuse investigation, prosecution, and intervention is most effective for the involved agencies and is demonstrated to improve the quality of this response while limiting additional trauma to the child/family.

MDT Vision

The Madison County MDT will be the best multidisciplinary team in the nation on behalf of our children.

Composition and Structure of MDT:

Madison County District Attorney's Office (DA)
Huntsville Police Department (HPD)
Madison County Sheriff's Office (MCSO)
Homeland Security Investigations (HSI) Huntsville
Madison City Police Department (MPD)
Madison County, AL Department of Human Resources (DHR)
National Children's Advocacy Center (NCAC)
Medical Consultant
Crisis Services of North Alabama (CSNA)

MDT Leadership

The Stakeholders are the heads of the community entities that compose the MDT and the primary Medical Consultant to the MDT. The Supervisors from these community entities are responsible for the unified leadership of the MDT. Supervisors are encouraged to attend regular MDT meetings in addition to MDT Supervisor meetings. The Intervention and Clinical Director will serve as the MDT facilitator with the assistance of the NCAC Multidisciplinary Services Coordinator. Other NCAC staff will facilitate when the Intervention and Clinical Director Team is not available. MDT meetings include not only designated team members, but also guest professionals who do not routinely attend but may be involved with a particular case. The NCAC Multidisciplinary Services Coordinator supports team activities and procedures including, but not limited to, the publication and distribution of the agenda, maintaining MDT records, distribution of team notes of team member action items, maintaining MDT attendance, and providing data/reports of team activities as needed or requested.

The role of the MDT meeting facilitator is to:

- Chair the meetings utilizing the Process for Case Discussion at MDT Meetings and Case Review Ground Rules
- Follow the agenda and announce cases to be discussed
- Facilitate case review discussions by team members, inviting input from all disciplines
- Manage sidebar conversations and focus of case review discussions

President of the City Council of the
City of Huntsville, AL
Date: _____

- Lead the team to arrive at action items and/or case dispositions.

The MDT will be managed according to the following structure:

1. Stakeholders:
 - Address system of care issues in existing laws and/or in agency policies
 - Assure quality of staffing for employees participating in MDT
 - Provide ongoing and consistent support for the work of the MDT
 - Attend Stakeholder Meetings, at least yearly
 - Participate regularly in NCAC Board of Directors Meetings, if applicable
 - Address conflict among agencies by directly communicating with other Stakeholders
2. Supervisors:
 - Attend monthly Supervisor meetings
 - Provide leadership to the MDT through monthly Supervisor meetings
 - Meet annually (or as needed) to review and revise the Interagency Agreement
 - Attend MDT meetings on a regular basis
 - Define and implement operational plans for home organization
 - Address conflict among members by directly communicating with other supervisors
 - Communicate system issues to Stakeholders
 - Review MDT statistics on at least a yearly basis, including comparison of clients served to community demographics
 - Continually evaluate emerging research and practice to identify new areas for operational improvement
3. Front Line Child Abuse Professionals:
 - Execute operational plans
 - Work as a team always
 - Participate in MDT case review meetings
 - Address conflict among members by directly communicating with other frontline child abuse professionals
 - Communicate operational issues and emerging conflicts to Supervisors

MDT Case Review Meetings

The MDT will meet every Friday in the NCAC conference room or virtually to review all appropriate cases of child abuse and exposure to violence which will benefit from the expertise of the MDT. On the last Friday of each month, only new cases will be reviewed to allow time for the scheduling of MDT trainings or orientation for new staff. All MDT members are expected to attend and participate in these meetings. Supervisors are expected to attend when possible.

An important purpose of the MDT is to gather enough information to ensure protection of the child. All efforts will be made to protect the child and meet the child's needs in the most familiar environment feasible. This will include, but not be limited to, possible risk for other children, support and/or ambivalence provided by the involved caregiver and need for immediate safety.

Prosecution

The MDT will discuss the appropriateness of prosecuting those suspected of abusing children. The final decision-making authority concerning prosecution rests with the District Attorney's office. Prosecution is only one of several potential case dispositions.

MDT Communications

MDT members and Supervisors have opportunity on a regular basis to provide feedback and suggestions regarding procedures/operations of the MDT process through discussions and problem-solving during regular MDT Case Review and Supervisor meetings. Anonymous feedback is shared annually in the annual MDT survey, the results of which are shared and evaluated at MDT and Supervisor meetings. Moreover, all revisions to the Interagency Agreement are discussed annually and modified with Supervisor and MDT input. No procedural changes are implemented without review and input from involved MDT members.

MDT Orientation

Guided by the Madison County MDT Interagency Agreement, new MDT members are offered an orientation to the MDT process as they join the team. MDT Supervisors are responsible for reporting new team members and helping to coordinate orientation for them. Orientation involves a review of the rationale for the CAC/MDT response to child abuse, how cases are reported to team and the case review process, and NCAC services. NCAC Services will include:

1. When and how to schedule forensic interviews and medical exams,
2. The multiple purposes of a medical exam and how medical staff can assist with cases,
3. Family advocacy,
4. Evidence-based therapy models offered by NCAC, and
5. Facilities Dog program.

The NCAC welcomes MDT representatives to share information relevant to their joint investigative efforts, and if this is not possible, will gladly share approved materials with new MDT members upon request. The structured orientation is augmented by individual consultations with MDT professionals, tours of NCAC facilities and equipment, and opportunities for shadowing other disciplines as needed. With input from the MDT Supervisors, all MDT members will be offered quarterly trainings on relevant topics in order to remain current on best practices in child abuse investigation and intervention.

Information Sharing and Confidentiality

Information about allegations and evidence collected will be freely shared among the MDT members, as needed and in accordance with confidentiality procedures described below. All identifying information of a child is confidential among the MDT members and will not be released to the general community except as required to safeguard the child or by court order. All MDT members must sign a confidentiality agreement to this effect. (See Appendix 1).

Which Children are Reviewed and Served by the MDT?

The MDT will consistently serve children from birth to 18 years of age referred by LE and/or DHR, related to:

- Allegations of sexual abuse.

- For child on child sexual abuse cases, these cases may be served if the behavior is deemed developmentally outside the range of typical sexual behaviors, the age difference is greater than 2 years, there is prior concerning and relevant history, and/or there is evidence of coercion or threats

The MDT will also serve children, related to but not limited to:

- Allegations of physical abuse and/or neglect in which an injury is noted
- Witness to domestic violence or another violent crime/event, including homicide
- Suspected child sexual exploitation, including the production and/or dissemination of child abuse images (child pornography)
- Exposure to other trauma, as deemed appropriate by at least one MDT member

The following are general guidelines for cases to be reviewed by the MDT:

- Local DHR and LE both have jurisdiction in the case
- Child/family received at least one service at the NCAC (e.g., forensic interview, exam, therapy)
- Any case a partner agency wants to include on the agenda

Process for Referring a Case to the MDT

DHR and LE investigators are responsible for submitting initial child abuse reports/documents to the NCAC MDT Services Coordinator (Theresa) Grant Manager (Kelli) and/or Child Forensic Interview Specialists (December or Linda) to assure their inclusion on the team agenda.

Information on all other child abuse cases needing to be reviewed by the MDT will be provided to the Team Coordinator as soon as possible. Since many cases may occur or be reported after the deadline for creation of the team agenda, these additional cases will be brought to the MDT each Friday immediately following their report.

Additionally, all cases previously reviewed which are scheduled to be updated will be included on the agenda along with any new cases which an MDT member would like to add. The team agenda will be sent to all MDT members by Wednesday afternoon, if possible, and by Thursday afternoon at the latest. The team agenda will follow a consistent format which will include each child's name, age and date of birth, each alleged abuser's name and age, investigators involved in each case, status of each case, and duties to be completed in each case. New cases and previously reviewed cases will be separated by type of abuse (sexual and physical abuse).

Accountability to the MDT

During the case investigation, MDT members are assigned certain responsibilities. Each MDT member is responsible for his/her own duties and obligations to each case.

To assure the completeness of case information, if an MDT member is unable to attend the MDT, it is his/her responsibility to provide a written summary of the work status on cases they are currently investigating or involved, and to provide this to the other investigator on the case, a co-worker, and/or their supervisor who may present the information on his/her behalf. Additionally, if an MDT member is not able to attend the MDT, it is his/her responsibility to follow up on case recommendations made during the MDT.

Process for Case Discussion at the MDT Meeting

Guidelines for discussion on new cases presented to the MDT:

- Lead investigator (LE/DHR) presents the allegation Initial report/background information
- CFIS
- Medical
- FA
- DHR investigation/intervention status (including child protection and other safety issues)
- LE investigation/intervention status
- MH
- Referrals and special needs
- NCAC service staff (Forensic Interviewer, Medical Examiner, Family Advocate, Therapist) provide input on relevant actions taken and services provided. This may include:
 - Forensic Interview outcome
 - Medical Exam results
 - Family Advocate input
 - Cultural, mental health and developmental issues impacting the case
 - Therapy status
- DA staff provide input on prosecution considerations
- Next steps in investigation/response (including emotional support and treatment needs of child/family, family's reactions to current situation and involvement with MDT) are discussed.

Cultural Sensitivity

The MDT addresses cultural issues throughout the case management process. Cultural issues are always considered with each individual case, beginning with the initial report with thorough discussion on this issue during MDT meetings when they have an impact upon the case at hand. Recommendations or considerations regarding use of an interpreter to address child/family needs when English is a second language or sign language is the primary means of communication are also discussed.

Case Review Ground Rules

Given the challenging nature of this work, all MDT members agree to follow these operational guidelines:

1. The content of team/case discussions will remain confidential.
2. All attendees will sign a weekly attendance sheet which also serves as a confidentiality agreement amongst all those in attendance. Virtual meeting attendees will be documented by the MDT Coordinator.
3. We respect the team facilitator efforts to keep the meeting under control and on track.
4. We bring a positive problem-solving attitude to each meeting.
5. Everyone will engage in active participation and will allow everyone else to contribute.
6. We respect differences and do not discount others' opinions, be those personal or case specific.
7. We support and respect each other.

8. We understand that each agency maintains ultimate authority for decisions appropriate to its own policies and statutory mandates and may not be able to adopt some team recommendations.
9. We understand that each agency has its own policies and procedures and refrain from using case review as a medium to criticize other agencies' procedures.
10. Feedback remains open, honest, and constructive and focuses on the child in each case, specifically, the case and group process.
11. We make every attempt to use time wisely by arriving on time for case review/staffing and ending meetings on time.
12. We make every effort to remain at the MDT meeting until the meeting is adjourned.

Department of Human Resources: Initial Procedures for Sexual and Physical Abuse Cases

When DHR Investigator is Called First

To the extent practicable and permissible under the policies and guidelines under which each member agency of MDT operates and to the extent possible under the circumstances of each case, it is best practice that interviews of children be conducted consistent with the NCAC Forensic Interview model. DHR, LE and other MDT support services should jointly conduct a full investigation of the abuse allegations after child safety has been established. The following steps will ensure DHR's continued active role in the investigation while preserving the potential for a forensic interview and legal prosecution.

- To assess safety needs and/or to determine the nature of the allegation, if needed, ask the child to tell you briefly, without details or leading questions, what happened. This will still allow the forensic interview to take place.
- Before conducting a full investigation, assess whether MDT/LE involvement in the case is appropriate using criteria in the section below.
- If MDT/LE involvement seems appropriate, call LE dispatch to report child abuse and request assistance from an investigator.
- Consult with LE to coordinate the scheduling of the forensic interview at NCAC.
- The investigation is shared such that DHR is involved in all aspects of the investigation but not solely responsible for every component.

DHR's investigative role in the joint investigation will continue through observing the forensic interview, taking notes and providing input as needed. Also, DHR will defer to LE to interview the alleged abuser and will be present, when possible, to observe and provide input. DHR and LE will consult on the timing of alleged abuser interview. If LE is unable to conduct the alleged abuser interview within the agreed-upon time, then DHR will conduct the alleged abuser interview in accordance with DHR case timeline policy.

DHR staff who receive the CA/N report shall provide written intake information to the appropriate DA and LEA as described in the county's written working agreement.

When DHR Should Call Law Enforcement Related to Sexual Abuse Cases

Call LE non-emergency numbers of the jurisdiction in which the incidence occurred, if any of the following are present, but not limited to:

- Child outcry of sexual abuse
- Complaints of physical symptoms consistent with sexual abuse
- Testing positive for sexually transmitted infections, for children under the age of consent
- Witness to sexual abuse
- Previous history of sexual abuse allegations with or without child outcry
- Suspicion of abuse in which previous reports have been made with similar allegations.
- Injuries which are inconsistent with the explanation of abuse by the child or family

When DHR Should Call Law Enforcement Related to Physical Abuse Cases

Call LE non-emergency numbers of the jurisdiction in which the incidence occurred, if any of the following are present, but not limited to:

- Child outcry of physical abuse
- Suspicious injuries without a child outcry of abuse (e.g. child too young or unable to talk)
- Physical marks, cuts, bruises
- Broken bones, bleeding
- Attempts to choke or otherwise kill the child without marks
- Testing positive for drugs at birth
- Other signs of excessive and severe physical abuse
- Suspicion of abuse in which previous reports have been made with similar allegations.
- Injuries which are inconsistent with the explanation of abuse by the child or family.
- Initial reports of suspected abuse or neglect involving discipline or corporal punishment committed in a public or private school or suspected abuse or neglect in a state operated child residential facility

DHR workers concerned about **sexual or physical abuse** cases but uncertain about involving LE, call the DHR supervisor and the Program Supervisor if needed. If still in doubt call LE or contact an ADA (see MDT contact list) to discuss the case. It is always best to consult the advice of one of the above prior to proceeding with the investigation.

To report the case to LE, only call one of the three jurisdictions:

Huntsville Police: 256-722-7100

Madison County: 256-722-7181

Madison City: 256-772-7190

Guidelines for DHR Coordination with Law Enforcement

- Do not move, remove, alter, or collect evidence.
- Advise LE of the presence of any such evidence and allow them to collect the evidence in a manner that will allow for its later use at trial.
- When removal of evidence is necessary and unavoidable for emergency/safety reasons (e.g. weapons), all removed evidence should be given to the LE, along with a description of how, why, and by whom it was removed, as soon as possible.
- Photographs are evidence. If photographs need to be taken, contact law enforcement so that an officer can take the photographs in a manner that will allow for their later introduction in court. Photographs taken by non-law enforcement personnel on cell phones or other unsophisticated photographic equipment are of little to no evidentiary value.

- If it is necessary to interview the alleged abuser to establish a safety plan, DHR will first attempt to consult with LE regarding the timing and substance of the alleged abuser's interview.
- LE and DHR will jointly decide who will coordinate the scheduling of the forensic interview in their first contact with one another.

Investigative Planning

When child abuse is reported, to the extent practical, the LE investigator and the DHR investigator will confer prior to initiating the first contact in the investigation to discuss the investigative strategy. If the case comes to LE first, LE is to contact DHR intake and if the case comes to DHR first, DHR is to contact dispatch for the appropriate LE agency (this will always be either: MCSO, HPD, or MPD). LE and DHR will check respective agency records to determine whether individuals involved in the case have a history of previous agency involvement. LE and DHR will review the case information and jointly determine the most appropriate initial response, typically to be a forensic interview. When contacting LE dispatch, it is the responsibility of DHR to inform LE about DHR applicable investigation time frames. The coordinated response will adhere to DHR response time requirements which are either immediate (as soon as possible after a report but no later than 12 hours from the receipt of the report) or within 5 days, according to the allegation. If LE is unable to respond in a timely manner, DHR should proceed with scheduling the forensic interview in accordance with the Interagency Agreement and DHR policy. However, it is the preferred practice that these two investigators will initially respond together for the forensic interview and throughout the investigative process. The investigators will confer with a child abuse prosecutor, as needed, throughout the investigation to modify and further develop their plan.

Homeland Security Investigations (HSI) Huntsville collaborates with state and local law enforcement partners to investigate criminal activity, including internet enabled crimes against children. Additionally, HSI works closely with the National Children's Advocacy Center to support the multidisciplinary model to combat child sexual exploitation.

HSI actively engages in investigations involving juveniles. Alabama Department of Human Resources (DHR) is helpful in the management and provision of services for these juveniles. HSI appreciates the involvement and support by DHR for these juveniles. HSI communicates with DHR and values a continued collaborative working relationship with DHR. Assistance provided by DHR includes determining custodial placement for the juveniles as well as other needs as they arise. HSI refers juveniles that have been determined to be unaccompanied with the appropriate services through the US Department of Health and Human Services.

Crime Scene or Crime Location

The law enforcement investigator shall obtain relevant corroborating evidence at the crime scene or other locations consistent with their agency's policies and procedures.

Interviewing Involved Parents/Caretakers

The DHR and LE investigators will interview involved caregiver (not currently alleged to have abused the child) to determine if they have any information concerning the allegation and assess their willingness and ability to support and protect the child. Whenever practical, these witnesses

should attest to their statements by completing or signing a written statement at the request of LE. Once this is completed, the NCAC Family Advocate will conduct a Crisis Interview with the involved caregiver and this information will be shared with the MDT.

Interviewing Alleged Abusers

The preferred practice is for the LE investigator to conduct the interview of the alleged abuser with the DHR investigator observing. If it is necessary to interview the alleged abuser to establish a safety plan, DHR will first attempt to consult with LE regarding the timing and substance of the alleged abuser's interview. However, if time and the safety of the child require it, the DHR investigator may develop a safety plan with the alleged abuser before the appropriate law enforcement agency is notified.

Apart from an initial interview necessary for safety planning as described above, the law enforcement investigator will select the most appropriate time and location to interview the alleged abuser. It is preferred that Law Enforcement has observed the forensic interview prior to interviewing the alleged abuser. However, if the law enforcement investigator is unable to observe the forensic interview of the child, he/she must have a clear and detailed understanding of the allegations disclosed by the child and has had an opportunity to discuss the case with other MDT members. This interview will be done in the most appropriate setting which may include the Interview Room in the NCAC Team Building. DHR and LE will consult on the timing of alleged abuser interview. If LE is unable to conduct the alleged abuser interview within the agreed-upon time, then DHR will conduct the alleged abuser interview in accordance with DHR case timeline policy.

No Contact Orders for all child abuse arrests

If Law Enforcement decides to make an arrest, the arresting officer will request No Contact Orders on all child abuse arrests, as needed.

Investigating Cases Involving MDT Members

In the event an MDT member is involved in allegations of abuse, the case will be investigated by individuals outside of the MDT. For DHR, they will refer the case to another county to investigate. Law Enforcement will have an investigator outside of the MDT conduct the investigation. NCAC will assist with having forensic interview done at another CAC, and if this is not available, this may be done at the Madison County Sheriff's Office. This interview will be conducted by a forensic interviewer from another CAC, most likely Morgan County. Decisions regarding potential prosecution will be made by the Madison County District Attorney's Office, and these cases will not be discussed at the MDT meeting or included on the MDT agenda.

Forensic Interviews

A forensic interview of a child is a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse or exposure to violence. This interview is conducted by a competently trained, neutral professional utilizing research and practice-informed techniques as part of a larger investigative process.

Who Conducts Forensic Interviews

Forensic interviews at the NCAC are conducted by one of the Child Forensic Interview Specialists (CFIS). All Child Forensic Interview Specialists have completed a minimum of one nationally recognized forensic interview training programs, participate in peer review (at least one per quarter), receive a minimum of 12 hours of continuing education each year in topics directly related to forensic interviewing. Additionally, all Child Forensic Interview Specialists are committed to maintaining familiarity with the research supporting best practices in forensic interviewing through individual reading of articles, participation in ongoing training and webinars, or mentoring.

Location of Forensic Interview

Forensic interviews are conducted in the designated interview rooms at the NCAC facility unless there is a compelling safety reason to do them elsewhere. When a child needs transportation to the NCAC for an interview and is unable to be transported by a caregiver, LE agencies will work together to ensure transportation to the interview. In the event that this is not possible due to staffing concerns or other challenges, the lead LEA will contact NCAC CFIS to arrange an interview off site from the NCAC using the portable audio/video recording system. Interviews that cannot be held at the NCAC facility should be conducted in a safe, neutral, and private setting with audio or video recording and should be witnessed by another team member if possible. The decision to interview the child outside of the NCAC facilities may be made by the lead investigative parties (LE and/or DHR). No decision to interview a child in the field will be made without consideration of the best interest of the child and protection of the integrity of the investigation. The reason for the decision to conduct the interview outside of the NCAC facility should be documented.

Referral of a Child for a Forensic Interview

Children are routinely referred to the NCAC for a forensic interview by either LE or DHR. LE and DHR will decide which agency will coordinate the scheduling of the forensic interview during their first contact and will notify the other agency of the appointed time. Additionally, requests for a forensic interview can come from the district attorney's office (ADA) or from the court (judicial order for a forensic interview).

Scheduling the Forensic Interview (FI)

- All non-emergent forensic interviews during regular work hours (8:30 a.m. until 5:00 p.m.) will be requested through the FI Scheduling Team which includes the Forensic Supervisor, MDT Coordinator, and other designated personnel. The scheduling process ensures availability of an interview room, CFIS, and FA, as well as ensuring that adequate time is allotted for entire FI process (90 minutes).
- Forensic interviews should be scheduled when both DHR and LE can be present, when possible and appropriate
- All forensic interview requests are entered on the Outlook calendar with identification of investigative partners and child's name and birthdate and other relevant information. (child's name, age, etc.)
- DHR intake report and LE report (if applicable) should be attached to the request.
- If either investigator is unable to be present for the forensic interview, the investigator may arrange with another investigator to be present in the observation room.

- An ADA may observe the FI when deemed appropriate by MDT investigators and their schedules allow.
- Investigators, CFIS, and Family Advocate (FA) will meet briefly prior to the interview to share information and prepare for the forensic interview.
- Investigators are encouraged to bring any evidence (notes, pictures, copies of electronic messages, etc.) that may be useful during the forensic interview. The CFIS should be informed of the evidence during the pre-interview preparation meeting.
- An involved caregiver (other than an accused caregiver) should bring the child to the scheduled forensic interview. Caregiver should be informed that they should allow for 2 to 3 hours for the appointment.

Scheduling 12-Hour Sexual/Physical Abuse Forensic Interviews

- DHR 12-hour cases will be given scheduling priority to meet DHR policy requirements.
- 12-hour FI requests should be staffed with the Forensic Interview Coordinator by phone or in person. If accepted, 12-hour FI cases should be entered into the Outlook calendar with available information.
- Appropriate caregiver should be notified after the forensic interview has been accepted by Forensic Interview Coordinator and placed on outlook calendar.
- The CFIS should be notified about the addition of the 12-hour emergent FI and available information provided.
- Description of the allegation and the other relevant information should be provided to the CFIS during the pre-interview meeting.

After Hours Emergency Forensic Interviews

A designated CFIS is available each day of the week. An on-call calendar for each month is created and distributed at the beginning of the month to all MDT members. Each calendar contains all appropriate contact information for each CFIS. When after-hours calls come to DHR or LE that may require an immediate forensic interview, the designated CFIS should be contacted. The case and referral should be staffed for appropriateness for an after-hours forensic interview. The designated CFIS may contact their supervisor for consultation on difficult cases. If determined that an emergency after-hours forensic interview is indicated, an ADA may be notified if appropriate. When an emergency Forensic Interview is conducted, the Child Forensic Interview Specialist will share the results of the interview with the medical provider to help inform the medical exam and eliminate duplication of services or questions.

Appropriate After-Hours Referrals May Include:

- Sexual or physical assault with extreme force
- Witness to homicide or extreme violence
- Kidnapping
- Child with injuries needing a same day medical. Efforts are made to conduct the forensic interview prior to the medical exam unless child's medical needs indicate otherwise.
- Allegations of sexual abuse of a child needing a medical exam the same day (72 hours since last incident of abuse for pre-pubescent children and 120 hours since last incident of abuse for adolescents, or physical discomfort/symptoms). Preference is for the forensic interview to take place prior to the medical exam.

Contact phone numbers for scheduling emergency forensic interviews include:

- On-call CFIS (available from monthly calendar)
- Forensic Interview Coordinator: (256) 513-1944; Cell: (256) 513-1944
- NCAC Senior Trainer: (256) 327-3868; Cell: (606) 207-2262
- Clinical and Intervention Director: (256) 327-3861; Cell: (256) 653-3241

Preparing the Family for the CAC Appointment

- DHR or LE investigator will provide the family with the date and time of the forensic interview along with a brief description of the CAC process
- Family should be informed that the entire process may take 2 to 3 hours.
- Questions should be answered to the degree that information is available and appropriate.
- Caregiver will be contacted by the FA on the day preceding the scheduled FI to explain the CAC process, answer questions, and collect basic information about the child. This information will be shared with the CFIS to facilitate the FI process
- If it is determined that the child or caregivers may need special accommodations for ethnicity, primary language, medical/mental health condition, speech, hearing, vision, physical mobility to other special needs appropriate arrangements will be put in place.
- If interpretation services are required, DHR and NCAC will assist in the provision of an appropriate interpreter for any and all services including the forensic interview

Child and Family's Contact with NCAC Staff

- The Family Advocate will contact the caregiver prior to their arrival at the NCAC to share general information about the investigative process and obtain child-specific information that the CFIS will then use to provide a more effective interview. This information may include developmental, medical, or psychiatric concerns and any other information requested by the investigator and the CFIS. The Family Advocate is careful not to relay any information that could impact the CFIS's neutrality prior to the interview.
- Children and caregiver(s) will enter the Children's Building through the front entrance and be greeted by Front Desk personnel.
- Child and caregivers will be seated in the waiting room and be supervised by NCAC staff or volunteers at all times.
- Caregiver will be asked to complete the Child Interview Intake Sheet. A copy of the Intake Sheet will be provided to the Family Advocate and the CFIS.
- The child and caregiver will be introduced to the facility dog if present and appropriate
- If a pre-call was not completed, the Family Advocate will meet briefly with the caregiver to gather pertinent pre-interview information as described above.
- The Family Advocate will provide a brief tour of the facility including child interview room, office where caregiver will speak with Family Advocate, restroom, and water fountain.
- Brief explanation of recording equipment and observation room is provided to the child and caregivers.

Pre-Interview Team Conference

The Child Forensic Interview Specialists (CFIS), investigators, and Family Advocate will meet prior to the forensic interview to brief the CFIS on case information including:

- Allegations, sources, and circumstances surrounding the abuse report
- Pertinent child and family history
- Information obtained from DHR/LE/NCAC historical files and pre-call with caregiver
- Other information needed to conduct an effective forensic interview as well as information critical to the investigation and safety planning
- Discussion of possible adaptations to the FI resulting from needs of the child or case considerations will be discussed.
- Consideration of the introduction of any pre-existing evidence will be reviewed and discussed if relevant
- Determination of whether the child may need special accommodations for ethnicity, primary language, medical/mental health condition, speech, hearing, vision, physical mobility, or other special needs. Obtaining this information aids in conducting developmentally appropriate and culturally sensitive forensic interviews and other services to the child and family.

Following the pre-interview planning meeting, the CFIS will greet the child and family in the waiting room and invite the child to the interview room. The Family Advocate will meet with the caregiver(s) to conduct the crisis interview. This meeting includes listening and support, crisis intervention when needed, assessment of the child and family needs, psychoeducation regarding the dynamics of abuse and the MDT response, and referral for the NCAC medical, therapeutic services, and ongoing advocacy services. The CFIS will escort the child back to the waiting room following the completion of the forensic interview.

Procedures for the Observation Room

The primary purpose of the observation room is to allow LE and DHR investigators to observe the forensic interview as it is being conducted and to provide feedback and request for additional questions for the child to the CFIS. At least one investigator (LE or DHR) must be present in the observation room during a forensic interview. An investigator or NCAC staff will operate the recording equipment, which documents the interview. The CFIS will take a break during the child's interview to consult with the investigators in the observation room. The child will remain in the interview room and the recording will continue during breaks.

Only the following professionals will be allowed to observe the forensic interview as it is occurring.

- LE investigator assigned to the case
- DHR investigator assigned to the case
- On-going DHR social worker assigned to the case
- Additional CFIS (if requested) for supervision and/or consultation
- ADA (if requested)
- Individuals specifically requested to be present if approved by CFIS

Conversation should be kept to a minimum, so that all observers can focus attention on the forensic interview as it progresses. Observers should be prepared to have applicable questions or

topics ready to share with the CFIS at the appropriate time. Cell phone use is not allowed during the forensic interview. Texting should be kept to a minimum and should not distract the attention of any observers. Food and beverage are allowed in the observation room but should be consumed quietly and respectfully. All trash should be disposed of properly.

Forensic Interviews of Children at NCAC

Forensic interviews will be conducted in accordance with the NCAC Forensic Interview Structure, which is in accordance with established best practices in forensic interviewing (see attachment). The CFIS will utilize all available information to assist with conducting a developmentally appropriate, legally sound, non-duplicative, non-leading, and neutral interview focused on eliciting as much information as possible from the child. A child may be allowed to use media by drawing or writing portions of the description of their experience if necessary. All written statements or relevant drawings produced by the child during the forensic interview will be labeled and maintained as part of the investigative file. The CFIS will take a break near the end of the interview to meet briefly with the investigators observing the interview to ensure all relevant information has been pursued and clarified. Upon conclusion of the forensic interview, the CFIS will escort the child back to the waiting room and inform the parents that the investigators will speak with them shortly.

NCAC therapists are available to conduct a post-interview crisis assessment with a child or adolescent and may be requested by an MDT member or caregiver. Crisis assessments should be offered when significant distress is noted during the interview, the child or adolescent has verbalized thoughts of hurting themselves or others, and/or there is a known history of self-harm or suicide attempts.

If a medical exam is requested following the forensic interview, the CFIS will brief the medical examiner on the allegations and disclosures obtained during the interview to avoid duplicative questioning during the exam.

Follow-up Forensic Interviews

Most children and adolescents interviewed at the NCAC will have a single session forensic interview for each allegation. However, at times a follow-up forensic interview may be conducted with a reluctant or shy child or a child who has experienced extensive or complicated abuse which may be difficult to cover in one session. Additionally, as forensic interviews are often the first or early investigative activity, additional information or issues may arise during the investigation about which investigators would like to seek additional information from the child.

Child and case specifics that may result in one or more follow-up interviews:

- Further time is needed to discuss the allegations addressed in the initial forensic interview
- New information is uncovered during the investigation that needs to be discussed with the child
- Child becomes fatigued or distressed during the initial forensic interview
- During the initial interview, it becomes clear that either the child or the CFIS need additional support from a specialist
- Child makes additional disclosures of abuse following the forensic interview
- Child recants or substantially changes statements made during the forensic interview

Procedures for conducting follow-up forensic interviews:

- Request will be discussed and evaluated by LE and DHR investigators and CFIS at a minimum. Additional discussants may include the NCAC Senior Trainer, Intervention and Clinical Director, child's therapists, ADA, or others as indicated. All decisions will be made jointly by all relevant parties.
- Follow-up interviews will be conducted by the CFIS who conducted the first forensic interview unless otherwise indicated.
- Follow-up interviews will not be duplicative in nature and will continue to emulate best practices in forensic interviewing.

Family advocacy services will be offered during follow-up interview sessions.

Introduction of Evidence in Forensic Interviews

At times, the services of the NCAC and the CFIS are requested by Homeland Security Investigators (HSI) or the Federal Bureau of Investigations (FBI). Additionally, cases may come to the attention of Huntsville Police Department, Madison County Sheriff's Department, or Madison City Police Department through the discovery of electronic media (pictures, emails, text messages, social media posting, etc.) without an accompanying outcry or disclosure from the child or adolescent. In such cases, the LE investigators and the CFIS may consider the introduction of portions of the electronic media evidence as part of the forensic interview. All decisions will be made with attention to the potential mental health and trauma concerns for the child and the protection issues, as well as LE investigative concerns or interests.

Procedures for the introduction of evidence during the forensic interview:

- Pre-interview planning and preparation meeting will be more extensive and may include LE (perhaps more than one agency), DHR, CFIS, ADA, and other NCAC staff (therapist, family advocate, etc.) or other professionals (U.S. Attorney and victim advocates) as needed.
- All possible evidence will be reviewed jointly by law enforcement investigators and CFIS and decisions will be made jointly as to which evidence is appropriate for introduction and in what order.
- Consideration and decisions as to any need for sanitizing of some images will be made jointly by law enforcement and CFIS.
- Any evidence that may be used as part of the forensic interview will be organized and taken into the interview room by the CFIS in a plain envelope. Evidence will only be introduced one item at a time.
- The NCAC Forensic Interview Structure will be implemented with appropriate adaptations.
- The minimal amount of evidence necessary to introduce the topic of concern and gain information from the child/adolescent will be used.
- CFIS will take breaks and consult with the investigators on a regular basis.
- Consistent with all forensic interviews conducted at the NCAC, consideration will be given throughout the forensic interview to the emotional state of the child and decisions will be made accordingly.

- Following the completion of the interview, all evidentiary materials will be returned to law enforcement.

Post-Interview Team Conference

LE and DHR investigators, CFIS, and family advocate will meet briefly following the forensic interview to share information and discuss next steps. The CFIS documents this process in Collaborate.

Mini-Team Case Review Process

Members of the investigative team may request a mini-team review, following the forensic interview or MDT case review meeting in lieu of reviewing a case with the larger MDT. This is an option when the case involves relatives of an MDT partner, is a high-profile case involving known community members, or if immediate decisions need to be made by involved investigative team members due to safety concerns for the child and family. The mini team is coordinated by the CFIS and may include a member from LE, DHR, medical team, ADA, family advocate, and therapist as needed. Information reviewed and action plans determined by the mini-team process will be documented in Collaborate by the NCAC MDT Services Coordinator or the CFIS.

Post-Interview Meeting with Family

LE and DHR will meet with the involved caregiver(s) to review:

- Allegations of abuse
- Results of the interview
- Caregiver concerns
- Safety planning
- Next steps in investigation
- Other topics appropriate to the investigation

Other NCAC staff are not routinely part of this meeting but may be included at the request of one of the investigators.

Taking Children into Custody After the FI

A decision may be made by DHR after the child's forensic interview and/or discussion with the parent/caregiver regarding an endangering situation that it is not safe for the child to remain in the current home or to leave the CAC with the caregiver. It is recognized that this may be an upsetting event for the child and/or the caregiver(s).

- DHR will identify a safe placement and will inform the child and caregiver about the arrangements.
- Child will be kept separate from the caregiver during this process and provided support and companionship.
- Law enforcement may participate in this process as requested by DHR to ensure the safety of all parties.
- Discussions about a child's placement are done in a private setting at the NCAC.
- During normal business hours, NCAC staff will provide support to the child through this process which may or may not include crisis intervention, food, and/or receiving clothing or other care items as needed.

- After hours, if it is necessary for the DHR investigator to be out in the field securing a safe placement for children or consulting with supervisors or the safety planning process, a secondary DHR representative must remain present at NCAC at all times to assist with supervision of the children until a secure placement is determined. During business hours, it is still strongly preferred for a DHR representative to remain with the child because the NCAC does not have the authority to withhold the child from caregivers.
- The investigative team and an ADA should make a determination on the need for an immediate appointment of a Guardian Ad Litem (GAL).

Extended Forensic Interviews

An Extended Forensic Interview (EFI) is structured multi-session forensic interview, which includes the same phases as a single session forensic interview, but at a slower pace and with greater opportunity to adapt the process to the developmental, cultural, and trauma needs of a child (see attachment). Direct referral to an EFI may be appropriate for a child and investigative case when there are complicating factors which may present challenges for the child's ability to participate in a single session forensic interview.

Possible criteria for a referral to an EFI:

- Children with developmental delays or disabilities, cognitive processing difficulties, language or expressive disorders, or mental health disorders.
- Children presenting with an especially complex history of abuse, neglect, disrupted placement, and possibly with compromised developmental status or behavioral issues
- Children who present as being especially anxious, frightened, or shy
- Children previously interviewed where there was no disclosure, but convincing evidence exists that some type of abuse or maltreatment and safety concerns remain
- Cases are referred for an EFI by the MDT or case investigators. Each case referred will be staffed by the clinical and forensic staff to determine if an EFI is the most appropriate approach. All decisions will consider the best interest of the child.
- EFIs are conducted by one of the CFIS staff.

Documentation of Forensic Interviews and Extended Forensic Interviews

All forensic interviews and EFI sessions are digitally recorded. The NCAC utilizes a digitally encrypted and secure server for the recording of forensic interviews. This system allows for production of DVDs of each forensic interview as needed. While recorded interviews are generated at the NCAC facility, electronic recordings of FI/EFIs are evidentiary material and officially the property of the District Attorney's office for Madison County cases. The details of each forensic interview will be documented by the investigators observing the forensic interview. Their reports will be submitted to the MDT case file and to their respective agencies. The CFIS conducting the forensic interview will complete the Forensic Interview Information Sheet (see attachment). Information from the Forensic Interview Information Sheet will be entered into Collaborate. The form will then be filed in the MDT case file.

As all recorded forensic interviews and accompanying evidence are the property of the DA's office, all subpoenas or request for evidentiary materials must be approved by the Madison County District Attorney's Office. When a forensic interview is conducted on the behalf of another law enforcement agency because the child resides in Madison County, it is the responsibility of the requesting LE agency to arrange for LE observation of the forensic

interview. The recorded forensic interview (DVD) becomes the property of the requesting LE investigative agency. The release of the DVD will be recorded. NCAC staff will handle the releasing of the DVD under the direction of the District Attorney's office. When the forensic interview is conducted at NCAC and it is determined that there are incidents that occurred out of Madison County, an ADA will be notified. A representative of the Madison County DA's office will contact the DA's office for the corresponding county and arrange for the recorded forensic interview to be delivered to them. The release of the DVD will be recorded.

Electronic recordings for all cases investigated in Madison County are accessible for viewing by LE and DHR investigators through the digital recording system housed at NCAC. When non-MDT employees of MDT agencies need to view the forensic for ongoing case work, they may schedule a time to view the interview at NCAC by contacting the MDT Coordinator.

Medical Services

Medical professionals with specialized child abuse training will perform medical exams in a safe and neutral environment. All findings will be appropriately documented. The exam is used to collect potential physical evidence of a sexual assault, physical abuse, and/or to reassure the child of the normality of his/her body. The existing research from national medical experts suggests that every child should be offered a medical exam regardless of disclosure status. These exams are offered to every child/family and strongly encouraged for those who have disclosed any genital and/or anal contact. No child will be precluded from receiving any medical procedures relating to the evaluation of child sexual abuse/child physical abuse due to their inability to pay.

Who Conducts Specialized Medical Evaluations

The NCAC Medical Team (CRNP, Contract Physician) and Crisis Services of North Alabama (CSNA) collaborate to provide medical exams to children when sexual and/or physical abuse is alleged to have occurred. The NCAC Medical Team conducts exams at the NCAC during weekdays and at other times as scheduling permits. Additionally, the CSNA Forensic Nurse Examiner (FNE) is available 24 hours a day, 7 days a week to conduct exams at CSNA. The NCAC Medical Team serves on the MDT providing medical consultation during Case Review meetings and at other times upon request. The Contract Physician reviews all CRNP examinations. All of the above medical professionals serving NCAC have extensive training and experience in conducting specialized exams for child victims of sexual abuse.

Purpose of the Medical Evaluation

The purpose of the medical evaluation in suspected child abuse includes:

- Collect forensic evidence when indicated
- Identify and document any injuries
- Evaluate for sexually transmitted infections (STI), HIV, and pregnancy when indicated
- Medical prophylaxis when indicated
- Diagnose and treat medical conditions resulting from abuse as well as diagnose and treat other medical problems and make necessary referrals
- Educate the patient and parent about health issues related to the abuse

- Aid in the recovery process for the child and family
- Assess the safety and well-being of the child
- Determine what, if anything, happened to the child
- Consider alternative explanations for a concerning sign or symptom that may be explained by other medical conditions
- Reassure the caregiver and child that their body is okay/aid in recovery process

Referrals for Medical Exams

Medical exams should be completed after the forensic interview. Medical exams may be requested when scheduling the forensic interview or at a later date, depending on the case circumstances and the child's needs. Referrals may be made by MDT investigators, the Family Advocate, therapist, child victims aged 14 and older, and by the child's caregiver. Referrals are also accepted from medical providers in the community who have a patient suspected to have been abused; however, the abuse must be reported to DHR/LE prior to the exam.

After the referral has been made but prior to the exam, the individual conducting the medical exam is provided information about the case by an investigator and/or CFIS. Shared information should include specifics of the abuse allegation, the results of the forensic interview and other relevant facts about the investigation process. This information will assist the medical professional in performing the medical examination.

How Multiple Medical Evaluations are Limited

Members of MDT connect with all disciplines to make sure there is no duplication of medical services. If for some reason, the medical professional feels like they cannot perform the exam adequately, they will consult an appropriate physician suggested by the Contract Physician and the MDT so that multiple exams will not be performed. The Emergency Department can refer a child to the MDT for a specialized exam after it is determined the child does not need medical treatment and has been released by the physician. Many physicians will refer to NCAC/CSNA for examinations, but if they have already conducted an exam, the MDT will request those medical records and will not re-examine the child unless necessary.

How Medical Exam is Coordinated with MDT to Avoid Duplication of Interviewing and History Taking

Medical diagnoses and treatment of child abuse includes obtaining a medical history. Medical history information is gathered from the Caregiver and/or child regarding past medical history and signs or symptoms that may be relevant to the medical assessment and is documented on the medical examination form by the medical examiner. To avoid duplication of medical history taking, only the medical professional gathers medical history in detail thus alleviating duplication of the Caregiver and/or child being questioned more than once about medical information.

Medical Emergencies/Follow-Up

A child with injuries requiring immediate medical attention such as bleeding, pain, possible broken bones, need for suturing, X-ray, etc., will be referred to the hospital ER. Follow-up exams will be done on a case by case basis. Reasons for f/u exams include:

- follow-up documentation of an injury healing if one was found on initial exam

- f/u STI testing or treatment of STI
- f/u after treatment of medical issues that may or may not be abuse related

Sexual Abuse - Urgent Exams

Urgent exams are exams which are conducted when the sexual abuse is alleged to have occurred within the past 72 hours for a prepubertal child, and up to 120 hours for an adolescent. When the case involves a prepubertal child, (child approx. 12 years of age and under) MDT members shall make every effort to schedule the child with the NCAC Medical Team for the medical examination. If it is not possible for this to be done within the 72-hour time frame or if it's not in the best interest of the child, MDT members will refer the child to CSNA where the FNE will be available to conduct the exam. When the case involves a child over the age of 12, MDT members will refer the child for an exam by the FNE.

During the urgent exam, digital documentation of potential injuries should be obtained. Also, a rape kit may be collected for law enforcement which will be given to the Department of Forensic Sciences for analysis unless otherwise disposed of due to lack of prosecution. The DFS should maintain these Rape Kits for 20 years or whatever guidance is provided by federal or state legislation.

Please call with any questions regarding the need for a medical exam and/or guidance on disposition of the patient from a medical point of view.

Monday-Friday	8am – 5pm	Call NCAC Nurse Practitioner Christina Paparella 256-651-4285(cell)/or NCAC general number Call NCAC Contract Pediatrician Mark Sapp 215-279-2379 (cell) or NCAC general number
Monday-Friday	5pm – 8am	Call CSNA Forensic Nurse line 256-430-1407
Weekends	Fri 5pm-Mon 8am	Call CSNA Forensic Nurse line 256-430-1407

***DO NOT LEAVE VOICEMAIL OR GIVE Forensic Nurse Phone number TO PATIENT OR FAMILY MEMBERS**

Sexual Abuse - Non-Urgent Exams

Non-urgent exams are medical exams which are conducted when the sexual abuse is alleged to have occurred more than 72 hours prior to the report for younger child, and 120 hours in an adolescent. In these cases, the MDT members will refer the child to the NCAC medical team for the medical exam.

Each case should be considered on a case by case basis as there are instances where an acute or emergent exam may be needed when outside the accepted time frame. Please call NCAC or CSNA for assistance when questions arise.

Prophylaxis Therapy

For sexually transmitted infections (STIs), HIV and emergency contraception (EC), can be given to individuals as young as 12 years of age. Call NCAC during the week hours or CSNA after 5 pm during the week and on weekends for guidance and directions for use.

Physical Abuse Exams

Given the complexity of the physical abuse cases, MDT members may refer the child to either the NCAC Medical Team or CSNA FNE. During these examinations, digital documentation of potential injuries is obtained. The medical examiner will refer to a physician or the Emergency Department if medical interventions (such as X-rays, sutures, etc.) are needed.

Alleged Abuser Exams

If an alleged abuser exam is determined to be warranted in an investigation, MDT members may request such from the FNE. During these examinations, digital documentation of potential injuries and/or markings should be obtained.

Sharing Medical Findings

Both the FNE and NCAC's Medical Team share medical findings with the MDT. They will communicate with the child's caregiver, and the child when developmentally appropriate, the results of the medical exam once completed. Moreover, they will explain their examinations and findings. NCAC medical staff will also provide medical conclusions with involved investigators and at MDT Case Review meetings as well as provide copies of medical exam documentation for the MDT file.

Documentation of Medical Care

Each medical exam that is conducted at NCAC will be documented and recorded in an electronic medical file. Photo documentation of the exam will be done, and if appropriate, photos will be backed up to a disc and given to the respective MDT members involved with the case. Rape kits collected at CSNA will be handled according to the FNE protocol. Rape/Sexual Assault kits collected at NCAC will be kept in a locked cabinet in the exam room until signed out by law enforcement using the Chain of Evidence Form. Results of the medical exam, including findings and conclusions, are shared with the MDT immediately following the exam and/or at the MDT meeting. Copies of the medical exam documentation are also provided for the MDT file.

Medical Training for MDT

MDT Medical staff provides informal training to the MDT through case discussions during weekly Case Review meetings. Structured medical training is conducted at least annually for the MDT during which the purpose and nature of the medical exam is explained in greater depth. Additionally, medical staff also participates in MDT Orientation of new team members at which medical services are discussed in detail.

Mental Health Services

Mental Health Services for Children

Specialized trauma-focused and evidence-based assessments and treatment are routinely made available on-site or via telehealth free of charge to the child and caregivers. Evidence-based

treatment models utilized are Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Problematic Sexual Behavior-Gognitive Behavior Therapy (PSB-CBT), and Child Parent Psychotherapy (CPP). No client will be precluded from receiving mental health services relating to the treatment or evaluation of child sexual abuse/child physical abuse due to their inability to pay. Referrals for mental health services are evaluated to determine where the child's needs may be best met. The Family Advocate, in conjunction with the Clinical Supervisor, review and triage all therapy referrals during bi-weekly referral meetings to determine level of acuity and for assignment to NCAC therapists or outside providers. When a child's needs cannot be appropriately met at NCAC or when they do not meet criteria for specialized trauma-focused treatment, mental health services are offered through referral to community providers such as WellStone Behavioral Health: Nova Center for Youth and Family or to private practitioners based on the child's insurance. Every effort is made to locate a provider with specialized expertise and training in evidence-based practice related to the child's unique needs. Caregivers needing therapy services beyond those provided at NCAC are also referred to community mental health providers.

Mental Health Services for Caregivers

Caregivers are routinely involved in the treatment process with their child. Occasionally, the mental health needs of the caregivers are recognized to be beyond the scope of service or staffing capacity of NCAC. In such situations caregivers are offered mental health services through WellStone Behavioral Health where services are provided on a sliding scale basis. If the caregiver has private insurance and requests services by a provider within the insurance plan, then every effort is made to refer the caregiver to a provider with expertise in child maltreatment or other issues related to caregiver needs.

Problematic Sexual Behavior (PSB) Services

PSB treatment may be provided by NCAC therapists for children up to age twelve who have also experienced trauma. Every effort is made to ensure that children receiving treatment for PSB do not encounter any children who were also involved in their PSB, with the exception of children in the same family who continue to reside in the same home. Youth above age twelve and/or whose needs exceed either of the NCAC treatment options are referred to community resources, most often through involvement with the juvenile justice system. Children who have engaged in PSB are different from adult sex offenders in many significant ways and are to be considered and referred to as children with PSB. The use of offender terminology regarding children is NOT appropriate.

Mental Health Input at MDT

NCAC clinicians serve as members of the MDT providing input and information to MDT regarding mental health related considerations for the cases reviewed. With a HIPAA release, clinicians also share relevant information about specific clients including their engagement in treatment. Only information pertinent to the investigation and/or safety needs of therapy clients will be provided by the treating therapist during MDT case reviews. All other information is treated as privileged communication. All clients are informed about the limits to confidentiality including mandatory reporting of any new or different child abuse (including recantations) and risk of harm to self or others. At least one NCAC therapist is present for every MDT meeting.

Distinction Between Therapy and Forensic Services

Forensic work is conducted by professionals trained and specialized in forensic practices of gathering evidence and using non-leading/non-suggestive questioning techniques. Therapy is provided by counseling professionals trained in evidence-based and trauma-focused mental health treatment practices. No child served by NCAC will receive forensic services and therapy services by the same professional. In the context of providing therapy services, no therapist will forensically question a child unless it is indicated for immediate safety or child protection reasons. NCAC mental health treatment does not involve gathering evidence or investigating criminal behavior related to perpetrators of child sexual abuse. However, when new information related to allegations of child abuse or child safety issues are revealed during therapy, the therapist notifies DHR, the District Attorney, and/or a LE member of the investigative team, without additional questioning of the child.

Mental Health Training

Therapists will receive at least 12 hours annually of ongoing continuing education preferably in evidence-based and trauma-focused treatment. All NCAC therapists will complete training in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) within the first year of employment. NCAC therapists are required to attend bi-monthly group supervision facilitated by the Clinical Supervisor and participate in individual supervision with the Clinical Supervisor or other approved supervisor on a monthly/weekly basis contingent upon experience and level clinical proficiency as determined by the Clinical Supervisor.

Victim Support & Advocacy

Victim support and advocacy are available throughout the investigation and prosecution as described below.

NCAC Family Advocate

The Family Advocate (FA) is the first point of contact for caregivers and children prior to the forensic interview. The FA completes a pre-call with the caregiver to obtain information specific to the child for CFIS use in preparing for the Forensic Interview.

While the Forensic Interview is being conducted, the Family Advocate conducts the crisis interview meeting with the caregiver, offers support, provides an information packet, offers NCAC services for child and caregiver and answers questions about the MDT process.

FA services include but are not limited to:

- Gathers and presents necessary pre-interview information to the investigative team prior to the FI
- Prior to the FI, orients the child and caregiver to the Children's Services Building and FI room
- Routinely conducts crisis interview with caregivers of all children during the FI
- Provides support and education throughout the investigation and prosecution related to dynamics of child abuse, the coordinated multidisciplinary response, NCAC medical and

therapy services, victim's rights and benefits, referrals for concrete community services, and Caregiver Handbook.

- Provides follow-up calls after the initial contact at planned intervals to assess current status and offer any available services (generally the next business day, 1-2 weeks later, and at other times as needed, depending on family's needs)
- Offers medical exam and therapy services for child
- Offers ongoing FA individual and/or group support services for caregivers
- Coordinates with the MDT and shares information regarding concerns about the child's family support system, safety, or other information pertinent to the investigation.

District Attorney's Office Victim Service Officer

Clients whose cases are being prosecuted are automatically assigned to the Victim Service Officer (VSO) in the District Attorney's Office. VSO services include but are not limited to:

- Providing case status updates.
- Providing assistance with Victim's Compensation paperwork.
- Providing support and education throughout the prosecution related to victim's rights and benefits and referrals for concrete community services.
- Providing liaison services between family and prosecutor.
- Providing court preparation and support to child/family.
- Providing court accompaniment.

Duties Shared by NCAC Family Advocate and DA's Victim Service Officer

Attendance at case review and meetings – Both the NCAC FA and the District Attorney's Office VSO are regularly present and participate in weekly case review meetings. Participation includes, but is not limited to, sharing caregiver feelings about child abuse allegations, concerns about the investigation process, family cultural issues that require attention by the team, caregiver wishes about a possible medical exam or referral for therapy, and other information relevant to the investigation or the needs of the child and family.

- Coordination of Family/Victim Advocacy efforts - To assure coordination between the NCAC Family Advocates and the D.A.'s Victim Service Officer, these professionals will regularly communicate in the MDT regarding victim service needs and will also share all support information as needed to assure the highest quality of service delivery for all families.
- Referral to and coordination of Support Services – The NCAC FA and DA VSO work with the victim and family to access concrete services such as housing, protective orders, domestic violence intervention, food, clothing, Crime Victim's Compensation, and transportation arrangements (to interviews, meetings with the prosecutor, court, medical exam, treatment, and other case-related meetings). FA support services focus primarily on family needs surrounding the case investigation and ongoing CAC services, while the predominant emphasis for the VSO is court and prosecution-related needs.

Coordination of FA and VSO Services

The NCAC FA and DA's VSO roles occasionally overlap due to their similar purpose of providing support to the victim and family. To prevent duplication of services, the NCAC FA and DA's VSO communicate regularly by phone and in person (at least monthly to communicate regarding overlapping cases and additionally when needed) to refer families with particular needs more

appropriately met by the other. Coordination also occurs during or after weekly case review meetings. Referrals and discussions between the FA and VSO are documented in Collaborate.

CSNA Domestic Violence Advocate

When a case involves a child witnessing domestic violence in the home, the CSNA Domestic Violence Advocate may be assigned to work with the nonoffending caregiver to ensure the caregiver has access to the resources and services needed to keep the family safe. This may include ensuring access to shelter, assistance with protection orders, referrals for therapy services and coordinating domestic violence exams if needed. The NCAC FA and DV Advocate occasionally overlap due to their similar purpose of providing support to the victim and family. To prevent duplication of services and with client consent, the NCAC FA and DV Advocate communicate regularly by phone and in person to refer families with particular needs more appropriately met by the other. The DV Advocate may be called in to the NCAC during a Forensic Interview when there is DV involved in the case and specialized support for the caregiver or child is needed. Coordination also occurs during or after weekly case review meetings.

Facility Dog

NCAC received Facility Dog Wilson VI through Canine Companions for Independence (CCI), a non-profit organization that provides highly trained assistance dogs and ongoing support to the NCAC at no cost to ensure quality partnerships. Wilson and his handlers, both members of the NCAC Intervention Team, receive ongoing skill training from CCI workshops, Courthouse Dogs Foundation, and the Alabama Office of Prosecution Services HERO program. Regular and ongoing training ensures that Wilson and his handlers adhere to best practices (outlined by the Courthouse Dogs Foundation) and are crucial to his own safety as well as the safety of our clients.

When appropriate, Wilson provides emotional support to children in forensic interviews, medical exams, and therapy sessions, as well support for children and families involved in the investigation and prosecution of crimes and other stressful legal proceedings. When Wilson's services are required, his handler is always on site assessing the needs of the child and team members, supervising Wilson while he provides support services, and educating team members on his role and safety precautions when using facility dogs. In addition, he provides support for NCAC staff and MDT members to help reduce stress and vicarious trauma by being present in the workplace, during multidisciplinary team meetings and any other setting where his presence may be helpful.

MDT Records

All records of MDT discussions will be maintained as internal work product of the Madison County District Attorney's Office. These records are not released except as allowed by court order.

The NCAC MDT Services Coordinator is responsible for organizing MDT activities including, but not limited to, the publication and distribution of the agenda, maintaining MDT records,

assuring all attendees have completed an MDT Confidentiality Form, and documenting MDT attendance.

MDT case files will be maintained as follows:

- When requesting cases be added to the Team agenda, the LE and/or DHR intake report should be provided for the file, along with any other supporting documentation available at that time.
- Cases will be closed to MDT with one of the following dispositions: Closed to...
 - Prosecution
 - Juvenile Prosecution
 - Lack of Jurisdiction
 - Lack of Prosecution
 - Insufficient Evidence
 - DHR services
 - Therapy/Treatment
 - Unable to Locate Alleged Offender
- Documentation related to completed work/actions during the course of the investigation includes:
 - LE final report with supplements and LE audio, video, and images
 - DHR final report/notes
 - Medical report and medical pictures
 - NCAC documents (FI, Crisis, and Intake)
- Following completion of a criminal trial, the Madison County Trial Assistant will forward a copy of the court disposition sheet to the MDT Services Coordinator for entering into Collaborate.

Record Retention

There are numerous records in the CAC setting – forensic interviews (both recorded interview and associated documentation), medical examinations (photodocumentation and associated documentation), victim advocacy documentation, and therapy records. All records are maintained in a digital format and will be retained indefinitely except the following records which will be destroyed after 20 years as permissible under applicable federal and state laws:

- Recorded Forensic Interviews,
- Photo-documentation from Medical Examinations which were determined to be within normal limits and are documented as such.

Case Tracking

A database for case tracking is maintained by the MDT Services Coordinator using the Collaborate database system. This database is designed to collect, analyze, and disseminate information from agencies participating in the investigation, and to assemble collective statistics which will assist in future planning for the MDT and/or service providers. This information is collected via Child Interview Intake Sheet, Family Advocate Crisis Interview, the Forensic Interview Information

Sheet, medical records and through additional information provided during the MDT. Case data is tracked from the opening of a new case through court disposition and/or completion of therapeutic intervention.

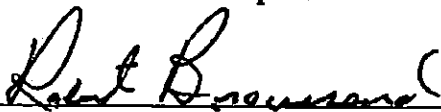
Any MDT member requesting access to Collaborate information may have a user account established. Likewise, any team member needing specific or aggregate case information may request the Team Coordinator provide necessary case specific information or generate a report with the requested information.

Investigatory Discretion

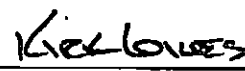
This Interagency Agreement establishes guidelines for the MDT; however, it is clearly recognized that each case will have unique circumstances which may impact the actual investigatory strategies utilized. DHR and Law Enforcement Investigators are empowered to deviate from the Interagency Agreement if there is a clearly identified need to do so. The child's well-being is our first priority.

Review of Agreement

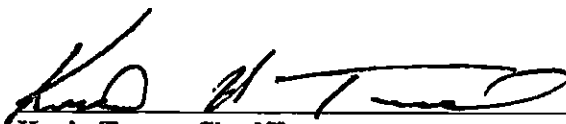
The Stakeholders will review and sign this agreement annually to assure it remains current and effective for the children to be served and the agencies responsible for providing these services. By signing this agreement all parties commit to the CAC model for its multidisciplinary child abuse intervention response.


Robert Broussard, District Attorney
Madison County District Attorney's Office
Madison County, Alabama


5/22/23
Date


Kirk Giles, Chief of Police
Huntsville Police Department
Huntsville, Alabama

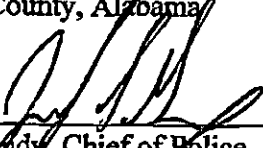
06-12-23
Date


Kevin Turner, Sheriff
Madison County Sheriff's Office
Madison County, Alabama

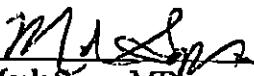
6-12-23
Date


Corey Williams, Director
Madison County Department of Human Resources
Madison County, Alabama

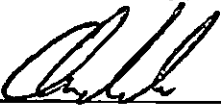
5/24/23
Date


Johnny Gandy, Chief of Police
Madison Police Department
Madison County, Alabama

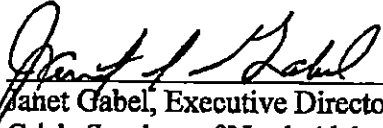
5-22-23
Date


Mark Sapp, MD
Medical Consultant
Madison County, Alabama

5-19-23
Date


Chris Newlin, Executive Director
National Children's Advocacy Center
Madison County, Alabama

5-19-23
Date


Janet Gabel, Executive Director
Crisis Services of North Alabama
Madison County, Alabama

5/24/23
Date

Mayor Tommy Battle

Date

APPENDIX 1

THE MADISON COUNTY MULTIDISCIPLINARY TEAM ON CHILD ABUSE

CONFIDENTIALITY AGREEMENT

It is vital that all those who attend the Madison County Multidisciplinary Team Meeting understand the importance of respecting the confidentiality of these meetings. At these meetings, child abuse professionals discuss sensitive information that could vastly affect the lives of both the adults and children discussed. No notes are to be taken unless you are directly involved in the case. This meeting is solely intended to provide the fullest information possible to those agencies or individuals working the cases mentioned and to discuss, as a team, the overall plan of action for the case. Under no circumstance are the discussions that take place during Team to be quoted or used without agreement of the other agencies involved. If the information of one agency is to be used in official documents of another agency, it must be obtained through other lawful means (i.e., subpoenas or court orders) or other traditional practices (law enforcement reports to the District Attorney's office).

With the above in mind, I understand that I shall not discuss with the public or any unauthorized person any information or personal opinions gained as a result of participating or observing any Madison County Multidisciplinary Team Meeting. I understand any violation of this agreement will result in my removal from the team and may result in civil or criminal action.

Print Name

Signature

Date