

Recovery Act: Edward Byrne Memorial Competitive Grant Program

PROGRAM ABSTRACT

Applicant's name

Title of the project Service Expansion for Victims of Child Abuse in

Dollar amount requested \$574,000

Category Improving Resources and Services for Victims of Crime (Category VI)

Goals of the project Retain threatened jobs and create new jobs to increase services to victims of child abuse in underserved

Description of the strategies to be used Proposed grant will support five critical positions essential to expand services to victims of child abuse—retaining two full time positions that are slated to be cut in July due to the economic recession; in addition, creating three new jobs.

Numerical listing of key/major deliverables

- (1) Two critical jobs retained (2.0 FTE)
- (2) Three critical jobs created (2.0 FTE)
- (3) Meet service expansion goal of 330 children in year one, and 365 in year two (goals are based on 10% annually increase from baseline of 300 per year; strengthen collaborations)
- (4) Reduce wait times for most urgent cases to under 48 hours
- (5) Keep initiative on track to double service capacity within five years and create more jobs in victim services for abused children.

Coordination plans

With grant support, all five positions can be filled as early as August 1, 2009 and sustained beyond the 24-month grant period. The key jobs are identified as most critical to meeting service expansion goals: **Family and Clinical Support Specialist (1.0 FTE retained)** – provides case management and helps victims of child abuse access existing community services including Crime Victims Compensation Fund; provides essential follow-up support to families at a time of crisis; **Executive Assistant (1.0 FTE retained)** – provides clerical and administrative services needed to meet service expansion goals. **Clinical Supervisor (1.0 FTE created)** -- responsible for meeting expanded service goals, reducing wait times for urgent cases where children are at high risk for repeat victimization and ensuring quality of care to meet national and regional best practice standards; **Community Outreach Specialist (0.6 FTE created)** – spearheads collaboration with schools, early childhood programs including Head Start, and community partner agencies in law enforcement and child welfare; **Child Abuse Medical Examiner (0.4 FTE created)** – expands capacity to respond to the most urgent cases, reduces wait time for the most critically needed support for victims of child physical and sexual assault.

The proposed project activity serves to prevent a dangerous reduction in essential services at a time when victimized children are underserved in the fastest growing metro area. Recovery Act funding from the Byrne Competitive Program will stabilize a critically needed organization through the economic recession and keep plans on track for completion of a \$4.5 million campaign to construct a larger facility in and hire additional program positions in 2010.

**Recovery Act: Edward Byrne Memorial Competitive Grant Program
Category VI: Improving Resources and Services for Victims of Crime**

Program Narrative -

Statement of the Problem The economic slow-down has compromised an essential service for underserved victims of child abuse in [redacted]. At a time when the [redacted] Area needs an essential program to grow, the immediate slow-down of private and public funding dollars threatens to shrink the program. Children who are suspected to be victims of sexual and physical assault will be at greater risk for repeat victimization and substandard service. Recovery Act funding through the Byrne Competitive Program will support five urgently needed staff positions in [redacted] network of services for victims of child abuse.

According to [redacted] Department of Human Services, over 10,700 [redacted] children were confirmed victims of child abuse during 2007. The State of [redacted] investigated 26,381 reports out of the 63,504 reports of abuse and neglect received. Over the past five years, child abuse reports have increased by approximately 50%.

Medical assessments with forensic interviews for suspected victims of child abuse or neglect are a critical first step in the system of care for traumatized children and families. The lack of openings for medical assessments in [redacted] County has severe consequences for abused children. Children who must wait weeks to be interviewed and examined may become withdrawn and reluctant to come forward. Without treatment, their physical scars will fade, but the nightmare of the abuse and the threat of the abuser may continue.

The [redacted] Department of Justice invests approximately \$5 million per year in 19 child abuse intervention centers and 36 multi-disciplinary child abuse teams, which serve every county in Oregon. These funds are often matched by private resources and/or local governmental funds.

[redacted] serves [redacted] County—the third most populous county in Oregon and

the fastest growing in the _____ Area. The _____ was created as part of a statewide effort to improve services for victims of child abuse. The _____ State Legislature allocated funds in 1997 to the Child Abuse Multidisciplinary Intervention (CAMI) Program to expand community child abuse assessment services throughout the state (ORS 418.746 to 418.796 2003 edition). This legislated expansion of _____'s child abuse assessment services was intended to ensure that "every child reasonably suspected of having been physically or sexually abused have access to a skilled, complete, and therapeutic child abuse medical assessment."

Children in _____ continue to be underserved. Although the _____ program is growing, need for victim services in _____ is growing faster as greater numbers of children are referred by law enforcement and child welfare. Approximately 25% of referred cases in 2008 could not be supported due to limited resources.

In 2008, the _____ County Office of Community Development conducted a needs assessment, in order to prioritize investment of federal dollars through the three-year Community Development Block Grants. The survey showed **Abused/Neglected Children Facilities was rated among the highest public facility needs in _____ County**; earlier this month, the _____ was awarded a \$700,000 community development block grant to build a larger, new facility in 2010.

Program Design and Implementation Proposed investment from the Recovery Act Byrne Competitive Program will fund five critical positions at the _____ (4.0 FTE). Two of these positions are currently filled but are slated to be cut as of July 1, 2009 due to the economic slowdown. Support from the Byrne Competitive Program will keep these positions filled and will also add one full-time and two part-time sustainable positions. The five positions

combined are needed to prevent a dangerous decline in essential services for victims of child abuse.

RETAINED JOBS: Family and Clinical Support Specialist (1.0 FTE) – provides case management and helps victims of child abuse access existing community services including Crime Victims Compensation Fund; provides crisis counseling and essential follow-up support to families; **Executive Assistant (1.0 FTE)** – provides clerical and administrative services needed to meet service expansion goals. These positions are slated to be cut as of July 1, 2009 due to decline in public and private support resulting from economic slowdown. Proposed grant funding will ensure these positions are filled for two years, beginning August 1, 2009. Both positions will be sustained by the [redacted] after conclusion of the 24-month grant period using dedicated resources developed during 2009-2011.

CREATED JOBS: Clinical Supervisor (1.0 FTE) -- responsible for meeting expanded service goals, reducing wait times for urgent cases where children are at high risk for repeat victimization and ensuring quality of care to meet national and regional best practice standards; **Community Outreach Specialist (0.6 FTE)** – spearheads collaboration with schools, early childhood programs including Head Start, and community partner agencies in law enforcement and child welfare; **Child Abuse Medical Examiner (0.4 FTE)** – expands capacity to respond to the most urgent cases, reduces wait time for the most critical victims of child physical and sexual assault. The proposed grant will hire each of the three new positions as early as August 1, 2009 and will ensure these positions are filled for two full years. All three positions will be sustained by the [redacted] after conclusion of the 24-month grant period using dedicated resources developed during 2009-2011.

Collectively, the five critical positions supported by the proposed grant from the Byrne Competitive Program serve to prevent a dangerous reduction in essential services at a time when victimized children are underserved in Oregon's fastest growing metro area. The proposed grant will stabilize the organization through the economic recession and keep plans on track for completion of a \$4.5 million campaign to construct a larger facility and hire additional program positions in 2010. Within 3-5 years, the [redacted] expects current service capacity for child abuse victims to double from 300 child abuse assessments per year to 600.

The [redacted] program design is consistent with established best practice as determined by the US Department of Justice's Office of Juvenile Justice and Delinquency Prevention. The [redacted] incorporates all key elements required to be considered a "Model Program" including (a) Child-appropriate facility, (b) Multidisciplinary team, (c) Designated legal entity responsible for program and fiscal operations, (d) Culturally competent policies and practices, (e) Forensic interviews conducted in an objective, non-duplicative manner, (f) Medical evaluation and treatment, (g) Therapeutic intervention, (h) Victim support/advocacy, (i) Case review and tracking.

Children are referred to the [redacted] based on suspicion of child abuse by child welfare and law enforcement agencies. Since most children who come to the [redacted] are likely to have been sexually or physically assaulted, the first step is to conduct a medical exam. A colposcope is used to obtain close up photographic evidence of any genitalia tissue damage that may have occurred from sexual assault. Children are tested for drug exposure and sexually transmitted disease. Photos are taken to document bruises, burns or scarring on children's bodies. Trained Child Abuse Medical Examiners look for signs of neglect including lice, malnutrition, and untreated dental needs. At times a child's clothes must be taken as

evidence if there are drugs in the home, or to recover possible semen residue from an alleged perpetrator.

A videotaped interview with an experienced forensic interviewer sensitively helps the child through the process of telling their history of abuse. Children are able to provide the details of their abuse in a way that is comfortable for them and with no leading questions or cross examination. The forensic interviewers follow the *Interviewing Guidelines*, endorsed by the Department of Justice and in line with the federal guidelines for interviewing child victims and child witnesses.

Following the assessment, the medical examiner, interviewer and family support specialist meet with the family and other professionals to share findings and recommended follow-up. Recommendations may include safety planning for the child, treatment of medical needs, counseling and other supportive resources such as domestic violence services.

Child protective and law enforcement personnel are often present at the assessment. The assessment findings including the medical diagnosis, videotaped interview and related photographs or other evidence are shared with law enforcement personnel and child welfare workers. Law enforcement and child welfare personnel continue their work to ensure a child is safe and possibly bring criminal charges against the alleged perpetrator. If prosecution is pursued, a trial is often avoided because of the strength of this testimony and evidence.

Partnership with law enforcement is essential to the effectiveness of child abuse intervention system. Arrest and prosecution of the alleged abuser stops the abuse, and prevents victimization of other children. National studies (*Joa, D. & Edelson, M. 2004*) show **offenders are more often prosecuted, charged with more counts and more often convicted** of sexual

abuse in cases where children are evaluated at child abuse assessment centers versus cases where a child was not seen at a child abuse assessment center.

The Department of Justice collects data from all 19 child abuse intervention sites, for purposes of tracking and assessment in accordance with evidence-based best practice. According to previous data, the demographics of children served in County are representative of those served statewide. Two thirds of the children served by the are girls; half are younger than seven years-old. Approximately two-thirds of the children we support are suspected victims of sexual assault; one third are suspected victims of physical assault and/or neglect. Data to date in compares favorably with a national study funded by the Office of Juvenile Justice and Delinquency Prevention, which determined the model “Increases coordination of investigations and the use of medical examinations, while leading to greater satisfaction among non-offending parents.”

Capabilities/Competencies The is among ’s strong models for public-private partnership in services for victims of crime. It took extraordinary leadership from local law enforcement, including the District Attorney’s Office, to bring together the public and private partners to launch the as an organization in 2002. Since its founding, the has operated as an independent non-profit. A volunteer Board of Directors includes representation from the private community, law enforcement and elected officials; the Board maintains responsibility for governance and fiscal stewardship of the Executive Director carries responsibility for day-to-day management. Over the past five years, more than 1,000 child abuse assessments have been provided by the

The proposed project will be implemented by Executive Director [redacted] who has served as Executive Director of the [redacted] since prior to operations in 2004. [redacted] has nearly 20 years of experience in non-profit management and received her Masters of Public Policy Analysis from the University of [redacted] will coordinate the implementation of this project with Medical Director [redacted] MD. Dr. [redacted] is a private practice physician trained in child abuse examinations at the University of [redacted] School of Medicine. He joined the [redacted] staff as Medical Director in 2006. All hiring related to the proposed grant will be conducted in compliance with federal regulations as stated in the grant announcement and subject to terms of the grant agreement.

During project implementation, the Executive Director will work with the organization's bookkeeper and Board Treasurer to ensure grant funds from the Byrne Competitive Program are tracked in a separate bank account, and allocated solely for the positions described in this proposal; management of these funds will comply with terms of subsequent grant agreements between the [redacted] and Office of Justice Programs (OJP).

Impact/Outcomes, Evaluation, Sustainment, and Description of the Applicant's Plan for the Collection of the Data Required for Performance Measures

In submitting this proposal, the Board and staff leadership of the [redacted] state their willingness and readiness to participate in an evaluation to be managed by the National Institute of Justice. Since its inception, the [redacted] has participated fully in independent data gathering and evaluation required by the [redacted] Department of Justice.

In carrying out activities supported by the Byrne Competitive Program, the [redacted] Center will utilize the following tools to measure success: (1) The [redacted] data tracking system will be used to evaluate success in reducing wait times between date of referral

and date of service for both urgent and non-urgent assessments; (2) Quality assessment services will evaluate level of satisfaction of referring agencies, including partners in law enforcement who utilize reports to prosecute child abusers; (3) A parent survey will measure client satisfaction and the helpfulness of the Center's services to children and families; (4) The Executive Director and Medical Director will conduct personnel evaluations on retained staff on an annual basis, and on new staff every six months. Staff will be evaluated based on feedback from referring agency partner agencies, including law enforcement, as well as families who receive services. Personnel goals are routinely established and monitored to ensure on-going professional development.

Reports will be provided to the Office of Justice Programs on a schedule consistent with Recovery Act reporting requirements for grants. Quarterly reports will be submitted within 10 days of the end of each calendar quarter, starting July 10, 2009.

Sustaining Jobs All five positions funded through the proposed grant will be sustained after the 24-month grant period through a privately-funded \$800,000 dedicated capacity expansion campaign, which has been integrated into the \$4.5 million facility construction drive. Approximately \$2.2 million has been committed toward this drive from public and private sources—including a \$700,000 HUD Community Development Block Grant for 2010. The economic recession has caused some leading community donors—including major private foundations—to delay commitments to the plan for growth. Support from the Byrne Competitive Program will decisively leverage approximately \$2 million in additional private sector giving to support victims of child abuse—exemplifying the spirit of public-private partnership that has driven the success of the multidisciplinary child abuse intervention model to date.

**Recovery Act: Edward Byrne Memorial Competitive Grant Program CDFA #16.808
Category VI: Improving Resources and Services for Victims of Crime**

Budget and Budget Narrative

A. Personnel \$468,800

Name	Computation	Cost
A) Family and Clinical Support Specialist	1.0 FTE = \$52,000/yr x 2 yrs	\$ 104,000
B) Executive Assistant	1.0 FTE = \$35,400/yr x 2 yrs	70,800
C) Clinical Supervisor (new)	1.0 FTE = \$75,000/yr x 2 yrs	150,000
D) Community Outreach Specialist (new)	0.6 FTE = \$34,800/yr x 2 yrs	69,600
E) Child Abuse Medical Examiner (new)	0.4 FTE = \$37,200/yr x 2 yrs	74,400
TOTAL	4.0 FTE = \$234,400/yr x 2 yrs	\$468,800

B. Fringe Benefits \$102,600

Name	Computation (Rate)	Cost
Payroll Tax	9% of total salary expense	\$ 42,200
Health Benefits	\$6,400 per eligible employee per yr	51,200
Other Benefits	3% of salary for eligible employees	9,200
TOTAL		\$102,600

C. Travel \$2,600

Purpose	Location	Item	Computation	Cost
DOJ grant meeting	Washington DC	2 staff	\$209 hotel/1 nt	\$418
			\$495 airfare rt	990
			\$60 per diem/2 days	240
DOJ grant meeting	Seattle, WA	2 staff	\$158 hotel/1 nt	\$316
			\$198 travel costs rt	396
			\$60 per diem/2 days	240
Other travel costs will be supported by the streams.			Center through existing revenue streams.	

D. Equipment 0

Item	Computation	Cost
Equipment costs related to the five funded positions can be supported by the : through existing revenue streams. Equipment costs will not be intermingled; Recovery Act resources will be strictly allocated to jobs.		

E. Supplies 0

Supply Item	Computation	Cost
Costs of supplies related to the five funded positions can be supported by the : ... through existing revenue streams. Supplies costs will not be intermingled; Recovery Act resources will be strictly allocated to jobs.		

F. Construction 0

Description	Computation	Cost
None		

G. Consultants/Contracts 0

None

H. Other _____

Description	Computation	Cost
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Total Direct Costs \$574,000

I. Indirect Costs

Indirect costs will be supported by the ' : through existing revenue streams.

Budget Summary Page

A. Personnel/Salary Costs	<u>\$ 468,800</u>
B. Fringe Benefits	<u>\$ 102,600</u>
C. Travel	<u>\$ 2,600</u>
D. Equipment	<u>\$ 0</u>
E. Supplies	<u>\$ 0</u>
F. Construction	Unallowable
G. Consultants/Contracts	<u>\$ 0</u>
H. Other	<u>\$ 0</u>
I. Indirect Costs	<u>\$ 0</u>
TOTAL PROJECT COSTS	<u>\$ 574,000</u>
Federal Request	<u>\$ 574,000</u>
Applicant Funds, if any, to be applied to this project	<u>\$ n/a</u>

Budget Narrative:

A. Personnel

The following rates by staff position are based on research into prevailing market rates for professional qualifications as outlined in attached job descriptions:

- Position A **Family and Clinical Support Specialist**
\$52,000 per FTE Endangered job to be retained at 1.0 FTE

- Position B **Executive Assistant**
\$35,400 per FTE Endangered job to be retained at 1.0 FTE

- Position C **Clinical Supervisor**
\$75,000 per FTE New job to be created at 1.0 FTE

- Position D **Community Outreach Specialist**
\$58,000 per FTE New job to be created at 0.6 FTE

- Position E **Child Abuse Medical Examiner**
\$93,000 per FTE New job to be created at 0.4 FTE

FTE levels for each position were determined by Executive Director _____ and Medical Director _____ based on evaluation of community need and organizational capacity to sustain expanded services.

Specific objectives for each position are identified in Attachment 4: Project Timeline and Position Descriptions

B. Fringe Benefits

The _____ offers health insurance benefits to all employees employed at more than 0.5 FTE. Employees contribute 10% of the total cost while the organization contributes 90%. Retirement benefits are available for employees who are employed at more than 0.5 FTE after 12 months of initial employment. The _____ contributes up to 3% of employee salary to employee's retirement fund for participating and eligible employees.

C. Travel

Travel costs are estimated based on current airfares, hotel rates as cited for 2009 OJP Regional Financial Management Training Seminars, and standard per diem rate for staff.

D. Equipment

Equipment costs will be minor for the proposed project, and will be absorbed into the operating budget. Recovery Act funds will be used strictly for personnel costs.

E. Supplies

Supplies costs will be minor for the proposed project, and will be absorbed into the operating budget.

F. Construction

Construction costs are not an allowed expense for the Byrne Competitive Program. In separate activity, the [redacted] will invest approximately \$3.2 million in new construction, in order to enlarge its current facility.

G. Consultants/Contracts

None

H. Other

Any other costs will be absorbed into the [redacted] operating budget.

I. Indirect Costs

The [redacted] does not seek funding for indirect costs associated with the proposed project

**Recovery Act: Edward Byrne Memorial Competitive Grant Program CDFA #16.808
Category VI: Improving Resources and Services for Victims of Crime**

Project Timeline and Position Descriptions

PROJECT GOAL			
Increase services to victims of child abuse in underserved			region of
Related Objective	Activity	Expected Completion	Responsible Person(s)
<u>Preserving Jobs</u> Retain two critically needed positions that would otherwise be cut due to economic concerns (2.0 FTE)	Renew employment of Family and Clinical Support Specialist <i>Measure: Retain 1.0 FTE</i>	8/1/2009 hire Funded thru 7/31/2011	Exec. Director; Medical Director
	Renew employment of Executive Assistant <i>Measure: Retain 1.0 FTE</i>	8/1/2009 hire Funded thru 7/31/2011	
<u>Creating Jobs</u> Hire three critically needed new positions (2.0 FTE)	Hire Clinical Supervisor <i>Measure: Add 1.0 FTE</i>	8/1/2009 hire Funded thru 7/31/2011	
	Hire Community Outreach Specialist <i>Measure: Add 0.6 FTE</i>	8/1/2009 hire Funded thru 7/31/2011	
	Hire Child Abuse Medical Examiner <i>Measure: Add 0.4 FTE</i>	8/1/2009 hire Funded thru 7/31/2011	
<u>Promoting Recovery</u> Maintaining services without disruption	Family and Clinical Support Specialist to maintain case management helping victims of child abuse access existing community services including Oregon's Crime Victims Compensation Fund; provide essential follow-up support to families at a time of crisis <i>Measure: No drop in services delivered or service quality</i>	7/31/2011; <i>Will report quarterly through end of grant period</i>	Position currently filled by (resume attached)
	Executive Assistant to provide administrative clerical and administrative services needed to maintain service quality and promote future service expansion. <i>Measure: General performance eval</i>	7/31/2011; <i>Will report quarterly through end of grant period</i>	

Related Objective	Activity	Expected Completion	Responsible Person(s)
<p><u>Promoting Recovery</u> Increase in essential services</p>	<p>Clinical Supervisor to work with clinical team, including new Community Outreach Specialist and Child Abuse Medical Examiner to increase assessments by minimum 10% per year; ensure quality of care to meet national and regional best practice standards <i>Measure: % increase in child abuse assessments; service quality evaluation.</i></p>	<p>7/31/2011; <i>Will report quarterly through end of grant period</i></p>	<p>Clinical Super.</p>
<p><u>Promoting Recovery</u> Establish collaborations to avoid reductions in essential services</p>	<p>Community Outreach Specialist to spearhead increased collaboration with schools, early childhood programs including Head Start, and community partner agencies in law enforcement and child welfare. <i>Measure: Number of collaborative relationships formed to avoid reduced services and to avoid duplication.</i></p>	<p>7/31/2011; <i>Will report quarterly through end of grant period</i></p>	<p>Outreach Coord.</p>
<p><u>Enhance or implement initiatives</u> to reduce the incidence of violent crime or improve services to victims</p>	<p>Clinical Supervisor to work with Medical Director and clinical team, including new Child Abuse Medical Examiner to expand capacity to respond to the most urgent cases. <i>Measures: Reduced wait time for the most critically needed support for children who are victims of physical and sexual assault; number of urgent cases seen within 48 hours; decline in number of victims unable to be served due to lack of staff capacity.</i></p>	<p>7/31/2011; <i>Will report quarterly through end of grant period</i></p>	<p>Clinical Super</p>