

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**CHILD ABUSE TREATMENT (CHAT) PROGRAM
REQUEST FOR APPLICATION (RFA)**

PART I INFORMATION

A. INTRODUCTION

This Request for Application (RFA) provides the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *Grant Recipient Handbook*. The *Grant Recipient Handbook* provides helpful information for developing your application, and can be accessed on the OES website, www.oes.ca.gov, by selecting "Plans and Publications," *Grant Recipient Handbook*.

B. CONTACT INFORMATION

Questions concerning this RFA, the application process, or programmatic issues, should be addressed to your Program Specialist:

<u>Specialist Name:</u>	<u>E-mail address:</u>	<u>Telephone number:</u>
Claire Wimbley-Brown	claire.wimbley-brown@oes.ca.gov	(916) 324-9174
Roseann St. Clair	roseann.stclair@oes.ca.gov	(916) 323-7729
Helen Alexander	helen.alexander@oes.ca.gov	(916) 322-2243

C. APPLICATION DUE DATE AND SUBMISSION OPTIONS

One original and one copy of the application must be delivered to OES' Law Enforcement and Victim Services Division by **Thursday, June 1, 2006** (postmarks will be accepted), using one of the following options:

1. Regular or overnight mail, send to:

Governor's Office of Emergency Services
Law Enforcement and Victim Services Division
3650 Schriever Avenue
Mather, CA 95655
Attn: Child Abuse Treatment Program RFA – Children's Section

Hand delivered by **5:00 p.m. Thursday, June 1, 2006** to:

Governor's Office of Emergency Services
Law Enforcement and Victim Services Division
3650 Schriever Avenue
Mather, CA 95655
Attn: Child Abuse Treatment Program RFA – Children's Section

The application will be date/time stamped and, upon request, a receipt will be provided.

D. ELIGIBILITY

The Child Abuse Treatment (CHAT) Program subrecipients funded in Federal Fiscal Year (FFY) 2005/06 are eligible to apply for continuation funding. It is anticipated approximately \$7,005,589 will be allocated to this program for FFY 2006/07. **Please note:** continuation funding is contingent on passage of the 2006 State Budget Act, availability of the federal VOCA funds, successful project performance, and compliance with the grant award agreement.

The CHAT Program is intended to fund child abuse treatment agencies in California. Funds for the CHAT Program are authorized by the Federal Victims of Crime Act (VOCA) of 1984, as amended, codified at 42 U.S.C. 10603.

E. FUNDING

FFY 2006/07 is the third year of a continuous funding cycle. The 12-month grant period will begin **October 1, 2006**, and end **September 30, 2007**.

A match of cash and/or in-kind contribution derived from other resources is a requirement. The match required is twenty percent (20%) and must be calculated based on the total project cost as opposed to the “percent of allocation” method. Funds designated as match are restricted to the same uses as VOCA funds. **Federal monies must not be used to meet the match requirement.**

The funding chart below identifies the funding level and required match for each of the eligible subrecipients.

SUBRECIPIENT AWARD NUMBER	SUBRECIPIENT	TOTAL VOCA FUNDS	20% MATCH	TOTAL PROJECT COST
AT06038527	Amador-Tuolumne Community Action Agency (ATCAA)	\$125,000	\$31,250	\$156,250
AT06031195	Antelope Valley Domestic Violence Council	\$150,000	\$37,500	\$187,500
AT06038530	Asian Community Mental Health Board, Inc., dba Asian Community Mental Health Services	\$200,000	\$50,000	\$250,000
AT06031605	California Parenting Institute	\$200,000	\$50,000	\$250,000
AT06031582	Child Abuse Listening and Mediation	\$150,000	\$37,500	\$187,500
AT06031760	Child Abuse Prevention Council of Placer County	\$150,000	\$37,500	\$187,500
AT06031251	Child and Family Guidance Center	\$200,000	\$50,000	\$250,000
AT06031111	Child and Family Institute	\$200,000	\$50,000	\$250,000
AT06031640	Child Haven, Inc.	\$150,000	\$37,500	\$187,500

SUBRECIPIENT AWARD NUMBER	SUBRECIPIENT	TOTAL VOCA FUNDS	20% MATCH	TOTAL PROJECT COST
AT06031139	Children's Hospital - San Diego	\$200,000	\$50,000	\$250,000
AT06031105	Children's Institute International (CII)	\$200,000	\$50,000	\$250,000
AT06031761	Clinica Sierra Vista	\$200,000	\$50,000	\$250,000
AT06031732	Comprehensive Youth Services of Fresno, Inc.	\$200,000	\$50,000	\$250,000
AT06030080	County of Del Norte	\$125,000	\$31,250	\$156,250
AT06030210	County of Marin	\$150,000	\$37,500	\$187,500
AT06030300	County of Orange	\$200,000	\$50,000	\$250,000
AT06030580	County of Yuba - Probation Department	\$125,000	\$31,250	\$156,250
AT06031561	Crisis Intervention Services dba Tahoe Women's Services	\$125,000	\$31,250	\$156,250
AT06031248	Family Services of Tulare County	\$150,000	\$37,500	\$187,500
AT06031155	Foothill Family Service	\$200,000	\$50,000	\$250,000
AT06031606	For The Child, Inc.	\$200,000	\$50,000	\$250,000
AT06030110	Glenn County Human Resource Agency	\$125,000	\$31,250	\$156,250
AT06031373	Home Start, Inc.	\$200,000	\$50,000	\$250,000
AT06031256	House of Ruth	\$200,000	\$50,000	\$250,000
AT06038528	Imperial County Office of Education	\$150,000	\$37,500	\$187,500
AT06031173	Interface Children Family Services	\$200,000	\$50,000	\$250,000
AT06031209	Lassen Family Services, Inc.	\$125,000	\$31,250	\$156,250
AT06038526	Mendocino County Youth Project	\$125,000	\$31,250	\$156,250
AT06030240	Merced County	\$150,000	\$37,500	\$187,500

SUBRECIPIENT AWARD NUMBER	SUBRECIPIENT	TOTAL VOCA FUNDS	20% MATCH	TOTAL PROJECT COST
AT06031736	New Directions to Hope	\$125,000	\$31,250	\$156,250
AT06031443	New Morning Youth and Family Services, Inc.	\$150,000	\$37,500	\$187,500
AT06031657	Plumas Rural Services	\$125,000	\$31,250	\$156,250
AT06031738	R.E.A.C.H. Clinical Services, Inc.	\$125,000	\$31,250	\$156,250
AT06031034	Sexual Assault & Domestic Violence Center	\$150,000	\$37,500	\$187,500
AT06030450	Shasta County	\$150,000	\$37,500	\$187,500
AT06030500	Stanislaus County	\$150,000	\$37,500	\$187,500
AT06031641	Sutter Lakeside Community Services	\$125,000	\$31,250	\$156,250
AT06031411	The Regents of the University of California	\$200,000	\$50,000	\$250,000
AT06031731	Valley Community Counseling Services, Inc.	\$200,000	\$50,000	\$250,000
AT06031026	Women's Crisis Center	\$150,000	\$37,500	\$187,500
AT06031179	Women's Shelter Program of San Luis Obispo County	\$150,000	\$37,500	\$187,500
AT06031734	Youth for Change	\$150,000	\$37,500	\$187,500
	TOTAL FUNDING:	\$6,825,000	\$1,706,250	\$8,531,250

F. PROGRAM INFORMATION

County child welfare services in California are the primary statewide intervention program for abused, neglected, and exploited children. The service components provided by child welfare services are emergency response, family maintenance, family reunification, and permanent placement. The goal is to protect children at risk of abuse, neglect, and exploitation through an integrated services delivery system, and to provide intensive services to families to ensure safety and permanence to allow the family members to remain together in their own home.

Emergency response consists of 24-hours a-day in-person coverage to respond to reports of abuse, neglect, or exploitation of children to investigate and determine the necessity for providing services. Between the years 2000 – 2003, the child population in California was estimated at 9,800,000; according to the *Child Welfare Services/Caseload Management System (CWS/CMS) –California Department of*

Social Services – Research and Development – Data Analysis and Publications (July 2003), 70,694 children were referred for emergency response services. The breakdown of these referrals were: 25,759 for general neglect; 12,886 for physical abuse; 7,257 for emotional abuse; 7,167 were at risk due to sibling abused; 6,011 for sexual abuse; 4,789 due to caregiver absence or incapacitation; 4,681 due to substantial risk; 2,007 for severe neglect; and 137 for exploitation.

The reason for children entering out-of-home placement (foster care) is primarily due to neglect and physical abuse. A high number of these children suffer from mental health conditions and have multiple needs due to the abuse and neglect experienced at home, the trauma of being separated from their parents, and the uncertainty they face entering the foster care system. The incidence of emotional and behavioral problems and developmental delays are high and several times greater among foster children in comparison with children not in foster care. Since most services are limited or lacking altogether, this population's primary barrier is access to mental health services. Another barrier is proper diagnosis; many children are diagnosed improperly, or not diagnosed at all. The diagnosis impacts treatment and access to services. The lack of coordination among mental health, child welfare, juvenile justice, and other child agencies, affects the ability of children in foster care to get effective services. (*Overview of California's Foster Care: Foster Care Fundamentals, California Research Bureau, California State Library, December 2001.*)

However, the majority of the children in the child welfare system are not in foster care. Statewide, county social workers investigate over half a million reports of child abuse and neglect each year; approximately a quarter are substantiated. In cases where reports are substantiated, social workers provide services to most families while the child remains at home. The child welfare and foster care systems cannot serve children and families in isolation. Health, mental health, substance abuse, education, public welfare, family violence, and other systems play essential roles in ensuring the child's safety and strengthening families. However, there are often conflicting goals and timelines among systems, and many services are in short supply or lacking altogether. (*Overview of California's Foster Care: Foster Care Fundamentals, California Research Bureau, California State Library, December 2001.*)

Based on a survey dated in 2000, the California Department of Health Services (CDHS), Women's Health Project, reported about six percent (6%) of California's women (approximately 700,000) have been victims of domestic violence. During FY 2000/01, 79,683 women reportedly obtained intervention services, and 20,056 children accompanied these women. (*Department of Health Services-State Funded Shelters 2000-2001.*) The 1998 report by the California Women's Health Survey administered by the CDHS, included questions about a woman's relationship with her intimate partner in the previous twelve months. About seventy-five percent (75%) of women who responded "yes" to domestic violence related questions, had children under age 18 residing at home. (*The Prevalence of Domestic Violence in California, California Research Bureau, California State Library, November 2002.*)

Children who witness domestic violence often manifest maladaptive behaviors, conduct disorders, adjustment disorders, oppositional defiant disorders, mood disorders, and poor academic performance. Family violence contributes to many social, educational, and health problems. In homes where there is domestic violence, there is usually violence against children.

The high prevalence of children witnessing domestic violence, with the co-occurrence of other types of abuse, suggests safety issues. Issues inherent of domestic violence must be integrated as a standard consideration in child abuse treatment programs. In accordance with Penal Code Section 13732, agencies offering services to child abuse and domestic violence victims should collaborate in order to improve and integrate service delivery to families experiencing violence. Agencies should also collaborate in the manner in which law enforcement, child welfare agencies, prosecution, child abuse and domestic violence experts, and community-based organizations respond to incidents of domestic violence in homes in which children reside.

1. Clients to be Served

The subrecipient must provide comprehensive direct services to children, especially underserved children, to include children who are dependents of the court, and children in the child welfare

system, regardless of race, ethnicity, language, or religion, under the age of 18 who are victims of abuse, neglect, domestic violence, school violence, community violence, and abduction who do not have access to services due to non-availability of services, lack of resources, and non-eligibility for any other program or services. Underserved children are those child victims who are non-English speaking, children with disabilities, children of racial or ethnic minorities, or children residing in remote rural areas or crime-ridden poverty stricken urban areas.

2. Child Abuse and Neglect Categories

Complete definitions can be found in the CHAT Progress Report and include the following categories: physical; sexual; sexual exploitation; unlawful sexual intercourse; willful cruelty or unjustifiable punishment; unlawful corporal punishment or injury; emotional; abandonment; domestic violence; child maltreatment in the community; child abduction; victims of parental chemical substance abuse; and child victims of terrorist crimes.

3. Federal VOCA Guidelines

The subrecipient must adhere to the Federal Victims of Crime Act (VOCA) allowable costs and guidelines contained in Attachment A. For the purpose of the CHAT Program, the crime victim is solely the child victim under 18 years of age. Services to non-offending family members are allowable expenses only when the services directly support the well being of the child and the child's therapeutic treatment plan.

4. Mandated Program Objectives

The subrecipient must incorporate into the CHAT Program the four measurable primary objectives:

1) Provide Psychotherapy (Treatment) Services

Agencies are to provide psychotherapy treatment services to the child client. For the purpose of the CHAT Program, this means intensive psychotherapy provided on an outpatient basis to child victims by psychotherapists. Psychotherapy includes individual treatment with adjunct group treatment when appropriate.

Psychotherapy should be center-based as opposed to home-based due to issues related to psychological boundary and liability. However, there are situations where treatment services at home are appropriate; for example, when treatment is for a child with disabilities with limited mobility. In this case, subrecipient agencies should have a plan addressing accessibility concerns for children with disabilities and children residing in remote areas.

2) Assistance in Providing Information on Crime Victim Compensation Services

Assistance is to be provided by subrecipient agency staff to child victims who may be eligible to seek victim compensation benefits. Staff should provide information on the availability of the Victim Compensation Program (VCP), explaining the procedure, and referring the child client to the local Victim/Witness Assistance Center. It is not the subrecipient agency's responsibility to determine eligibility.

Please Note: Victims are not eligible to submit claims for reimbursement of psychotherapy services received under the CHAT Program. If a child victim is approved for VCP benefits for therapy, the child victim may no longer receive therapeutic services provided by the CHAT Program and funded by VOCA. However, other supportive services under the CHAT Program are still available to the child victim. Once the VCP benefits are exhausted, the child victim may once again receive services under the CHAT Program.

For your information only: the California Victim Compensation and Government Claims Board (BOARD) administers the VCP. This program is available to aid individuals who have been victims of a crime. This can be a valuable resource to crime victims who wish to obtain outpatient psychotherapy to ameliorate the effects of the crime. A qualifying crime is a crime in which there is threat of physical injury or death. Child abuse and domestic violence are generally qualifying crimes. A child witnessing incidents of domestic violence may qualify as a direct victim. Usually a custodial parent or legal guardian must file the application on behalf of a child victim. A child who is a dependent of the court may qualify for the VCP if he/she is the victim of a qualifying crime. The dependent child's social worker or another person designated by the court must submit an application to the VCP. The Board will make a determination about the eligibility of the claim.

3) **Assistance in Understanding and Participation in the Criminal Justice System**

Assistance is to be provided by subrecipient agency staff to child victims who are involved in the judicial proceedings as the result of a crime committed against the child.

As a way for the subrecipient agency to meet Objectives 2 and 3, subrecipient staff must refer the child victim to the local Victim/Witness Assistance Center for the staff at the center to assist the child victim in receiving VCP (VCP) information, and in understanding and participation in the criminal justice system.

As part of the required RFA CHAT Program documentation, the subrecipient agency must submit to OES the fully executed Operational Agreement (OA) with its local Victim/Witness Assistance Center (Attachment D). The OA must have original signatures from the subrecipient agency's authorized person to sign the CHAT Program Grant Award Agreement and by the Victim/Witness Assistance Center person authorized to sign as designated by the center.

4) **Use of Volunteers**

The agency **must** utilize volunteers in the CHAT Program who are trained in working with child victims of abuse and neglect unless there is a compelling reason to waive this requirement. Written waiver requests documenting the basis for the waiver must be submitted to OES for prior approval; in turn, OES must also receive approval by the U.S. Department of Justice, Office for Victims of Crime prior to granting the waiver.

Volunteers may provide support and advocacy services by working increments of time to add up to at least one full-time equivalent (FTE).

The Court Appointed Special Advocates (CASA) volunteers cannot be used to fulfill the volunteer requirement, the match requirement, or other staff requirement of the CHAT Program project.

5. **Direct Services**

The subrecipient must provide comprehensive services to child victims and to secondary victims such as minor siblings, inclusive of outreach; intake; crisis intervention and stabilization; standardized assessments; individual psychotherapy and group mental health counseling to children; meeting with child's non-offending caregiver in order to help such caregiver assist with therapeutic services for the child; case management; information and referral services; assistance in providing information on crime victim compensation services; and assistance in understanding and participating in the criminal justice system.

THE SUBRECIPIENT MUST NOT CHARGE CHILD VICTIMS FOR SERVICES UNDER THE CHAT PROGRAM.

General federal VOCA definitions of services to be provided to meet mandated objectives are found in the Child Abuse Treatment (CHAT) Program Guidelines in Attachment A.

Please Note: for the purpose of the CHAT Program, the services are only to be provided to child victims. When provided to non-offending family members, this should only be to support the well-being of the child and the child's therapeutic treatment plan.

a. Mental Health Services

The subrecipient must ensure the mental health services are provided in a culturally sensitive and competent manner. Cultural definitions of family and what constitutes appropriate family dynamics, roles, and childrearing methods, can vary widely. There may be a great deal of within-group cultural variations due to acculturation, racial identity, and language, as well as intergenerational issues. It is essential individuals working with child victims be especially aware to cultural issues and how these affect family dynamics. Agency staff must have the ability to communicate with individuals from various cultures regarding cultural expectations, practices, and traditions. It is important services be delivered in a culturally sensitive and competent manner. To this end, professional development in the form of reading, in-service training, and consultation with other mental health professionals is recommended if the professional staff does not reflect the multi-languages and multi-cultures existing in the service area.

b. Children with Disabilities

The subrecipient must accommodate and provide children with disabilities access to its services: children with disabilities are at higher risk for becoming victims of all types of abuse when compared with children who do not have disabilities. Generally, the abuse is more often chronic and severe, with revictimization often caused by the same offender.

Developmental disabilities are defined as certain impairments occurring in childhood having a significant impact on a child's developmental process and progress. The term means a disability originating before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. It includes mental retardation, cerebral palsy, epilepsy, autism, communication, language and speech impairments, hearing impairment, deafness, vision impairment, and blindness.

Some children become disabled as a direct result of the abuse. Although children with disabilities are victimized at rates far exceeding those for other children, they are less likely to have their cases substantiated, and much less likely to be referred for psychotherapy. The family may not believe a child with a disability can benefit from psychotherapy, may be unaware of funding sources, or may lack knowledge about referral resources. It is important for practitioners to be aware in ninety-nine percent (99%) of abuse cases of children with disabilities, the perpetrator is known to and trusted by the child and the family; this is in contrast to approximately eighty-seven percent (87%) for children without disabilities. Issues of safety, trust, and abandonment are more significantly affected. (*Standards of Care – Mental Health Care – Task Force for Child Crime Victims Guidelines – California Victims Compensation and Government Claims Board, 2001.*)

c. Services to Youth/Adolescents

The subrecipient must demonstrate its ability to work with public or private agencies providing services to youth/adolescents, by having current Operational Agreements with, at a minimum, the California Coalition for Youth, the California Workforce Investment Board's State or Local Youth

Council, and centers serving the needs of runaway and homeless youth, and sexually exploited youth.

d. Coordination of Services

The subrecipient must have a goal of ensuring the congruency of services, consistency of care, and reduction of duplication of services. To achieve this goal, the subrecipient must demonstrate the ability to proactively collaborate with other service providers who serve child victims and their family.

The subrecipient must promote within the community coordinated public and private efforts to aid child victims. This includes serving on state, federal, local, or American Indian task forces, commissions working groups, coalitions, and/or multidisciplinary teams. It also includes developing written agreements which contribute to a better and more comprehensive delivery of services to crime victims.

Coordination of efforts enhances the subrecipient's qualifications to receive VOCA victim assistance funds, but are not activities supported with VOCA funds.

G. PREPARING AN APPLICATION

For clarity, included in Forms is an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following components are required for a complete application:

- Application Cover Sheet;
- Grant Award Face Sheet (OES A301);
- Project Contact Information;
- Certificate of Assurance of Compliance;
- Project Narrative;
- Budget Narrative and Budget Forms (OES A303a-c); and
- Application Appendix.