

Memphis Sexual Assault Resource Center

90 Day Assessment Report

September 21, 2009



Public Health
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Memphis and Shelby County Health Department

Introduction

On Monday, June 8, 2009 Shelby County Mayor AC Wharton, Jr. and City of Memphis Mayor Willie W. Herenton announced the Memphis Sexual Assault Center (MSARC) would be transferred to the Memphis Shelby County Health Department effective July 1, 2009. A transition team was created to effectuate the transfer which did, in fact, occur July 1, 2009. The transition team recommended the wholesale transfer of the MSARC operation to County Government with the understanding that a report would be submitted to the County Mayor by October 1, 2009 proposing a long term plan for how MSARC would be structured and organized to best serve victims of sexual assault.

The transition team established an aggressive schedule of meetings with stakeholders to identify critical issues relevant to MSARC. The team determined to prepare a plan which evaluated and proposed recommendations for the following elements:

- Identification of the core services that should be provided by MSARC
- Assessment of the workload to be completed by the agency
- Identification of the type and number of staff necessary to do the work
- Evaluation of issues surrounding office space including the viability of co-location with other services
- Identification of funding streams and preparation of a budget necessary to accomplish the organizational mission

This report will describe the transition of MSARC to a County agency and provide recommendations for the long term operations of MSARC. It is organized in the following sections:

- Backdrop - Examinations in sexual assault cases
- Transition of MSARC to Shelby County Government
- Creation of Advisory Board – Victims of Crime Advisory League (VOCAL)
- Issues/Recommendations
 - What work should MSARC do?
 - What is the projected workload?
 - Who should do the work and what qualifications should they possess?
 - Where should the work be done?
 - How much will it cost?
- Summary

BACKDROP - EXAMINATIONS IN SEXUAL ASSAULT CASES

The public decried a number of management and performance issues at MSARC in the Spring of 2009. These concerns led to an important change in how sexual assaults were addressed in the criminal justice system and ultimately led to the decision to transfer MSARC to Shelby County.

This change resulted in the development of a collaborative by LeBonheur and the Child Advocacy Center to handle sexual assaults of child victims age 12 and under and also handling

adolescent victims age 13-17 who had been victimized by a relative or caregiver. These populations comprised more than 50% of the workload previously seen at MSARC.

The vast majority of sexual assault victims present in two ways: chronic or acute. Chronic cases refer to those who present for treatment of an assault that occurred in the past. Most of these cases are referred from the State of Tennessee's Department of Children's Services and they can be scheduled. Acute cases are those that present immediately or almost immediately following the assault. The acute cases are unpredictable and may present at any time of the day or night.

It seems that the patterns for children and adults differ. It is estimated that 80% of the cases involving children are scheduled. It is also estimated that 90% of the cases involving adults are acute.

TCA 37-1-607 establishes a Child Protection Investigative Team (CPIT). This team meets to review reports of child sexual abuse. The CPIT has established a protocol effective June 1, 2009 that provides for forensic examinations of child sexual assault victims to be done through a collaborative process with LeBonheur and the Child Advocacy Center (CAC). In the "chronic" cases described above both the examination and forensic interview occur at the Child Advocacy Center. In these cases a medical provider from LeBonheur (either a physician or nurse) comes to the Child Advocacy Center to conduct the examination. In the "acute" cases the child is seen at LeBonheur in a room designed for that purpose and a follow up interview is done at the Child Advocacy Center where support services are also available. The prosecutors involved believe this is an optimal system for child victims of sexual assault.

Adult victims of sexual assault tend to present as "acute" cases or immediately after the assault has occurred. These victims are transported by law enforcement to MSARC where the examination takes place. MSARC has counselors and advocates on staff to provide support for victims.

LeBonheur's involvement with the child victims has resulted in a reduction in the number of examinations done by MSARC. It is estimated that 50% or more of the examinations for sexual assault involve child victims.

TRANSITION OF MSARC TO SHELBY COUNTY GOVERNMENT

On June 8th it was announced MSARC would transfer from the City of Memphis to Shelby County Government effective July 1, 2009. It was imperative that the transfer take place without any break in services for victims of sexual assault. The County immediately formed a transition team to effectuate this transfer.

This team included:

Yvonne Madlock	Director, Memphis Shelby County Health Department
Dr. Kenneth Robinson	County Health Officer
Janet Shipman	Assistant County Attorney
Dr. Judy Martin	Health Department – Chief of Nursing
Johnathan Russell	Health Department – Finance Administrator

Carol Farris
Janice Mosley
Bill Powell

Health Department – Human Resources
Health Department – MSARC Liaison
Shelby County Criminal Justice Coordinator

The transition team held a series of meetings aimed at gathering fiscal and operational information on MSARC. Meetings were also held with stakeholders to gain insight into issues related to MSARC and its operations. By Friday, June 12th meetings had been held with:

Dr. Betty Winter	Current Director of MSARC
MSARC staff	
Julie Coffey	Former Director of MSARC
Mary Wilder	Former Director of MSARC
Brenda Canady	Former Director of MSARC
Meri Armour	LeBonheur - President
Susan Steppe	LeBonheur – Director, Child Assessment Program
Maureen O’Conner	LeBonheur – Director of Public Policy
Nancy Williams	Child Advocacy Center – Executive Director
James Challen	Deputy District Attorney General
Bobby Carter	Chief Prosecutor – Child Protection Investigative Team
Danny Kail	Shelby County Human Resources
Jim Martin	Shelby County Employee Benefits
Staff	City of Memphis, City Attorney

On June 18th Mayor Wharton hosted a “listening meeting” at the Main Library for the community to express their thoughts on MSARC. Approximately 50 citizens attended the meeting and provided a great deal of valuable input on MSARC related issues. The transition team held a follow up meeting with City attorneys and Human Resources staff on June 24th to discuss details of transferring staff from the City to the County.

After all of the meetings above it was determined to pursue both an immediate and a longer term solution. The immediate solution involved the transfer of MSARC “as is” to Shelby County effective July 1st. All employees would be retained at their current salary and in their current positions. This would allow continuity of services. The longer term solution involved making the “as is” transfer effective for 90 days while the transition team studied how to make MSARC a viable, effective agency for the long term. The transition team committed to providing a report to the Mayor by October 1, 2009 recommending a longer term plan for MSARC.

Development of a longer term plan was seen as a necessary goal but it was also recognized that a number of immediate changes could and should be implemented. The transition team, through the administration of the Health Department, quickly:

- Established definitive procedures for part-time and on-call staff
- Standardized hiring and training for employees
- Established process of documenting credentials of professional staff
- Developed Quality Improvement (QI) systems for clinical and other practices
- Established improved medical records protocols

These improvements were implemented while the transition team continued conducting meetings with stakeholders to help develop a longer term plan for the vision of MSARC.

CREATION OF – VICTIMS OF CRIME ADVISORY LEAGUE (VOCAL)

Problems surrounding MSARC through the Spring of 2009 generated a huge display of public concern for the work of this agency. On June 8, 2009 Mayor Wharton announced his intention to appoint a victim services board to advise County Government on victims' services. On August 5, 2009 Mayor Wharton signed an Executive Order creating the Victims of Crime Advisory League (VOCAL). VOCAL would be comprised of 18-22 members familiar with issues involving victims of crime. The first charge to this group was to serve as an advisory committee in developing a long term plan for MSARC. VOCAL would then provide systematic advice to Shelby County Government on victims' issues and concerns on a regular basis. VOCAL would be chaired by the Criminal Justice Coordinator.

VOCAL met on August 5th, August 13th, August 27th, September 10th and September 17th. They have provided a great deal of input which has been incorporated into this plan. VOCAL will continue to meet and offer input in ongoing issues such as evidence storage, standardization of evidence gathering protocols for child and adult cases, and collaborative training opportunities

ISSUES/RECOMMENDATIONS

MSARC is an incredibly valuable agency that addresses the issue of sexual assault in a comprehensive way. It is an agency with a lengthy history and has been recognized as a national model in addressing sexual violence. There are a number of issues that must be addressed in order to maintain the viability of MSARC and to help it move forward in the future.

In meeting this challenge the transition team was faced with some basic questions:

1. What work should MSARC do?
2. What is the projected workload?
3. Who should do the work and what qualifications should they possess?
4. Where should the work be done?
5. How much will it cost?

The sections below will discuss these issues and provide recommendations for how they should be addressed.

What work should MSARC do?

Sexual assault is a horrific crime that deeply impacts victims in both physical and emotional ways. A responsible community response to this crime has to both provide for professional gathering of evidence essential to the successful prosecution of these crimes and also must address the emotional trauma suffered by the victims.

This approach requires MSARC to have a professional nursing staff available to conduct forensic examinations of sexual assault victims. It also requires MSARC to have a professional staff of advocates who can assist accompany victims in navigating the justice system and a staff of counselors trained to work with victims in addressing the trauma of sexual assault. The availability of nurses, advocates and counselors present a reactive response to sexual assault. It is also important to devote some attention to the prevention of sexual assault. This can best be accomplished through community outreach and education.

A great deal of discussion has taken place to identify the types of services that should be offered by MSARC.

Recommendation #1:

Core services of MSARC should include

- 1) Forensic Examinations***
- 2) Advocacy and Court Accompaniment***
- 3) Counseling***
- 4) Community Outreach***
- 5) Training***
- 6) System Education***

What is the projected workload?

The workload of MSARC has changed with the advent of the LeBonheur/Child Advocacy Center collaborative. MSARC's caseload will primarily consist of adult victims and child victims age 13-17 victimized by strangers. There will occasionally be child victims from other jurisdictions or who do not fall into the CPIT (Child Protection Investigation Team) guidelines. Due to these recent changes there is some uncertainty about the number of cases projected to be served by MSARC. The best estimates are that MSARC will conduct 60 new forensic examinations per month. This will constitute the workload for the nurses. The workload for the advocates and counselors becomes more speculative because it depends on how long the victims and/or their families need advocacy and counseling services. Cases that are prosecuted through the courts could take a year or longer. Advocates and counselors should be available throughout the duration of the case. Nevertheless, the estimate of 60 new cases per month is the best estimate available for determining the agency workload.

Recommendation #2:

The number of cases to be used for staffing and budgeting plans is 60 new cases per month.

Who should do the work and what qualifications should they possess?

The staffing of MSARC is dependent upon the workload and on the amount and type of services provided. The workload has clearly decreased with a high percentage of cases being redirected to LeBonheur/Child Advocacy Center.

The type of services to be offered presents a different set of questions. A core service provided by MSARC for victims of sexual assault is a forensic examination by a specially trained SANE (Sexual Assault Nurse Examiner) nurse. The nurses work part time on an “on-call” basis.

Coverage must be provided on a 24/7 basis. All nurses with the exception of the Nursing Services Coordinator are part-time employees. A schedule of on-call staff is created and provided to the police dispatcher. When an “acute” case occurs the police dispatcher contacts the on-call nurse and counselor who meet the police officer and the victim at MSARC. Nurses must be SANE (Sexual Assault Nurse Examiner) certified. Not only must they be capable health care professionals they must also be competent and effective witnesses. Inexperienced or ineffective nurses not only fail to properly care for the victim, they weaken the prosecution of the case.

In order to provide necessary coverage a complement of 20 part time nurses should be available. Even given the reduced workload, it is likely this complement will remain the same since the vast majority of adult cases are “acute” and likely to present at any time. Nurses are paid a flat rate for each shift for which they are on call. If they are called in they are paid an hourly rate. These nurses must also be available for court proceedings and are paid for that work.

In addition to this examination, victims of sexual assault also need advocacy and counseling services. The intimate nature of sexual assault requires special training on the part of the counselor and the advocate. Sexual assault is a traumatic and deeply personal violation of an individual. These victims often need extensive counseling to address the trauma resulting from this crime. Advocacy services are needed to help the victim navigate the justice system and to help provide ongoing support for the victim throughout this traumatic ordeal. Law enforcement advocates also must be available on a 24/7 basis. Assaults that occur after hours require not only a nurse to conduct the examination but require an advocate to conduct a basic intake and be available for crisis intervention. In order to provide necessary coverage there should be 10 part time law enforcement advocates available in addition to the three full time law enforcement advocates. The part time Law Enforcement Advocates provide coverage after hours and on weekends. Their primary responsibilities include crisis intervention in “acute” cases and conducting an intake to identify victim needs. The full time Advocates then work with victims on an on-going basis to meet those needs and provide court accompaniment as needed throughout the duration of the case. Sexual Assault Counselors provide more in depth counseling services for victims who need that type assistance.

Part time Education Specialists will work to provide community outreach and education in sexual assault prevention. They will coordinate with the Health Educators and Health Promotions staff of the Health Department.

It has been questioned whether these counseling, advocacy and outreach services necessarily need to be provided directly by MSARC or could they be provided through referral to some other agency. The transition team, with the help of VOCAL and others, concludes that the unique nature of sexual assault creates issues that require specialized counselors, advocates and educational staff. This expertise does not currently exist on the necessary scale outside of MSARC. A forensic examination provides the evidence necessary for the successful prosecution

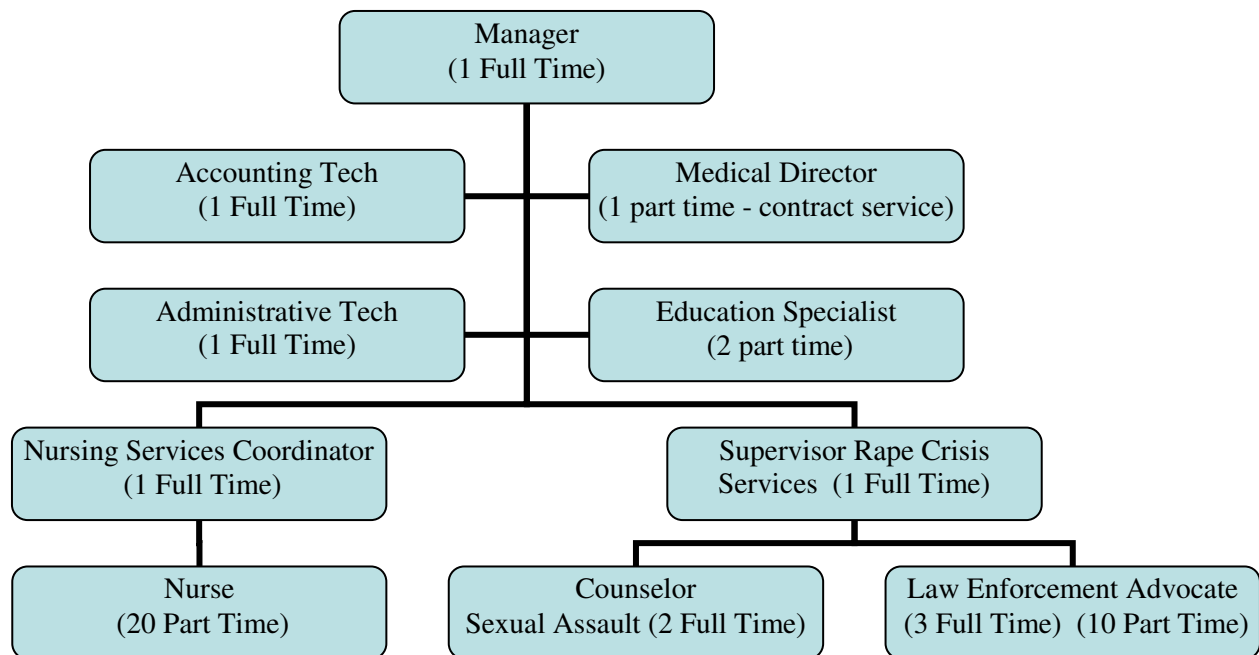
of sexual assault crimes. A victim centered approach requires more than successful prosecution. These victims need significant support in navigating the justice system and substantial counseling to help overcome the trauma associated with a sexual assault. These services need to be provided by professionals with specialized training and expertise to help those victimized by this crime. Community outreach and system education likewise require specific expertise on issues of sexual assault and prevention. MSARC is the centerpiece of this community's response to sexual assault and victims coming to this facility for the necessary forensic examinations should be offered proper support by trained professionals.

There is another important consideration in the area of staffing. That is the need for a culturally sensitive response in all areas. There are a number of non-English speaking sexual assault victims. This fact presents an array of problems including lack of reporting and diminution of the quality of response to victims with whom we have problems communicating.

Recommendation #3:

The transition team therefore recommends the following staffing complement:

This staffing plan provides for all services related to sexual assault to be provided directly by MSARC staff. This includes forensic examinations by SANE qualified nurses and counseling, advocacy and outreach services to be provided by qualified professional staff.



Where should the work be done?

MSARC is currently located at 2675 Union Extended in Memphis. This is a leased stand alone building housing only MSARC operations. The space is comprised of 4,500 usable square feet and the lease is \$76,000 annually. The lease expires in March 2010. Although the square footage may be sufficient there are a number of problems with the space. Some of these problems include: poor design, only one examination room available, no shower for victims, evidence storage issues, etc.

There has been some discussion of whether it makes sense for MSARC to co-locate with the proposed Family Safety Center (FSC). The FSC is a “one stop shop” for victims of domestic violence. The concept involves co-locating law enforcement, prosecutors and social services agencies serving victims of domestic violence in one location. This co-location makes it much easier for victims and the synergy achieved by the agencies located at this facility theoretically improve communication and performance of those agencies.

There are both pros and cons to the co-location of MSARC with the FSC. Arguments for co-location include improved communication with other agencies serving victims of sexual assault, ability to provide victims a greater array of services at one location and possible economies of scale depending on how work might be shared. Arguments against co-location center around the unique nature of sexual assault and the need for confidentiality and individualized services. The decision whether to co-locate was discussed at length at a meeting of VOCAL with both views represented. After a lengthy discussion it was determined there would be significant advantages to the co-location of MSARC with the Family Safety Center but services should remain largely separate. The advantages included:

- Improved office space
- Negligible cost difference
- Additional examination room
- Shower facilities for victims
- Close contact with other agencies serving victims

Questions remain about the timing of the opening of the FSC and the expiration of the lease on the current MSARC facility. The FSC currently anticipates opening in January 2010 but much work remains to meet that date.

Recommendation #4:

The transition team recommends co-location of MSARC with the Family Safety Center. This co-location will essentially involve locating in the same building. MSARC should maintain a separate entrance and separate staff. Confidentiality for victims should remain a priority.

How much will it cost?

MSARC has a number of funding streams. They receive reimbursement for each examination performed. The rate is \$750 for each exam for cases in Tennessee (approx. 90% of the cases), up to \$1,000 for each exam for cases from Mississippi and Arkansas. The total revenue for reimbursements could be expected to drop as much as 50% with the change in child victims going to LeBonheur. In addition to reimbursements MSARC has a number of grants that provide support services. Some of these grants include:

<u>Name of Grant</u>	<u>Amount of Award</u>
VOCA	\$182,534
STOP	21,100
TCADSV	35,500
TDH	35,000

There is some uncertainty with the budget due to the change in workload and revenue associated with the cases now handled by the LeBonheur/Child Advocacy Center collaborative. In addition, other operations are grant funded which is always somewhat tenuous although MSARC will be seeking other grants to support its operation. It is clear that MSARC is a costly operation. The total funding needed to operate MSARC is \$1,196,103. That cost is offset by revenue (660,000) and grant funds (\$309,800) leaving \$226,303 to be funded by Shelby County. It should be noted that the \$660,000 revenue includes \$120,000 from the City of Memphis for the transition and may not be available in future years. If it is not available, funding required from Shelby County will around \$350,000.

Recommendation #5:

The transition team recommends the following funding needs:

	<u>General Fund</u>	<u>Grants</u>
<i>Personnel</i>	<i>\$612,284</i>	<i>\$295,883</i>
<i>Rent</i>	<i>76,560</i>	<i>0</i>
<i>Contracts</i>	<i>77,453</i>	<i>0</i>
<i>O&M</i>	<i>120,006</i>	<i>13,917</i>
<i>Revenue</i>	<i><u>(660,000)</u></i>	<i><u>(309,800)</u></i>
<i>Total</i>	<i>\$226,303</i>	<i>\$ 0</i>

SUMMARY

On June 8, 2009 it was decided that MSARC would become part of the Health Department effective July 1, 2009. The transition team worked to successfully accomplish this shift and has worked diligently to plan for the future of this critically important agency. The team has met repeatedly with an advisory board, the Victims of Crime Advisory League (VOCAL), and received a great deal of input in this plan.

Issues were examined and recommendations made in this report to address the basic questions:

1. What work should MSARC do?

Recommendation #1

Core services of MSARC should include

- 1) *Forensic Examinations*
- 2) *Advocacy and Court Accompaniment*
- 3) *Counseling*
- 4) *Community Outreach*
- 5) *Training*
- 6) *System Education*

2. What is the projected workload?

Recommendation #2:

The number of cases to be used for staffing and budgeting plans is 60 new cases per month.

3. Who should do the work and what qualifications should they possess?

Recommendation #3:

The transition team therefore recommends the following staffing complement:

<u><i>Full Time</i></u>		<u><i>Part Time</i></u>	
<i>Manager</i>	<i>1</i>	<i>Education Specialist</i>	<i>2</i>
<i>Nursing Services Coordinator</i>	<i>1</i>	<i>Medical Director</i>	<i>1*</i>
<i>Supervisor Rape Crisis Services</i>	<i>1</i>	<i>Nurse</i>	<i>20**</i>
<i>Sexual Assault Counselor</i>	<i>2</i>	<i>Law Enforcement Advocate</i>	<i>10**</i>
<i>Law Enforcement Advocate</i>	<i>3</i>		
<i>Accounting Technician</i>	<i>1</i>	<i>Total</i>	<i>33</i>
<i>Administrative Technician</i>	<i><u>1</u></i>	<i>* Contracted service</i>	
		<i>** These positions create a pool of</i>	
		<i>“on-call” professionals for night &</i>	
<i>Total</i>	<i>10</i>	<i>weekend coverage</i>	

This staffing plan provides for all services related to sexual assault to be provided directly by MSARC staff. This includes forensic examinations by SANE qualified nurses and counseling, advocacy and outreach services to be provided by qualified professional staff.

4. Where should the work be done?

Recommendation #4:

The transition team recommends co-location of MSARC with the Family Safety Center. This co-location will essentially involve locating in the same building. MSARC should maintain a separate entrance and separate staff. Confidentiality for victims should remain a priority.

5. How much will it cost?

Recommendation #5:

The transition team recommends the following funding needs:

	<u>General Fund</u>	<u>Grants</u>
<i>Personnel</i>	<i>\$612,284</i>	<i>\$295,883</i>
<i>Rent</i>	<i>76,560</i>	<i>0</i>
<i>Contracts</i>	<i>77,453</i>	<i>0</i>
<i>O&M</i>	<i>120,006</i>	<i>13,917</i>
<i>Revenue</i>	<u><i>(660,000)</i></u>	<u><i>(309,800)</i></u>
Total	\$226,303	\$ 0

There is a strong consensus that the crime of sexual assault is unique and requires a dedicated, professionally trained staff to provide a high level of services in a culturally sensitive manner. Provision of these services in a co-location model with space designed for victim focused services offers the opportunity to enhance services for victims of this traumatic event while facilitating the communication necessary to improve prosecution of these crimes. Due to the regional nature of this vital service we are recommending the name be changed to Mid-South Sexual Assault Resource Center although the acronym remains the same (MSARC).

The recommendations in this report will go far in re-establishing MSARC (Mid-South Sexual Assault Resource Center) as a first class regional operation supported by a strong community voice. The advisory group, VOCAL (Victims of Crime Advisory League) has been instrumental in developing these recommendations and unanimously supports the proposals contained in this report.

The transition team believes the proposals set forth in this plan will meet the immediate needs of victims and will provide a system that returns MSARC to the role of national model for services to victims of sexual assault.