

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution X, Z and C-3

POLICY GUIDE 99.07

TREATMENT REFERRALS FOR VICTIMS OF SEXUAL ABUSE

RELEASE DATE: June 30, 1999
TO: Rules and Procedures Bookholders and Direct Service Staff
FROM: Jess McDonald, Director
EFFECTIVE: July 15, 1999

I. PURPOSE

More than 8,000 children in Illinois were identified victims of sexual abuse in 1998 and thousands more have been brought to the attention of the Department of Children and Family Services in previous years. Sexually abused children who do not receive prompt clinical intervention for their victimization are at risk of developing serious and persistent emotional disorders, including reactive behaviors which may pose a risk of sexual harm to others.

Child protection workers, case managers and supervisors routinely refer child victims of sexual abuse for medical and counseling services to protect the physical and emotional health of these children. The purpose of this policy guide is to encourage more focused therapeutic interventions for these children, while supporting the ongoing efforts of workers in the public and private sector of child welfare. In support of this goal, the Department requires that child victims of sexual abuse be referred to qualified treatment providers who have clinical experience in the field of child sexual abuse.

II. PRIMARY USERS

The primary users of this policy guide are Department caseworkers, supervisors, Field Services Managers, Administrative Case Review (ACR) staff, Agency Performance Teams (APT), and purchase of service agency (POS) caseworkers and supervisors.



III. KEY WORDS

Child victims of sexual abuse, focused therapeutic intervention, qualified treatment providers, Treatment Referral Form, Clinical Services Manager, best practice

IV. IDENTIFICATION OF CHILD VICTIMS OF SEXUAL ABUSE

Child victims of sexual abuse (Allegations 18, 19, 20 and 21) will be brought to the attention of caseworkers and supervisors by the Division of Child Protection in compliance with Procedures 300, Section 300.150 (Referral for Services). Child victims of sexual abuse shall be screened for referral for specialized treatment services in accordance with this policy guide.

V. TREATMENT SERVICE REFERRAL STANDARDS

1. Child victims of sexual abuse shall be referred to qualified and experienced providers to receive treatment for their victimization when:
 - a. the child was a victim of sexual abuse on or after the effective date of this policy guide; and
 - b. the child has been determined to have a sexually transmitted disease (Allegation 18); or
 - c. the child has been determined to have been sexually penetrated (Allegation 19); or
 - d. the child has been determined to have been sexually exploited (Allegation 20); or
 - e. the child has been determined to have been sexually molested (allegation 21); and
 - f. the child/family has an open case with the Department (Intact Family or Placement); or
 - g. the child/family has been referred for case opening; or
 - h. the child/family is being served directly by the Department or through a purchase of service agency.
2. Department and POS caseworkers are **not** required to refer child victims of sexual abuse for treatment services when any of the following conditions exist:

- a. The child and/or family are already receiving appropriate therapeutic services from a qualified clinician, including residential treatment, and the clinician has been informed of the child's victimization. This includes children and/or families who have completed treatment with a therapist who was aware of the child's sexual abuse.
- b. There are no child safety or protection issues and a Child and Youth Centered Information System (CYCIS) case is not being opened. In cases that are not referred for opening, including reports which are unfounded, the assessing worker in downstate regions or the Division of Child Protection (DCP) worker in Cook County shall provide the parents with resource information for treatment and intervention, including child advocacy centers, assault and abuse services, or family counseling centers.
- c. Parents of an intact family case decline the treatment referral for their child who is not a ward of the Department and under the age of 13. Children ages 13 and older can consent to the treatment referral. When treatment services are declined, the caseworker shall monitor the child's safety in accordance with the Child Endangerment Risk Assessment Protocol. When appropriate, the caseworker should continue to encourage the family to accept a referral for treatment.

VI. SERVICE REFERRAL PROCEDURE

1. Department and POS caseworkers and their supervisors are responsible for referring child victims of sexual abuse for specialized therapeutic services within **ten** working days after receipt of the CFS 1440.
2. All treatment referrals are to be made by the caseworker using the **CFS 603, Sexual Abuse Treatment Referral** form (Attachment I).
3. Child victims of sexual abuse **must be referred to qualified treatment providers with clinical experience in the field of child sexual abuse.** The attached list of treatment providers (Attachment II) is not definitive. Caseworker questions concerning the use of providers in their area not identified in Attachment II should be directed to his/her immediate supervisor or the regional Clinical Services Manager.
4. The supervisor's signature approval is required on the CFS 603 before the caseworker establishes the first appointment for the client with the qualified provider identified in Section I of the form.

5. Within ten working days of receipt of the CFS 1440, Department and POS caseworkers shall forward a copy of the completed CFS 603 to the following persons:

- Treatment Provider
- Clinical Services Coordinator
- Susan Netznik
DCFS – Division of Clinical Services
406 East Monroe Street, Station #222
Springfield, IL 62701
Phone: 217/524-3697
FAX: 217/524-3241

VII. DEFLECTED TREATMENT REFERRALS

1. Caseworkers shall complete Section II of the CFS 603 when the caseworker determines that a referral for treatment services is not required or appropriate (e.g., child is under the age of four, child has functional impairments which preclude participation in treatment).
2. The caseworker shall obtain the approval and signature from his/her regional Clinical Services Manager as well as his/her immediate supervisor on the CFS 603.
3. The caseworker shall forward the completed CFS 603 to Susan Netznik within **ten** working days of receipt of the CFS 1440.

NOTE: Children cannot be deflected from treatment without the approval of the caseworker's immediate supervisor and the regional Clinical Services Manager.

VIII. CASE MONITORING AND OVERSIGHT

Department and POS supervisors are responsible for assuring that child victims of sexual abuse are referred for and receive treatment in accordance with this policy guide, as well as performing case oversight and monitoring functions. Supervisory approval is required for any planned change of providers, changes in services or termination. The reason(s) for any change in the child's treatment plan must be clinically sound and clearly documented in the child's case record.

The Clinical Services Manager or his/her designee will provide case consultation at the request of the Department or POS supervisor, or when there are concerns/questions about services or treatment goal progress. Clinical Services Managers may review case records and/or request a telephone conference or staffing on behalf of any child receiving treatment services for sexual abuse.

IX. STANDARDS OF SERVICE

The Department of Children and Family Services is committed to providing therapeutic services that represent best practice to child victims of sexual abuse. Services must meet the following criteria in order to achieve this goal:

- Therapeutic treatment determinations must be individualized to the child's age and gender.
- Treatment plans must emphasize the child's strengths rather than weaknesses.
- Therapeutic treatment services must be focused and time-limited.

Children who have been sexually or physically abused over extended periods of time, or who have suffered physical trauma from abuse, or have been traumatized by domestic violence typically require longer-term treatment. Services for these children shall continue until established treatment goals have been achieved.

Standards of intervention for child victims of sexual abuse will be developed by the Department with input from the provider community to ensure that these children receive clinically sound services. These standards will be used to establish a clinical protocol for treatment as well as certification requirements for providers. Department and POS staff will receive training on the requirements in the standards for treatment and intervention with sexually abused children.

Questions regarding referrals or services for child victims of sexual abuse should be directed to Susan Netznik, 217/524-3697.

X. CASE TRACKING

The CFS 603, Sexual Abuse Treatment Referral form, will be used by the Division of Clinical Services to develop a monthly tracking report which will list all children identified as victims of sexual abuse, agencies providing treatment services, and referral and initiation of treatment dates. Dispositional information for children deflected from treatment and the reason(s) for the deflection shall also be included in the monthly tracking report. Monthly tracking reports will be sent to Regional Administrators, Clinical Services Managers, DCP managers and supervisors and Agency Performance monitors.

XI. ATTACHMENTS

The following items are attached to this policy guide:

- Attachment I, CFS 603, Sexual Abuse Treatment Referral form
- Attachment II, Treatment Providers

XII. FILING INSTRUCTIONS

This policy guide is to be filed with Procedures 302, Subpart C, Section 302.320 (Counseling or Casework Services).

Attachment I
State of Illinois
Department of Children and Family Services
SEXUAL ABUSE TREATMENT REFERRAL

Date: _____ SCR/UIR #: _____

Child's Name: _____ Age: _____ DOB: __/__/__ Race: _____ Sex: _____

I.D. #: _____ Region: _____ Team #: _____ POS Agency: _____

Section I Child Referred For Treatment Services

The above referenced child was referred for treatment of sexual abuse on ____/____/____.
Date of first appointment ____/____/____

Name of treatment provider:
Address:
Phone:

Supervisor's Signature _____ Date: _____

Caseworker's Signature _____ Date: _____

Section II Child Not Referred For Treatment Services

A supervisory review of the available information and reports concluded that a referral for treatment of sexual abuse for the above referenced child is unnecessary or inappropriate for the following reason(s)

Caseworker's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Clinical Services Manager's Signature _____ Date: _____

This form is to be submitted to Susan Netznik, Department of Children and Family Services, 406 East Monroe Street, Station #222, Springfield, IL 62701

Distribution by caseworker:
Treatment Provider
Clinical Services Coordinator
Susan Netznik

Attachment II

TREATMENT PROVIDERS FOR VICTIMS OF SEXUAL ABUSE

SOUTHERN REGION

<p>Advance Behavioral Health Services (St. Mary's Hospital) 1921 Broadway Mt. Vernon, IL 62864 618/242-9226 Fax: 618/242-9230</p>	<p>Family Life Consultants 2014 Vandalia Avenue Collinsville, IL 62234 618/345-9536 Fax: 618/349-9536</p>
<p>Alternative Counseling, Inc. #1 Mark Twain Plaza, Suite 325 Edwardsville, IL 62025 618/656-5104 Fax: 618/656-5196</p>	<p>3 Meadow Heights Professional Bldg. Collinsville, IL 62234 618/345-9536 Fax: 618/345-9536</p>
<p>Call for Help 7623 (R) West Main Belleville, IL 62223 618/397-0996 Fax: 618/397-6836</p>	<p>Franklin Williamson Human Services 1307 West Main Street Marion, IL 62959 618/997-5336 Fax: 618/937-1440</p>
<p>Children's Center for Behavioral Development 353 North 88th Street Centreville, IL 62203 618/398-1152 Fax: 618/398-6977</p>	<p>Gary Lemmon & Associates 904 East Main Norris City, IL 62869 618/378-3010 Fax: 618/378-2308</p>
<p>Community Resource Center 1325 C. West Whittaker Street Salem, IL 62881 618/548-2181 Fax: 618/548-1035</p>	<p>Heartland Human Services 1200 North Fourth Street P.O. Box 1047 Effingham, IL 62401 217/347-7179 Fax: 217/342-6716</p>
<p>Egyptian Health Department 1412 U.S. 45 N. Eldorado, IL 62930 618/273-3326 Fax: 618/273-2808</p>	<p>Jefferson County Comprehensive Services Route 37 North P.O. Box 248 Mt. Vernon, IL 62864 618/242-1511 Fax: 618/242-6392</p>

Southern Region

<p>Life Paths 901 Medical Park Drive, Suite 301 Effingham, IL 62401 217/347-5252 Fax: 217/347-5757</p>	<p>Matthew & Associates P.O. Box 546 Herrin, IL 62948 618/988-1757 Fax: 618/988-1700</p>
<p>Lutheran Socail Services of IL 1616 West Main, Suite 402 Marion, IL 62959 618/997-9196 Fax: 618/997-6843</p>	<p>Red Hill Counseling Center 212 East South Avenue Sumner, IL 62466 618/936-2151 Fax: 618/936-2151</p>
<p>Massac County Mental Health 206 West Fifth Metropolis, IL 62960 618/524-9368 Fax: 618/524-9551</p>	<p>Woodham, Sheryl, L., LCSW First United Methodist Church 335 South Fiar Street Olney, IL 62450 618/392-2250 Fax: 618/392-2250 (Call before sending Fax)</p>

NORTHERN REGION

<p>Advocate Health & Hospitals Corp. 391 Quadrangle Drive, Suite N4 Bolingbrook, IL 60440 630/679-0127 Fax: 630/679-0323</p>	<p>Evangelical Health Services (See Advocate Health & Hospital Corp.)</p>
<p>Central Baptist Family Services P.O. Box 218 Lake Villa, IL 60046 847/356-2391 Fax: 847/356-2436</p>	<p>Family Advocate 716 North Church Street Rockford, IL 61103 815/965-5172 Fax: 815/965-5174</p>
<p>77 Riverside Drive Elgin, IL 60126 847/741-7140 Fax: 847/741-2089</p>	<p>Family Counseling Service of Aurora 70 South River Street, Suite 3 Aurora, IL 60506-5178 630/844-9090 Fax: 630/844-9030</p>
<p>Community Counseling Associates 4500 West 147th Street Midlothian, IL 60445 708/597-0032 Fax: 708/597-0649</p>	<p>Interactional Counseling 496 Forest, Suite 4 Glen Ellyn, IL 60137 630/545-2857 Fax: N/A</p>

Northern Region

<p>Kankakee County KC CASA 401 North Wall Street, Suite LL07 Kankakee, IL 60901 815/936-7372 Fax: 815/936-9829</p>	<p>Northwest Treatment Associates 273 East Chicago Street Elgin, IL 60120 847/608-8570 Fax: 847/608-8572</p>
<p>Latino Youth Services 529 West Elk Grove Elk Grove Village, IL 60007 847/593-7077 Fax: 847/593-7056</p>	<p>Simonelic, Becky 972 North Main Street Rockford, IL 61103 815/963-5095 Fax: N/A</p>
<p>Lederman, Chuck, Ph.D 10 West Jefferson Naperville, IL 60540 630/416-3146 fax: N/A</p>	<p>Slocum, Susan 201 South Winnebago Road Winnebago, IL 61088-9030 815/335-2683 Fax: N/A</p>
<p>Markarian, Dr. Larissa 10 West Martin Street Naperville, IL 60540 630/961-00410 Fax: N/A</p>	<p>Thorud, Robert, Ph.D 2610 East Cass Joliet, IL 60432 815/722-1855 Fax: N/A</p>
<p>McHenry County Youth Service Bureau 101 South Jefferson Street Woodstock, IL 60098 815/338-7360 Fax: 815/337-5510</p>	<p>White, Paul 3703 North Main Street Rockford, IL 61103 815/964-9590 Fax: 815/877-9382</p>

CENTRAL REGION

<p>ABC Counseling 115 West Jefferson, Suite 103C Bloomington, IL 61701 309/828-3367 Fax: 309/827-4539</p>	<p>Brower, Penny 4617 North Prospect, Suite 11-A Peoria Heights, IL 61614 309/681-1860 Fax: 309/971-1871</p>
<p>Bromenn Health Care 406 West Virginia Normal, IL 61761 309/451-2910 Fax: 309/451-2913</p>	<p>Catholic Social Services P.O. Box 817 Peoria, IL 61652 309/671-5720 Fax: 309/671-0257</p>

Central Region

<p>Center for Children’s Services 702 North Logan Danville, IL 61832 217/446-1300 Fax: 217/446-1325</p>	<p>Community Resource & Counseling Center Route 45 North & Pine Street Paxton, IL 60957 217/379-4302 Fax: 217/379-4304</p>
<p>Center Pointe 1801 Fox Drive, P.O. Box 1640 Champaign, IL 61824-1640 217/398-8080 Fax: 217/398-0172</p>	<p>DeWitt County Human Resource Center 1150 route 54 West, P.O. Box 616 Clinton, IL 61727 217/935-9496 Fax: 217/935-4508</p>
<p>Central Baptists 1674 West Polk Avenue Charleston, IL 61920 217/345-6554 Fax: 217/345-4611</p>	<p>Douglas County Mental Health Counseling 114 West Houghton Tuscola, IL 61953 217/253-4731 Fax: 217/253-4733</p>
<p>Chestnut Health Systems 702 West Chestnut Bloomington, IL 61701 309/827-6026 Fax: 309/829-0016</p>	<p>Family Services of Champaign County 405 South State Street Champaign, IL 61820 217/352-0099 Fax: 217/352-9512</p>
<p>Child Abuse Council (SATP) 525 16th Street Moline, IL 61265 309/764-7017 Fax: 309/757-8554</p>	<p>Goodale, Susan 410 Fayette Street, Suite 201 Peoria, IL 61602 309/671-3822 Fax: 309/694-7920</p>
<p>Clinical Systems 3151 Butler Avenue Springfield, IL 62703 217/529-2142 Fax: 217/529-2174</p>	<p>Greenslate, Pam 7211 North Knoxville Avenue Peoria, IL 61614 309/691-5515 Fax: N/A</p>
<p>Coles County MHC 1300 Charleston Avenue Mattoon, IL 61938 217/234-6405 Fax: 217/258-6136</p>	

Central Region

<p>Gremmels, Pamela Old Levee all, P.O. Box 152 Monticello, IL 61856 217/369-0335 Fax: 217/359-9862</p>	<p>Mental Health Centers of Central Illinois 710 North Eighth Street Springfield, IL 62702 217/525-1064 Fax: 217/525-9047</p>
<p>Hill, Ron 410 Fayette Street, Suite 201 Peoria, IL 61602 309/671-3826 Fax: 309/671-3825</p>	<p>Mental Health Centers of Champaign County 1801 Fox Drive, P.O. Box 1640 Champaign, IL 61824-1640 217/398-8080 Fax: 217/398-0172</p>
<p>Institute for Human Resources 310 East Torrance Avenue Pontiac, IL 61764 815/844-6109 Fax: 815/844-3561</p>	<p>Phelps, Alane P.O. Box 181 Monticello, IL 61856 217/762-4507 Fax: N/A</p>
<p>Iroquois Mental Health Center 908 East Cherry Street, P.O. Box 322 Watseka, IL 60970 815/432-5241 Fax: 815/432-4537</p>	<p>Piatt County Mental Health Center Route 105 North Monticello, IL 61856 217/762-5371 Fax: 217/762-4066</p>
<p>Lutheran Social Services of IL 610 Abington Street Peoria, IL 61603 309/671-0300 Fax: 309/671/0503</p>	<p>Rape Information & Counseling 110 West Laurel Springfield, IL 62704 217/744-2560 Fax: 217/744-2562</p>
<p>Maddox, Keith 718 North Kankakee Lincoln, IL 62656 217/732-3205 Fax: N/A</p>	<p>Shelby County Mental Health Center 1810 West South Third Shelbyville, IL 62565 217/774-2114 Fax: 217/774-2256</p>
<p>McClellan County Center for Human Services 108 West Market Street Bloomington, IL 61701 309/827-5351 Fax: 309/829-6808</p>	<p>U of Illinois C/O Linda Simkins 530 NE Glen Oak Peoria, IL 61637 309/655-3640 Fax: 309/655-2565</p>

COOK REGIONS

CENTRAL

C.A.U.S.E.S

836 w. Wellington
Chicago, IL 60657-5147
773/248-5500
Fax: 773/248-5688

La Rabida

East 65th Street at Lake Michigan
Chicago, IL 60649
773/363-6700
Fax: 773/363-7160

NORTH

C.A.U.S.E.S.

836 W. Wellington
Chicago, IL 60657-5147
773/248-5500
Fax: 773/248-5688

SOUTH

La Rabida Children's Hospital

East 65th Street at Lake Michigan
Chicago, IL 60649
773/363-6700
Fax: 773/363-7160