



Nagisa Kondo, Psy. D.  
Family Advocacy Center Director



# ADVOCACY CENTERS IN INDIAN COUNTRY

Salt River Pima-Maricopa Indian Community



# AGENDA

Development of SRPMIC's Family Advocacy Center

Function of the FAC as an Investigative Hub

How the FAC Supports Healthy Outcomes



# TRIGGER WARNING

The information shared in this presentation is vital in addressing abuse of children, but it does have content that may be triggering for some.

Please take care of yourself during this presentation.



The Salt River Pima-Maricopa Indian Community Family Advocacy Center provides a secure and healing environment for investigating the abuse of children and vulnerable adults by utilizing a collaborative, multi-disciplinary approach that promotes justice, healing, and resiliency while honoring the cultural values and traditions of the Akimel O'odham and Xalychidom Piipaash.





# TIMELINE



2005

TPO used paper files and had no case management software.

Parents were not represented in dependency cases.

No GALs were assigned to dependent court wards.

CPS and PD rarely interacted.

2005-2008

Informal protocols were put into place between TPO and PD for telephonic notification in major cases.

Emphasis on "best interest of the child" analysis began in earnest.

Identified some lack of trust between departments.

AUGUST 2008

Two Community children, ages 3 and 4, who had been in CPS care previously, died..

Mother was severely intoxicated and had purchased liquor several times that day.

No one was supervising the children.

LATE 2008-2009

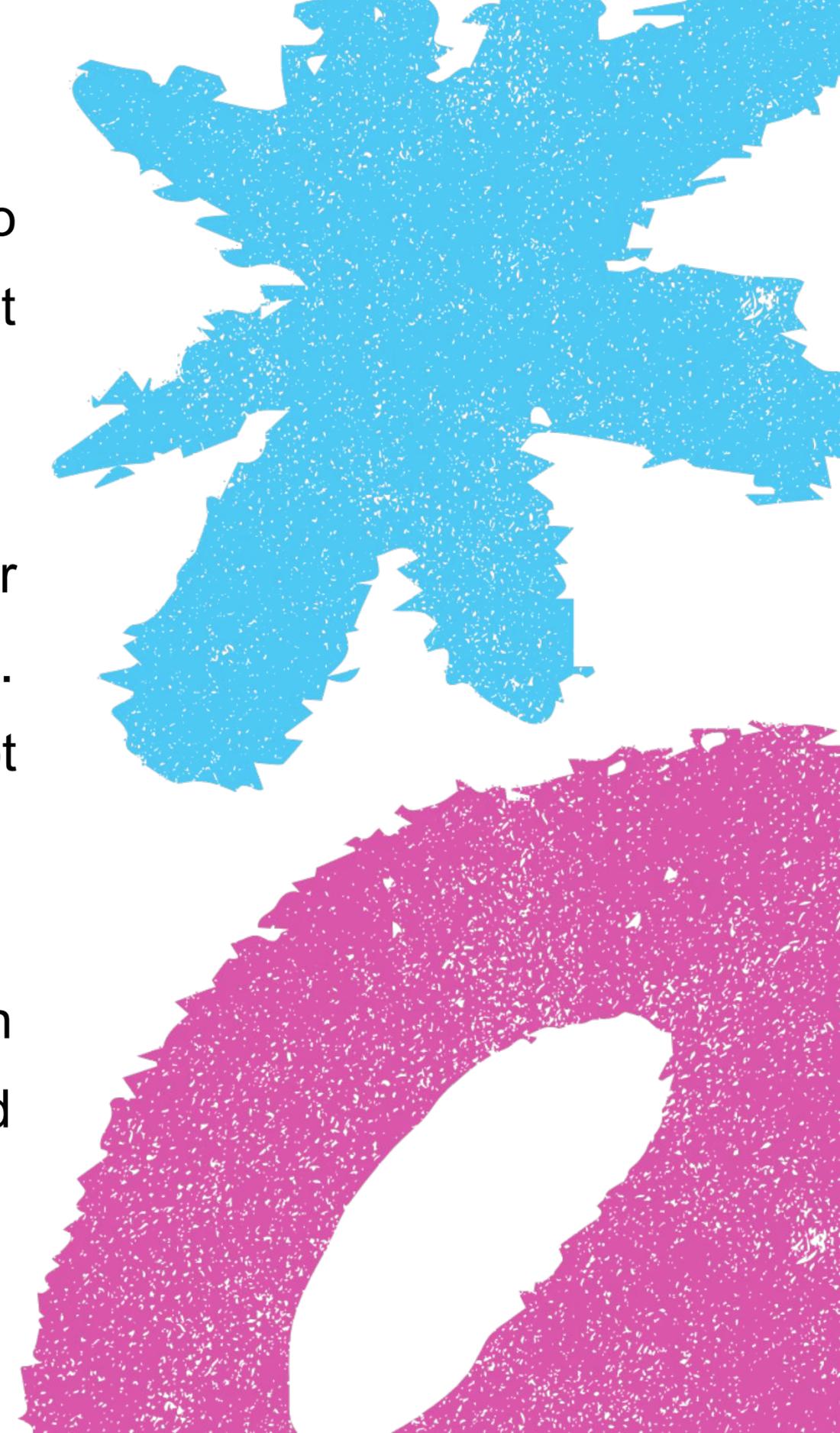
Protecting Community Children Project was developed, and an outside consultant was engaged to analyze current practices and make recommendations.



Mother had a long history of failure to care for her children due to alcohol abuse, including a prior case where she suffocated an infant while intoxicated. This occurred in another jurisdiction.

Children were removed more than once, and returned when their mother claimed she was sober, but her sobriety was never verified. CPS policies verified completion of certain programs but did not monitor for behavior changes as a result of those programs.

Two weeks before the children died, police officers had contact with the family. The mother was observed to be unconscious and children unattended.



SRPD had very little contact with CPS and little to no awareness of what families were involved with CPS.

A CPS report was completed by the officer, but it lacked detail, which affected the timing of the CPS response.

The police report was not provided to prosecution until after the deaths. Charges had been referred, but even in cases where child neglect was suspected, there was no mandatory time frame under which those reports had to reach the prosecutor's office.

When CPS did contact the mother, they did not observe anything of concern and had not been provided with the police report, so they had little to go on other than the mother's self-report.





# HISTORY

The FAC was established on October 1, 2009.

It was developed through a Council-directed initiative called the Protecting Community Children Project (PCCP).



## History #2

Around 2014, the FAC began accepting cases involving elderly and vulnerable adult abuse.

In 2016 began accepting cases involving adult abuse, strangulation and sexual assault.



# PROBLEMS IDENTIFIED



## ISSUE #1

Departments were not sharing critical information.



## ISSUE #2

Departments did not understand the roles of partner departments.



## ISSUE #3

Lack of trust and interaction among partner departments.

We had a minimal relationship with our USAO partners. They were deferential to law enforcement analysis, and many reports were “staffed” verbally without reviewing evidence.



Police CPS referrals lacked all critical information, and were provided in hard copy only in a drop box at the main police station.

Officers believed that copies of their reports were provided along with the "cover sheet," when in fact, this did not happen.



CPS lacked investigative skills and vital information about a family's history and contact with PD.

No one on the team was focused on reducing trauma to the children and families because no one was trained or knew what that meant.

# STRENGTHS



**#1**

Strong infrastructure and Tribal Council who were committed to improvement.



**#2**

Highly capable IT department that could facilitate information sharing while guarding confidentiality.



**#3**

FAC and MDT partners are all government departments, easing creation of new policies and procedures.



# RECOMMENDATIONS

Create a Family Advocacy Center to co-locate and facilitate investigations.

Update technology to allow access to vital information.

Implement GALs and parents' advocates in all dependency cases.

Mandate collaboration!

Improve laws and policies surrounding permanency.

Implement training and oversight to support evidence-based and trauma-informed decisions.



# IT WASN'T EASY!

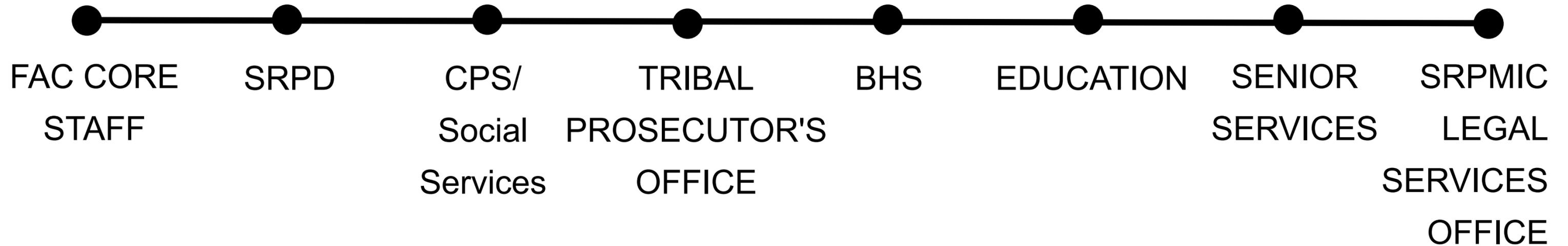
The easy part: Developing a new department and moving law enforcement detectives and CPS investigators into a shared workspace.

The hard part: **EVERYTHING ELSE.**

Encouraging employees who normally never interacted at all to work as a unified team was a long-term effort.

Resistance was high. Every department felt critiqued. The emotional toll from the children's deaths was still fresh. Leaders felt protective of their staff.

# FAC MDT MEMBERS



# CHANGE IN PHILOSOPHY

- Team members all serve the same goal and will help one another in any way possible to ensure the best work is done for every child in SRPMIC.
- We support each other.
- We don't say, "That's not my job." Instead, we say, "How can I help?"
- We come to work every day to focused on the safety of children, whether that means to seek justice, to remove children, to keep children in their homes, or simply to support a family.
- We can disagree (and we do), but we listen and consider our



# DIRECTOR

## ADVOCACY TEAM

Provides for immediate needs for crime victim and families (housing, clothing, food, utilities).

Provides referrals for services to partner departments and outside agencies.

## THERAPY TEAM

Provides immediate trauma therapy to crime victims and families utilizing multiple modalities.

Completes BHS intake for transfer to ongoing therapist once immediate needs are met.

## ADMINISTRATIVE TEAM

Receives visitors and channels telephone communication.

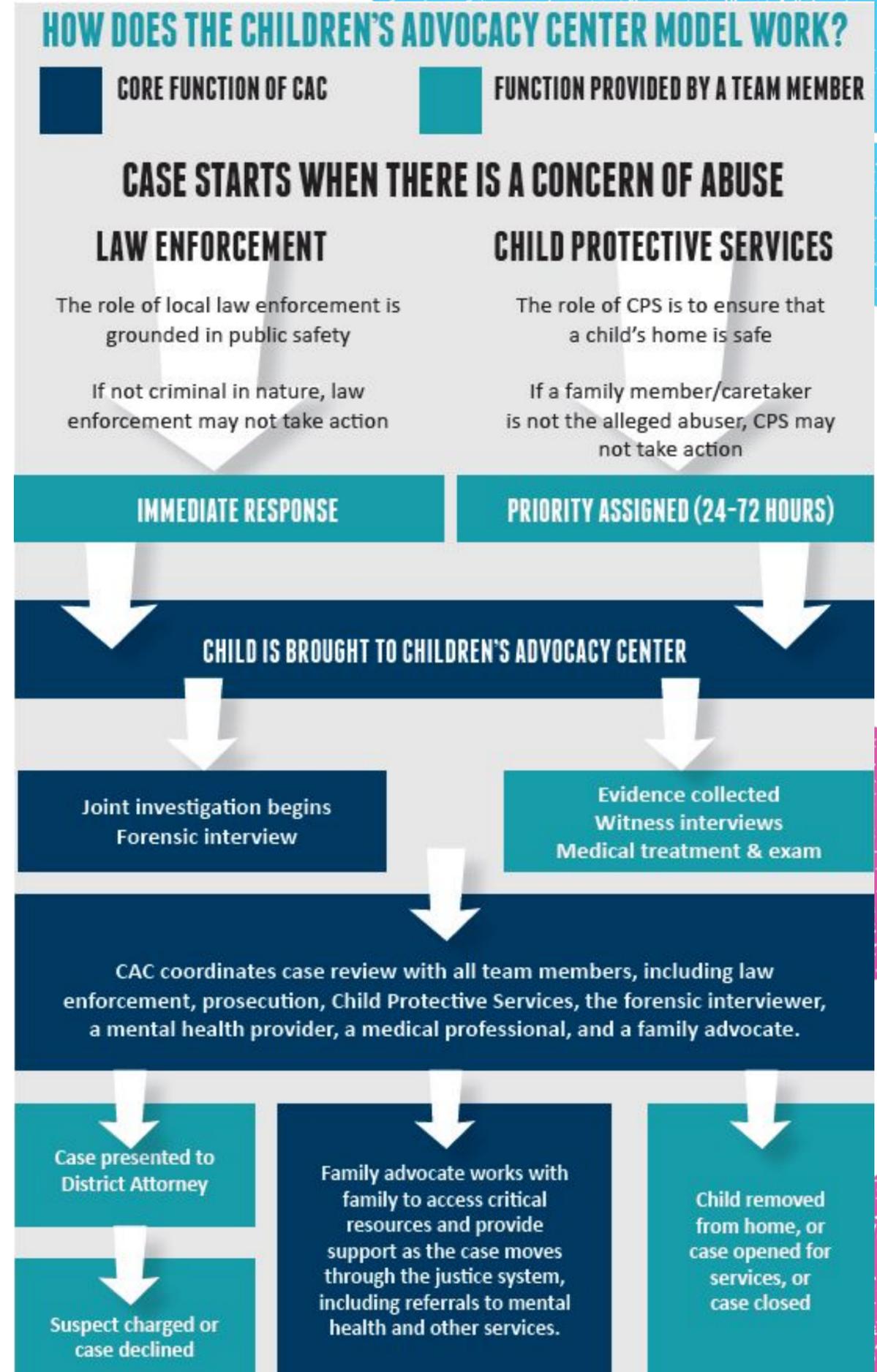
Manages office organization and supply needs.

# THE WORK BASED ON REFERRALS.

(Does not accept self-referral)

EACH DEPARTMENT'S FUNCTION IS  
RESPECTED.

EFFORTS ARE CENTRALIZED TO REDUCE  
TRAUMA TO VICTIMS AND DUPLICATION OF  
EFFORT BY TEAM MEMBERS.





# SERVICES OFFERED

- MDT meetings
  - ❖ Case Review and Coordination Meeting
  - ❖ Monthly MDT follow ups on all open cases
- Scheduling / hosting forensic interviews
- Trauma based counseling
- Community outreach and education
- Victim advocacy services
- Family support and referrals



# WHO WE SERVE

Any person who is a victim or witnesses of a violent crime, physical/sexual assault, abuse, and/or neglect within the SRPMIC boundaries; and their non-offending caregivers.



# MDT MEETINGS



## WHEN?

Anytime a referral is received, a meeting is scheduled at a mutually convenient time.



## WHAT?

We meet to discuss methods, best practices, barriers, and timing of interviews, trauma reduction, etc.



## HOW?

Final decisions regarding investigations are made by the investigating agency, with team input.

# HOW DO WE SUPPORT VICTIMS AND FAMILIES?



## IMMEDIATE SERVICES

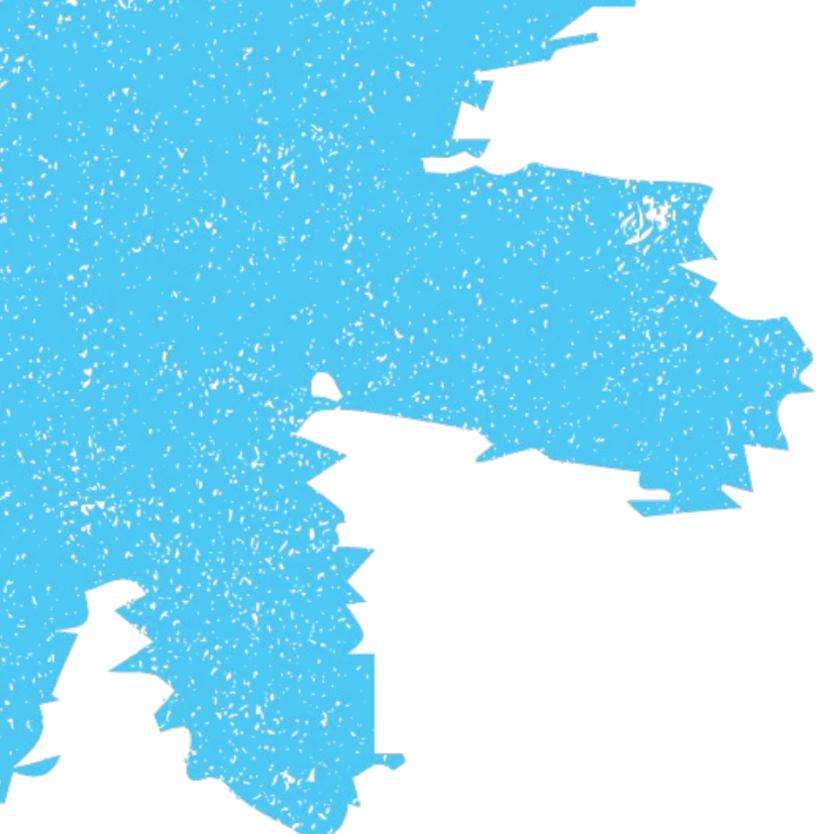
Crime victims and families are provided with immediate therapy and advocacy services at the FAC, rather than a referral to another department or provider.

## TRAINED STAFF

Members of FAC Core Staff and partner department professionals are all trained in trauma-informed practices.

## ENVIRONMENT

Adults have safe and private waiting spaces and bathrooms and don't have to wait in substation rooms next to their abusers. For children, the FAC is a secure center with toys, outdoor space, entertainment, and food. Children are no longer left in patrol vehicles or substations.



**THANK YOU!**  
Do you have any questions?

Nagisa Kondo  
Family Advocacy Center Director  
Salt River Pima-Maricopa Indian Community  
Nagisa.Kondo@SRPMIC-nsn.gov  
(480) 362-6334