



MEETING Minutes

Child Abuse Multidisciplinary Intervention (CAMI) Advisory Council

Wednesday, April 17, 2024

Remote Teams meeting, 1:00 PM – 4:00 PM

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Council Members:

XX	Representative of Oregon Child Abuse Solutions (OCAS) Shelly Smith		Citizen with an interest in advocating for the medical interests of abused children Patricia K. Kenyon
XX	Representative from a local Child Advocacy Center recommended by Oregon Child Abuse Solutions (OCAS) Beatriz Lynch		Citizen with an interest in advocating for the medical interests of abused children Rahela Rehman
XX	Employee of the State Office for Services to Children and Families Child Welfare Deena Loughary	XX	Representative from an Operating Regional Children’s Advocacy Center Gil Levy
XX	District Attorney Stacey Neil	XX	Person having experience dealing with child abuse Tina Morgan
XX	Citizen with an interest in advocating for the medical interests of abused children Marilyn Reilly		Law Enforcement Gary Bell
XX	Physician licensed to practice medicine in Oregon who specializes in children and families Natalya Miller		

Attending Guests:

Anna Williams, OHA SOCAC	
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Crime Victim and Survivor Services (CVSSD) Staff:

XX	Robin Reimer, CAMI Fund Coordinator	Kim Kennedy, Grant Unit Manager
XX	Amanda VanTil, Grant Specialist	Shannon Sivell, Director

Welcome, Introductions Robin welcomed everyone and introduced Anna Williams and her work with drug endangered children as it pertains to new funding received from legislature.

Approval of February Meeting Minutes The meeting minutes were approved without changes.

Membership updates: The AC has eleven active members with all the statutorily required positions filled, and the minimum of nine members met. The maximum membership is twelve. The

group discussed current membership and wishes to add representation for a Diversity, Equity, and Inclusion (DEI) or a child behavioral and mental health professional. The group wishes to keep the size of the AC capped at 12.

System of Care Advisory Council (SOCAC)

Systems of Care refer to the continuum of services for children with Medicaid coverage or who are involved in three or more systems such as individual education plans (IEPs), child welfare, or self-sufficiency. Systems of Care also refer to local, regional, and statewide organized bodies, comprised of staff and leaders at child-serving agencies, youth and families who are system users, and advocates. Local SOC's meet to address systems gaps identified by members, and if unable to resolve them, they are passed up to the statewide SOCAC. Data on involved systems can be found at <https://www.oregon.gov/odhs/data/pages/cw-dashboard-soc.aspx>. The intent is for families to have direct access to their local SOC structure, but local and regional SOC's are at various stages of development and not all of them have meaningful youth and family engagement established yet.

In the 2024 legislative session, \$750,000 was allocated to the statewide SOCAC improve local responses to drug endangered children through multiple regional, in person trainings. SOCAC would like to do at least 6 regional in-person trainings to meet this legislative mandate. In consulting with CAC leaders, a suggestion was made to use this training to update the DEC protocols. The National DEC (NDEC) has a 2.5-day [training](#) that could be replicated. The group discussed how MDTs, the statewide SOCAC, and the local/regional SOC's could collaborate for the benefit of all including consulting to develop the training, reviewing and updating existing protocols, hosting and attending the trainings together, and writing expanded guidance for involved organizations. The group also discussed how to ensure the learning is perpetuated beyond one-time training-through recording and storing training and curriculum in an on-line learning platform and conducting a training of trainers.

The trainings must be completed by June 30, 2025. SOCAC will contract with a project manager who will contact key personnel for advice. The group suggested people within multidisciplinary teams (MDT) be identified participate in the protocol work.

Oregon Child Abuse Solutions (OCAS) Update

OCAS currently has five staff members. Karen Rush, currently the ED of Children's Center with experience in research and CAC work, has been hired and will begin work at OCAS in late May. Her focus at OCAS will be as a Program Director in medical, mental health, and prevention initiatives. OCAS is collaborating with the Children's Center and Clackamas County on the Oregon Child Abuse Symposium and the Pre-Conference on May 15 and 16th. The pre-conference is OCAS' and the focus will be on MDT. The key audience is CAC directors, medical professionals, and Oregon District Attorneys in their role as MDT chairs.

The OCAS strategic plan is completed and will be distributed to the group.

Regional Child Advocacy Center (RCAC) Update

See Appendix A: Each report focuses on one of the statutory requirements of the CAMI RCAC grant. The current report elaborates on collaboration with external partners and the work that is happening outside of the immediate MDT or outside the scope of the RCAC minimum grant requirements.

DOJ and CAMI updates:

CVSSD was tasked under SB1579 with distributing \$7 million dollars to CACs by June 30, 2025. The funding is divided into two parts, with part one being equal distributions to the 24 current CACs and any unclaimed funds being redirected to OCAS. Part two is to be distributed based on administrative rules that will mirror the language of the bill. CVSSD will hire a Fund Coordinator to administer the part two funding.

SB4140 requires each CAC to submit their projected revenues and expenses for the 2025 to 2027 state biennium to ODOJ. The bill directs CACS to exclude state funding from the projections. The bill did not specifically state how the information will be used. It may be to identify the gap between CACs expenses and non-state funding.

Federal VOCA funding will be reduced by approximately 42% from the last allocation amount. This is not unexpected and CVSSD has been planning for the decrease. This will not impact current grants but will impact future funding. CVSSD is working with the CVSSD Advisory Council to determine the best way forward.

Child Welfare (CW) Update:

Currently, Oregon law does not define who can be considered a perpetrator of child abuse. As such, under the current statutory scheme, minors are investigated for child abuse and can receive a dispositional finding which can have negative ramifications for them later in life. Instead of making a dispositional finding against a minor it would be better for the minor and their family if there were supports in place for the family. Unfortunately, CW does not have support systems for individuals or families in these situations. Lisa Bender is finalizing the contracted facilitators who will pull together a workgroup specifically for problematic sexualized behaviors ([HB 4086](#)). The workgroup and study will be facilitated by an outside consultant with a preliminary report completed by September 30, 2024 and a final report completed by September 15, 2025. CW anticipates a facilitator familiar with Oregon as well as national best practice will begin discussions by May 1st.

Meeting adjourned: 2:52 PM

Next meeting: August 7, 2024 from 1PM-4PM via Teams

Action Items:		
Item	Assigned to	Status

Regional Children's Advocacy Centers Report to the CAMI Advisory Council Covering January-March 2024

The Regional Children's Advocacy Center Report for this quarter will focus on examples of collaboration between the RCACs and external partners and stakeholders across the state. This report builds upon the October-December 2023 quarterly report, which covered Technical Assistance, by highlighting instances of collaborative efforts provided by RCACs which may not fit neatly into a specific RCAC role category given the partnership with external entities involved in delivering these services.

This report follows discussions held in November 2023 among RCAC Directors and CAMI Program Staff focused on how the various RCAC roles are being carried out in practice across each region. Those discussions identified that RCACs have adapted their support to meet a variety of needs expressed by regional partners, and some of these needs are being addressed through coordinated responses involving partnerships. The collaborative services summarized in this report are examples of RCAC services currently being provided, which, while not always easily categorized within distinct roles, are highly valued and impactful for the regions being served and supported.

Collaborative support provided by Regional CACs during the past quarters (Jan-March 2024) includes:

- Mount Emily Safe Center, OCAS, and Western Regional CAC partnered to provide a full-day MDT training for Baker County. Joyce Prusak (Western Regional CAC), Katie Greathouse (Mt. Emily Safe Center), and Cassy Miller (OCAS) worked together to develop and deliver this training for all Baker County MDT members in Feb 2024. Mt. Emily Safe Center provided the training content on the CAC response, MDT collaboration and trauma informed care. The team plans to continue this collaboration to provide this training for the other MDTs in the region.
- In March 2024, Tempie Bartell, Mt. Emily Safe Center Medical Director participated in the OR Sexual Assault Task Force Medical Forensic Committee, Pediatric Subcommittee meeting on developing a standard checklist for Qualification Guidelines for Pediatric SANE's. Mt. Emily Safe Center staff participated as the Rural Regional CAC Medical Examiner and DMP to advocate for inclusion of a practicum element to the training, such as "mock" exams, or reviewing colposcopy pictures and videos with a mentor to help Pediatric SANE nurses learn about the difference between normal and abnormal finding in children from 0 to puberty, given that children's anatomy changes several times during these stages of development.
- The Children's Advocacy Center of Jackson County collaborated with one of the CACs in their region to provide a region-wide training on sex offenders and sex offender behaviors. By ensuring it was co-sponsored by the RCAC, they were able to open it up to the entire region with a minimal registration fee.
- The CAC of Jackson County partnered with their local hospital system to provide training to professionals regarding child abuse topics. This collaboration has been in place for over five years. These training courses are open to the region, to MDT partners across the state, and to local medical professionals. The collaboration has enabled the CAC of Jackson County to provide this training free to MDT members in the region. Topics have ranged from abusive head trauma, human trafficking, drug exposure, vicarious trauma, and more.
- The CAC of Jackson County partners with the Southern Oregon Child Exploitation Task Force and their DA's Office to provide training to professionals across our region on investigating child exploitation, interviewing, and prosecution of these cases.
- The CAC of Jackson County is collaborating with local law enforcement, DHS, local hospital, local Community Justice, and other nonprofits to elevate the conversation regarding the impact of drug exposure on the children in local communities. The CAC of Jackson County is actively partnering

with another region to provide content for the area's child abuse symposium that is co-sponsored by the Hospital and the RCAC.

- The CAC of Jackson County is collaborating with another county in the region to provide professional expert after hours PSANE coverage, which is a direct service, however, it allows the RCAC to train this county's Emergency Department professionals and MDT professionals on (1) identifying acute sexual assault, and (2) the appropriate acute sexual assault medical response.
- Kids FIRST's Lead Forensic Interviewer worked with DOJ Special Prosecutors on multiple cases out of both Coos and Douglas Counties, providing expert opinion, consulting, and even testimony.
- KIDS First's Lead Forensic Interviewer continues to partner with OCAS to support new OCFIT trainers, CCAR training, and the development of a forensic interviewer community of practice.
- Douglas County team members, including their new Designated Medical Professional, attended Lane County's Case Review meetings and shadowed cases and providers at KIDS First to build relationships and facilitate learning.
- Kids First hosted several medical students for rotations, exposing emerging providers to the work of CACs and how to recognize and respond to child maltreatment.
- Cares NW continued their collaboration with Oregon Department of Human Services (OHDS) and Oregon Child Abuse Hotline (ORCAH) by training over 150 of their new personnel, including new caseworkers through their CORE training and new ODHS screeners. Cares NW conducts an average of five training courses per quarter for approximately 30 ODHS staff per training. Cares NW also continues to host new child protective services workers from multiple counties for a day-long orientation that includes case observation and education on CAC functions.
- CARES NW intake and interviewer staff members supported a county-based sexual assault advocacy program in its efforts to establish a centralized dispatch process that connects sexual assault survivors to culturally responsive advocates. The dispatch center offers a hotline for referring agencies and medical facilities where they can assess survivors' language, cultural needs, etc., and match an advocate accordingly whenever possible. CARES NW staff trained their advocates about the after-hours emergency social worker response at Randall Children's Hospital for kids and teens. Cares NW also educated on child forensic interviewing at the CAC and how advocates can support that process.
- In their mental health quarterly peer review group, CARES NW engaged fifteen therapists from throughout the region in brainstorming how to streamline and standardize clinical documentation for therapy patients. The goal is to help mental health programs of all sizes continue to deliver trauma-specific therapy services in a more manageable and sustainable way.
- KIDS Center collaborated with the Confederated Tribes of the Warm Springs to support their ongoing efforts to develop their tribal CAC. The KIDS Center Executive Director joined the Warm Springs CAC Advisory Council and attended a meeting during the quarter, assisting with research into bylaws for governance purposes.
- KIDS Center expanded this partnership to include hosting a community resource fair for families onsite in the Warm Springs community and has responded to requests for direct services as needed, including providing a KIDS Center forensic interviewer for onsite evaluations in the Warm Springs CAC on three occasions, utilizing our facility dog to support an evaluation there, and providing family advocate services for one of these evaluations. While recognizing that these direct services are outside the scope of RCAC roles, engaging in them upon request helps to provide onsite training to Warm Springs CAC staff and partners, and further strengthens the collaborative relationship that will benefit the continued development of their CAC and the coordinated child abuse response within the Warm Springs community.
- KIDS Center partnered with a leading pediatric medical practice in Deschutes County to educate pediatric providers in the area on Karly's Law. KIDS Center collaborated with ODHS to provide new

caseworkers with education on Karly's Law and Initial Responder training for workers in Deschutes and Jefferson Counties. This training was provided based on collaborative discussions with ODHS about on-boarding needs for newer caseworkers.

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These examples indicate RCACs are leveraging their expertise to perform their functions in creative ways that support regional needs. In many cases, engaging in collaborative work with external groups that are not always directly involved in local MDTs provides added value to communities. Thoughtful partnership development with various local, regional, and state level groups is proving to be an effective means of providing RCAC resources across the state. As the RCACs, CAMI Program Staff, and OCAS continue to refine our roles and the services we collectively provide within each region and across the state, viewing the work through the lens of collaboration may be a valuable tool to enhance the collective response to child abuse as we move forward.

Submitted by:
Gil Levy

On Behalf of:
Mt Emily Safe Center
Children's Advocacy Center of Jackson County
KIDS FIRST
Cares Northwest
KIDS Center