



# MEETING MINUTES

## Child Abuse Multidisciplinary Intervention (CAMI) Advisory Council

Monday, October 21, 2024  
Remote Teams meeting 1:00 pm-4:00 pm

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### Council Members:

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

### Guest:

XX	Kristen Khomnahack, Oregon Child Abuse Hotline (ORCAH)		
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### CVSSD Staff:

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

**Welcome and Introductions** Robin welcomed the group and reviewed the agenda.

**Approval of August meeting minutes** Meeting minutes were approved without edits.

**OCAS and RCAC Updates** RCAC Report attached; topic is complex case review.



Gil Levy, as the RCAC representative, summarized the report and highlighted that at some Children's Advocacy Centers (CAC) cases can be very detailed or varied in how a Center is called to respond.

Shelly announced that OCAS has completed the Oregon Forensic Interviewing Guidelines (OIG) update and appreciates the assistance from the group. The guidelines can be printed for offices as needed and will be included in future OCAS trainings. The guidelines have also been made available online. OCAS held an in-person conference for forensic interviewers and family support advocates in September. Currently, there is an Oregon Child Forensic Interview Training (OCFIT) training in Pendleton (October); the November Advanced FIT training will include an invitation to out-of-state participants. The August Medical Academy training was provided by an Idaho pediatrician via the online portal.

### **CVSSD and CAMI Updates**

CAMI Multidisciplinary Teams (MDT) and RCAC applications will be release in the first quarter of 2025. The group was reminded that though the applications are released early in the year, the allocations are not released until after the Legislative fiscal process is completed. The Code of Federal Recommendations (CFR) auditing changes primarily for VOCA and VAWA may positively impact our state funding. The threshold for required single audits will be increased to \$1 million which will reduce the number of required single audits. Other changes Federally include changes for reporting, requirements for equity work, and an increase in the de minimus rate. The 2025-2027 CAMI application will fully reflect all changes and updates though many are already in place.

In preparation for the new application, the MDT protocols also need to be updated. CVSSD has not required these be uploaded in the past as it is a burden to retain these as well as to review the protocols and the application simultaneously. Robin requested that each of the 36 protocols be reviewed by the team members. The collaboration required by applicants to review and update these protocols improves the MDT functioning for that team. Some MDTs may appreciate an opportunity on the application to select a quarter in which to review their protocols with outside support.

CVSSD continues to host weekly drop-in hours which is appreciated by grantees who join in order to ask questions or receive training. CVSSD is also hosting VAWA community collaboration meetings across the state to improve county services to and with tribal service agencies.

### **CAC Funding (CACF) Part 2 Update**

The group was updated on the CACF Part 2 funding applications. Twelve of the Centers that applied are currently accredited and the remaining 7 applicants will apply for accreditation by June 30, 2025. All applicants will be able to receive the full allocation of Tier 1 and Tier 2 funding. Some Centers did not accept the additional funds since they struggle to spend the one-time funding with the ongoing need for staffing. The CACF applications will be reviewed, modified if necessary and funds distributed by the end of 2024 so that funds are spent by June 2025. With the unrequested funds Part 1 funds, OCAS will survey the current needs to support each Center with accreditation or specific needs, trainings, or modify current practice. A request will be made to Legislature to return the unspent Part 2 funds to the CACs in some manner. Tina Morgan will participate in the OCAS "Lunch and Learn" sessions to review the 12 National Children's Alliance standards for accreditation.



### **Oregon Department of Human Services (ODHS) Child Welfare Updates**

ODHS is doing a deep dive into how Oregon prosecutes problematic sexualized behaviors (PSB). ODHS is selecting the advisory committee through a randomized and anonymous process. Oregon is identified as one of the only states in the nation that has a whole 418.257 definition of abuse which is a stand-alone definition for abuse for children in care. Most states also do not identify minors as potential perpetrators. Oregon does not define who can be a perpetrator which means minors can be reported. House Bill 4086 will address this issue of minors being accused. Some Oregon communities have begun discussing and addressing PSB. Counties without a defined process for PSB, are pulling together resources and trainings to address the concerns for these children. This may establish the groundwork to divert PSB populations from receiving a founded disposition (a 30 year disposition that is difficult to expunge). The hope is for treatment rather than punishment for this population.

Kristin Khamnohack from ORCAH joined the group to follow up on the child fatality delayed reporting concern discussed at the August meeting. The group had requested more data about the nature of the delayed reports. The delayed reporting is not specific to a county demographic or fatality type. For some incidents the child's death notification was not received even with a Child Welfare open case. Half of the delayed cases resulted in an assignment to protective custody. In regard to 'infant death' cases, these are often bed sharing but often were additional household events or conditions of concern which would contribute to an abuse allegation. With a timely report, the hotline is able to review CW history to inform the case review. The group discussed possible causes and solutions including state-wide trainings or a written bulletin addressing the importance and procedure for reporting. Members agreed to collaborate to draft and communicate out the information to District Attorney's, law enforcement (Chiefs and Sheriffs Associations), and medical examiners.

### **Discussion of Takeaways from ECONorthwest Report**

The group considered the recommendations from the ECONorthwest report for funding formula as it pertains to future CAMI allocations specifically the calculation based on county population. Currently CVSSD is adopting the 'hold steady' practice so that funding is predictable for agencies.

Meeting Adjourned: 3:39 pm

Next meeting: Wednesday, January 22, 2025, 1-4 pm

<b>Action Items from October 21, 2024</b>		
<b>Item</b>	<b>Assigned to</b>	<b>Status</b>
Assist K Khamnahack with drafting a reminder/training for reporting child death to the Hotline. Suggested to also reach out to Dan Primus	Rahela, Stacy, Chief Bell, Patti, Deena	

**Regional Children’s Advocacy Centers - Report to the CAMI Advisory Council**  
**Covering April – June 2024: Spotlight on Complex Case Consultation**

The Regional Children's Advocacy Center Report for this quarter focuses on complex case consultation provided by the RCACs for fellow CACs, MDT Partners, and other stakeholders across each of the five regions spanning the state. This document continues our current reporting emphasis on covering a distinct RCAC function in each quarter.

**Description of Complex Case Consultation Services**

At **Cares Northwest**, Complex case consultation can be a “catch-all” for any time their providers are asked for assistance on a case that is not theirs. It can include a medical provider at another CAC (either inside or outside this 14-county region) sending patient photos and asking for a review of their findings. It can also include problem-solving with that medical provider about how to get that patient additional follow-up that may or may not be available in their home health system. A detective or worker may reach out for more in-depth input on a case, outside of the normal triage process. Those cases may involve simply providing verbal information via a phone call about what services may be needed, or it can evolve into a full records review. Cares NW also commonly provides consultation on inpatient cases at Randall Children’s Hospital involving children from other counties, where the RCAC stands in as the designated medical provider (DMP) for that patient, sometimes with the home county DMP remaining involved, sometimes not. Providers from Cares NW also commonly receive requests to participate in ODHS Critical Incident Review Team (CERT) reviews for deaths of children throughout the state who were in the custody of ODHS child welfare.

Although complex case consultations provided by Cares NW are primarily medical, their regional team also provides complex case consultation in forensic interviewing and trauma therapy. Since Cares NW offers peer review for interviewing and counseling, it is not uncommon for an attendee of the peer review to reach out for consultation on an active case, outside of the peer review process. In addition, other CAC staff, external clinicians, and MDT partners from this 14-county region and beyond may reach out for input on a case or process. Complex case consultation for interviewing could include a forensic interviewer asking for guidance on whether to proceed with an interview or how to structure questions for a challenging interview scenario, or a CAC director reaching out with concerns about MDT bias in their request for an interview. Consultation in therapy could include a clinician asking for feedback on specific treatment interventions, such as trauma narration or cognitive processing, or using evidence-based assessment measures. Both types of complex consultation commonly include requests for support and advice on court preparation and testimony.

At **KIDS Center**, medical examiners provide complex case consultation to medical providers, ODHS caseworkers, DAs, and law enforcement agencies in Deschutes, Crook, Jefferson, Harney, Sherman, and Wheeler counties. KIDS Center’s medical team has developed guidelines for managing suspected child abuse and neglect cases for medical providers in the emergency room setting and within the outpatient setting. When a medical provider in one of these settings has a complex case with concerns for abuse, they typically contact KIDS Center for phone consultation. KIDS Center’s medical providers review the case with the provider in real time, address the concerns, discuss the recommended work-up, and advise the provider to make a report to law enforcement/ODHS, as necessary. If the child is hospitalized at St. Charles Medical Center in Bend, a KIDS Center medical examiner rounds and supports the case at SCMC in person. KIDS Center medical providers and forensic interviewers are available to consult on complex cases as needed. Because this region does not include any other Children’s Advocacy Centers (apart from the CAC operated by the Confederated Tribes of the Warm Springs), KIDS Center receives few requests for consults specifically around forensic interviewing matters, as KIDS Center staff almost always conducts these interviews. Most complex case consultation requests KIDS Center receives originate from medical providers or MDT partners within the region.

At **KIDS First**, requests for complex case consultation typically come to the RCAC from Coos and Douglas County MDT members. The requesting member varies, sometimes requests come from a forensic interviewer or a CAC Director, the DA's office, ODOJ, or Law Enforcement. The RCAC advises on these cases within the scope of their role, such as providing best practices advice on MDT processes and/or forensic interviewing considerations for challenging cases. The RCAC may provide a full file review, including a medical second opinion, or a peer review of a forensic interview, or even expert witness testimony. Consultations can also be a telephone discussion with the provider, giving them research articles to inform their evaluation or helping to interpret laboratory data.

At the **CAC of Jackson County**, complex case consultation can range from a phone consultation with an individual team member to a case staffing with the full MDT managing the case. These consultations may also result in coordination by the Regional DMP and other community medical providers and the MDT. The CAC has also provided case consultations for cases where an MDT from another county within the region may have a conflict of interest that would diminish their ability to handle the case neutrally and therefore, outside assistance is needed to preserve the integrity of the investigation.

**Mt. Emily Safe Center** provides complex case review to any MDT within their region upon request. The RCAC requests any relevant documentation from the case for pre-consult review, invites those to join who worked on the case, and includes other MDT members who could provide relevant input. This group then reviews the case and discusses successes and areas that could be improved upon. Medical complex case consultation is provided upon request, and depending on case specifics, may include a comprehensive review of all team member information, or may be limited to a medical notes review focusing on medical interventions and documentation. The RCAC has provided complex case review involving the full MDT membership in discussion about what each party did and why, development of a team plan, and to follow up or debrief on a complex case. The RCAC has also been asked to review records including DHS screening reports, law enforcement reports, SANE and Medical reports, with a focus on providing feedback about the case and how case information can be helpful to prosecution.

### **Volume of Services Provided Across Regions**

**Cares Northwest** includes approximately 150 complex case consultations on their RCAC report annually; this is in addition to inpatient cases at Randall Children's Hospital that may not be included because they are part of regular MDT functioning. Cares NW has taken on complex case consults that are enormous, such as medical child abuse cases that take hundreds of hours. Other types of consults that really strain bandwidth include medical neglect, homicides, and ODHS CERT reviews. It is not always easy to predict if the RCAC will have that bandwidth; sometimes Cares NW may need to push the service out later, and sometimes it cannot wait and must be immediately prioritized. Regional CAC CAMI funding does not cover the full cost of the regional services that Cares NW provides for complex consultation.

**KIDS Center** typically identifies and logs between 5-15 complex case consultations annually. This number does not include cases that are being handled directly through the KIDS Center CAC and MDT. KIDS Center also provides many more brief phone consults with MDT partners across the region that may not be identified and logged as complex cases. This may be an area for the RCACs to further explore to ensure the volume of cases and time invested by each RCAC is being accurately tracked. Time spent per case at KIDS Center varies widely. Less complex consults may require 30 minutes to an hour, while highly medically complex cases may result in 20-50 hours of time spent by the involved professionals to provide the comprehensive consultation that is necessary. These more involved complex cases can at times strain KIDS Center's capacity to maintain regular evaluation schedules for children needing to be seen at the CAC.

**KIDS First** is typically asked to consult on forensic interviewing related questions monthly by Coos and/or Douglas Counties, and a few times each month for medical. KIDS First participates in all complex cases occurring

in Lane County, so does not include that information separately on reports. The cost of medical providers (and the ability to find and retain well trained ones), the medical expertise, training, and peer consult costs much more than this RCAC's regional grant allowance. When a KIDS First provider is reviewing a complex case or acting as an expert witness, this takes that provider away from their direct service work on assessments. KIDS First has identified that funding for an additional provider, even at a .5 FTE level, would help them meet the needs for complex case consultation in this region, in addition to the maintaining the direct services they provide as Lane County's CAC.

**The CAC of Jackson County** has identified that the amount of time spent on consultation may be a couple of hours to more than five hours depending on the circumstance and nature of the case. Cases range from forensic interview-related consults to medically focused consults.

**Mt. Emily Safe Center** typically provides one to two consultations per quarter and believes that they have the capacity to manage more if needed. The RCAC provides direct assessment services to four counties in this service region, so many of the cases are already coming to the center for the evaluation, and additional referrals for complex case consultations are not necessary in those situations.

### **Examples of Complex Case Consultations**

**Cares Northwest** - This example is a common scenario in which the service starts out as a complex case consultation and evolves into a direct service. One of the medical providers on their regional team was contacted by a DMP in a county outside our region. The DMP was covering for a county that was currently without its own DMP and did not feel equipped to assess the case. Their own regional CAC was unable to assist due to some staffing constraints. The child in question had extensive bruising, more than the DMP had ever seen, and the child's family insisted that he had an underlying bleeding disorder. The Cares NW medical provider reviewed the photos sent by the DMP and it was immediately clear that the injuries were not a result of a bleeding disorder or accidental injury. The Cares NW provider shared his findings with the home county's CAC and ODHS CPS supervisor. The CPS supervisor needed medical input for a shelter hearing that same day, which the Cares NW medical provider provided verbally. Although ODHS requested that Cares NW conduct a formal records review for the case, the Cares NW provider and the CAC director agreed that since their new DMP would be starting within a few days, the new DMP would conduct the records review with support from Cares NW. However, shortly afterward, a detective from the home county contacted the Cares NW provider and explained that the case would be going to grand jury the following day due to the parents' flight risk and so they could not wait for the new DMP to begin work and complete a records review. Since there was no one else available to provide medical testimony in this tight timeframe, the Cares NW provider dropped everything to complete the records review and submit a written opinion for grand jury.

**KIDS Center** - A recent example for a complex case consultation was from Harney County involving an infant who sustained numerous fractures that were unexplainable. The DMP in Harney County reached out to KIDS Center requesting support regarding work-up for this infant. KIDS Center's Medical Director was in communication with the medical provider in Harney County nearly every day for a week, reviewing recommended lab results, providing articles, suggesting a pediatric radiologist to interpret the images for confirmation. About 6 months later, the medical provider from Harney County attended a Regional Peer Review with all medical examiners from KIDS Center and the case was reviewed in detail, retrospectively, and suggestions were provided for testimony in court.

In another example, a recent complex case regarding torture was being investigated by law enforcement. They called KIDS Center's medical providers and requested medical review of the images in person. KIDS Center's Medical Director and other medical examiners reviewed the images the day of their call and expressed concerns for physical abuse and torture. A few days later, law enforcement, ODHS, the District Attorney's Office, and KIDS

Center met to collaboratively discuss the concerns. At this time, the child was admitted at a hospital in another city outside of the region, and the presiding physician onsite, working in connection with the RCAC in the area, dismissed the injuries. KIDS Center's Medical Director met numerous times, in person and virtually, with all partners regarding this case. The collective input provided by both RCACs and involved law enforcement in Deschutes County led to further investigation, and following release from the hospital, the child was eventually evaluated at KIDS Center.

**KIDS First** – This RCAC recently had an ODOJ prosecutor in one of the region's counties reach out and consult on strategies for his case, involving grooming and the differences in online grooming, disclosure, and multi-victim cases. KIDS First provided expert opinion on research and strategies that may be used based on the facts of this case.

An additional example involved an in-depth discussion with the medical provider in Coos County about hair strand test results, interpretation, and implications for child welfare.

**Mt. Emily Safe Center** – This example involved a MESC forensic interviewer providing a complex case consultation that was referred to the RCAC following an MDT training. The case involved MESC, Baker County PD, Baker County ODHS and Baker County DA's office.

An additional example is a complex case review done for another county in this region, which included review of screening and ODHS documents for case, medical ER notes and the SANE report, and providing written reports about the medical documentation and diagnosis of sexual assault of a child that was provided by the physician who examined the child. Law enforcement's question to the RCAC was whether the medical finding in the medical records support the diagnosis. The RCAC was able to help resolve this question through case consultation.

### **Connection Between Consults and Additional Services Provided**

**Cares Northwest** - Complex case consults commonly result in court testimony as an expert witness, which means additional hours spent on court preparation and court testimony. Some complex case consults provided by Cares NW take hundreds of hours, far beyond the hours covered by the Regional CAMI grant or what can reasonably be billed to ODHS or a district attorney's office. Some cases turn into patient care because follow up is needed; the RCAC might help coordinate that care and then review the outcome of that follow up care.

**KIDS Center** – It is common for requests for complex case consultation to lead to KIDS Center providing direct services. Examples include KIDS Center medical providers rounding on patients at St. Charles Medical Center to provide support to the care teams treating a patient who is suspected to have experienced abuse, and instances when KIDS Center forensic interviewers were asked to consult on cases with the CAC operated by the Confederated Tribes of the Warm Springs, which led to KIDS Center's forensic interviewer and family advocate traveling to Warm Springs to conduct the forensic interviews and provide support for the families during the evaluations.

**KIDS First** - Complex case consults commonly lead to KIDS First professionals testifying as an expert witness, file/Karly's Law reviews, and even providing children for interviews or medicals from other regions. Currently this is occurring at least bimonthly.

**CAC of Jackson County** - In some circumstances, this RCAC may also provide direct services for one of these cases if there is a recommendation for follow up that the MDT may not have the specific expertise to provide.

**Mt. Emily Safe Center** – MESC reports that it is not typical for complex case consults to lead to additional service beyond the scope of RCAC roles.

Submitted by:

Gil Levy, Executive Director, KIDS Center

On Behalf of:

KIDS FIRST  
Cares Northwest  
Mt. Emily Safe Center  
KIDS Center  
Children’s Advocacy Center of Jackson County