

CORE REGIONAL SERVICES

ORS 418.782 Definitions for 418.746 to 418.796

(4) "Regional Assessment Center" means a facility operated by a community assessment center that provides child abuse medical assessments, assistance with difficult or complex child abuse medical assessments, education, training, consultation, technical assistance and referral services for community assessment centers or county multidisciplinary child abuse teams in a region or regions designated by the administrator of the Child Abuse Multidisciplinary Intervention Program.

OAR 137-083-0010 (9) "Regional Assessment Center" means a community based Child Abuse Intervention Center (CAIC) that is also providing training, education, consultation, referral, technical assistance, and may with the approval of the Department of Justice be providing specialized assessment services for children in multiple counties.

A "Regional Assessment Center" is referred to customarily as a "Regional Service Provider" or "RSP." In this document we will refer to Regional Assessment Centers as RSPs and the term "core services" shall mean services required to be performed by an RSP.

The Department of Justice gives approval to the RSPs to provide specialized assessment services for children in multiple counties. "Specialized assessment services" is an undefined term in rule. The term "specialized" distinguishes assessment services which may be provided by an RSP from assessment services that could otherwise be provided at the local CAIC. RSPs are not just an alternate place to get an assessment. Examples of "specialized assessment service" include but are not limited to cases where a second opinion is sought on a particular injury and in the course of providing that opinion, the RSP determines that they should conduct a complete assessment to adequately diagnose and cases where an assessment or partial assessment was conducted by a medical professional less experienced in child abuse and that physician contacts the RSP and requests that the RSP conduct a second assessment. The primary role of the RSP is to support and assist the CAICs and MDTs, rather than to provide direct services, but in some cases, providing direct services (such as specialized assessment services) is necessary.

The CAMI Program requires that RSPs be part of a CAIC that provides child abuse medical assessments, but RSP funds are not intended to fund the activities of the CAIC. An RSP is an entity charged not with providing direct services but with providing services that support and assist the CAICs and MDTs within their region. RSPs are not expected to provide direct services in the form of assessments except at the discretion of, and when deemed necessary by, the RSP during a case consultation. MDT grantees may choose to contract with a CAIC who is also an RSP to provide direct services. However, such contracted services should be recognized as services of the CAIC rather than part of that CAIC's role as RSP.

The CAMI Program recognizes that using RSP funds to provide training or consultation to the staff of the CAIC at which the RSP is located (as well as staff at other CAICs in the region) is an acceptable use of RSP funds. However, RSP funds cannot be used to provide medical

assessments within the county where the RSP is located. Such services are considered CAIC services and should be tracked as such.

The RSP is expected to have expertise sufficient to provide all of the core services. Where an RSP is unable to meet a request that falls within the core services because they lack the expertise, they must arrange through contract, MOU or informal agreement to provide those services. Such arrangements should be tracked and reported to the CAMI Program for the purpose of providing information on the expertise of the RSP.

Below are the definitions of the core services which RSPs are required to provide and on which they are required to report to the CAMI Program. These core services are listed in the order in which they are listed in ORS 418.782(4) and their definitions begin, to the extent logical, with language taken directly from the administrative rule definitions in OAR 137-083-0010.

1. Assistance with Difficult or Complex Child Abuse Medical Assessments: According to administrative rule, "Complex Case" means a case in which the local CAIC or the local MDT determines the need for assistance from a Regional Service Center or Community Assessment Center, in order to perform or complete a child abuse medical assessment or to evaluate, diagnose or treat a victim of child abuse. Assistance with difficult or complex child abuse medical assessments always begins with a consultation (see definition below in number 4). If, during the case consultation, the RSP determines that the case requires additional assistance, the RSP may extend an offer to provide additional assistance in the form of a medical examination and/or forensic interview and/or other services as deemed necessary by the RSP. Should the RSP be associated with a hospital, only consults which are provided outside the regular course of business of the CAIC shall be counted as complex case consultations.

2. "Education" means the provision of specialized information to individuals regarding the detection, evaluation, diagnosis and treatment of child abuse or possible child abuse. Education is distinguished from training in that education can be provided in such forms as written documents, sharing of webinars created by individuals or organizations other than the RSP whereas training is information delivered in person, telephone, or teleconference by an employee of the RSP or by an individual or group with whom the RSP contracts for the purpose of providing the training.

3. "Training" means the provision of teaching or instruction to professionals regarding the detection, evaluation, diagnosis or treatment of child abuse or possible child abuse. Training can include informational presentations and lectures as well as one on one coaching.

Training includes forensic interviewer and medical provider training.

Oregon Child Forensic Interviewing Training (OCFIT): Participation in Oregon Child Forensic Interviewing Training is the primary means by which RSPs satisfy this core requirement. This training is based on the Oregon Interviewing Guidelines (available from the DOJ website at: <http://www.doj.state.or.us/victims/pages/cami.aspx>) The schedule will be set by committee

including CAMI administrator, Network Coordinator, and RSP Directors. The training may be conducted by an interviewer from the CAIC where the RSP is located, or by an interviewer with whom the RSP contracts to provide the training within the proposed service region. As forensic interviewing of children is a broad topic, specialized training on related topics such as interviewing children with disabilities, may also be requested by constituents and may be provided by the RSP. The RSP may use their own expert, provide a referral to a qualified instructor or training, or contract with an interviewer or agency to provide this specialized training.

Medical Assessment Training: Training largely based on the AAP guidelines and other resources developed by the Regional Service Providers and approved by the CAMI Fund Coordinator. Training should include information on physical abuse, sexual abuse and Karly's Law. This training may be conducted either by a medical practitioner within the CAIC where the RSP is located or by a practitioner with whom the RSP contracts to provide the training. The RSP may also provide more specialized training on medical assessments by using their own medical expert, providing a referral to a qualified instructor or training, or contracting with a practitioner or agency to provide this specialized training. Medical providers should consult RSP doctors for additional guidance on best practices.

Peer Review for Forensic Interviews and Medical Assessments: Peer review is evaluation of work by one or more people of similar competence to the producers of the work (**peers**). It constitutes a form of self-regulation by qualified members of a profession within the relevant field. Peer review is often organized around development of a specific competence or topic. RSP interviewers or medical professionals come together with other interviewers or medical professionals in their region to review forensic interviews and medical assessments and provide constructive feedback to the person who conducted the interview or assessment. Peer reviews may be conducted in person, via teleconference or online. Peer review is recognized by the CAMI Program as essential to the continuing education of child abuse intervention professionals.

4. "Consultation" means discussions between or among persons associated with a RSP and persons associated with county MDT (including CAIC staff) to be served by the Center regarding individual cases involving child abuse or possible child abuse, child abuse medical assessments, and related topics. Consultation is not limited to complex cases. Consultation may be sought by someone involved in a child abuse investigation who has less experience or expertise in the field (for example, a primary care physician who is conducting a child abuse medical assessment who does not regularly conduct medical assessments may seek the expertise of an RSP provider. It is the intention of the CAMI Program to track consultations, complex consultations and assistance with complex medical assessments as three distinct services in the hope of accurately capturing the nature of the work required of the RSPs.

5. "Technical Assistance" means assistance of a practical, specialized or scientific nature, including but not limited to practical advice, specialized advice, advanced laboratory testing or forensic testing.

6. "Referral Services" means the recommendation of specialized services related to child abuse medical assessments or to the detection, evaluation, diagnosis or treatment of child abuse. It may include consultation or directing or redirecting a child abuse victim or possible victim to an appropriate specialist for more definitive evaluation, diagnosis or treatment. As the needs of MDTs and CAICs vary greatly, there will be service requests that the RSP is unable to meet. In some cases the service request may fall outside of the core of the RSP and at times the RSP may not have sufficient resources to accommodate the request. In these cases, the center providing regional services will make reasonable efforts to provide the constituent with assistance and information to facilitate their access to the services they need.

Some additional thoughts on core services.

In addition to the core services explicitly outlined in statute and rule and described above, RSPs must conduct outreach to the multidisciplinary teams and CAICs within their service region. Outreach is necessary to determine the needs of the RSP's service area and ensure MDTs and CAICs are aware of and know how to access RSP services.

Through outreach, the RSP must:

- Establish a point of contact within each MDT and center in the region.
- Convey what services they have to offer MDTs and centers in the region.
- Gather information regarding what core regional services might be needed from each MDT and center in the region.
- Follow up with MDTs and centers in the region on a regular basis for a status or to find out if they have any service requests.

A note about reporting

CAMI RSP reporting requirements will be reviewed in the near future. CAMI RSP reports may request information on services provided by RSPs which are not core services. By requiring that RSPs report on services provided that are not core services, it is not the intent of the CAMI Program to suggest that these services are expected or required of the RSPs. The purpose of requesting this information is to determine whether or not the core requirements as defined in statute, rule and CAMI Program documents are truly reflective of the needs of MDTs and RSPs around the state as evidenced by the services they request and which the RSPs provide. Additionally, by crafting reports broadly, the CAMI Program hopes to provide RSPs the opportunity to report on the full range of services they are providing, regardless of whether or not those services are funded by the RSP grants. It is the intention of the CAMI Program to begin providing annual reports which compile this information for the use of the RSP programs, the MDTs, the CAMI Program and others who may find it useful.