



MEETING Minutes
Child Abuse Multidisciplinary Intervention (CAMI) Advisory Council
Tuesday, November 14, 2023
Remote Teams meeting, 9:00 AM – 12:00 PM

Council Members:

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

Guests:

X	Carol Chervenak	X	Jay Wurscher
X	Cathleen Lang	X	Kevin Barton
X	Michelle Pfeiffer		

CVSSD Staff:

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

WELCOME: Introductions were made by the group including Gil Levy as the newest member and guest participants.

APPROVAL OF AUGUST 2023 MEETING MINUTES: August minutes were approved with no edits.

HAIR STRAND TESTING: Shelly Smith, Dr. Cathleen Lang, Dr. Carol Chervenak, Jay Wurscher, Deena Loughary

With the steep incline in drug use and the impact to families across the state, Oregon Child Abuse Solutions (OCAS) and Oregon Department of Human Services (DHS) have conducted a

survey to learn which Child Advocacy Centers (CAC) are using the hair testing, how often and how results are used in case determination. Shelly reviewed the questions and results of the survey for the group. OCAS will submit a memo about hairstrand testing for DHS.

Dr Lang discussed the use of hair testing as a tool to determine a child's exposure to various drugs. Interpretation must be done by qualified medical staff and within the full context of the exposure determination. Understanding the limitations of the tests is important.

Jay Wurscher from DHS Child Welfare (CW) presented data and information on how DHS case workers use hair strand testing as one of the tools to determine safety in the home.

ACTION: Rahela requested to share these presentations with other Oregon Deputy Attorney Generals.

ACTION: Kevin will email Rahela information on ODAA Continuing Legal Education (CLE) opportunities to share with Child Advocacy and Protection Division Attorneys.

ACTION: Kevin will reach out to the new ODAA president about hosting a training on this topic.

PROBLEMATIC SEXUALIZED BEHAVIOR (PSB) – Deena Loughary, Michelle Pfeiffer from DHS CW and Office of Training, Investigations and Safety (OTIS)

In 2019 the Oregon Legislature expanded the mandate for DHS abuse investigations to include third party investigations. Legislation will be introduced at the next short session to clarify which types of third party incidents require DHS investigation.

DHS is suggesting to move the PSB cases to county multidisciplinary teams (MDTs) to coordinate response. The goal is to address the behavior as soon as possible.

The group discussed what it would mean for each county or MDT to establish a PSB response through a subcommittee or other method. A few MDTs already have PSB subcommittees. Other MDTs may already be doing some of this work informally. Embedding MDT notification into a PSB protocol or ODHS procedure would create consistency in awareness of these cases across the state and other guidance regarding protocol or resources may be helpful. District Attorneys (DA) would be the likely place to begin these conversations.

ACTION: Kevin will begin the conversation via email with fellow DAs; Robin offered to assist with county MDT conversations.

ACTION: Michelle will share current county protocols, data regarding potential case load by county, and the upcoming bill proposal.

Leslie L is conducting a two-day training for MDTs regarding medical and DHS, LE.

ACTION: Michelle requested to be included on updates.

OCAS AND REGIONAL CAC (RCAC) UPDATES: The current update is attached in Appendix A.

CVSSD AND CAMI UPDATES:

CAMI: of the MDT/RCAC applications submitted, eight were conditionally approved based on review of the intervention plans. Robin reached out and discussed revisions with these counties, and all have been adequately revised.

Childrens Advocacy Center Fund (CACF) applications are also under review. In the future, Robin would like to discuss a process for reallocating unspent funds.

ACTION: Robin will share a summary of the funded CACF projects.

ACTION: Robin will share the report from ECONorthwest, the contractor for the Joint allocation formula assessment, after review by the CVSSD DEAI subcommittee is complete.

Meeting adjourned: 12:05 PM

Next meeting: February 5, 2024 1-4 pm Remote Teams Meeting

Action Items:		
Item	Assigned to	Status
Share the hair strand test presentations with CAPD Attorneys	Rahela, when received from guest presenters	Robin has requested the information
Email CLE information for hair strand testing presentations	Kevin, Rahela	
Email the group copies of current county PSB protocols	Robin/Michelle	Robin has requested the information
Gather and share data of potential workload for PSB cases	Robin/Michelle	Robin has requested the information
Email the scope of the upcoming PSB bill proposal	Robin/Michelle	Robin has requested the information
Email project summaries for CACF applications	Robin	
Email/Discuss the report from ECONorthwest – when available	Robin	
Email county DAs regarding PSB subcommittee or procedures	Kevin	

Regional Children's Advocacy Center Report to the CAMI Advisory Council for July through September 2023**October 25, 2023**

The Regional Children's Advocacy Centers' report this quarter will highlight complex case consultation.

The Complex Case Review, as outlined by the Oregon Child Abuse Multidisciplinary Intervention program for regional service providers, is a process designed to address situations involving complex child abuse cases. These cases typically involve multiple agencies, significant risk factors, challenging historical abuse or intricate legal and medical considerations. Cases are referred for consultation in a variety of ways and the service is provided in a way that is tailored to meet the needs of the multidisciplinary team requesting the consult.

Case consultations in the past quarter were requested by:

- Primary Care Providers
- Designated Medical Professionals
- Forensic interviewers
- Mental health providers
- Law enforcement
- Child welfare.
- District Attorneys

Below are some examples of the types of consultations requested across all the regions:

- Consult about the use of media in a Forensic Interview and to defend in court with a review of an interview conducted to assist in planning for prosecution.
- Consult on interviewing a child who is both deaf and residing in a Spanish speaking only home.
- Consult on interviewing a child with significant developmental delays
- Consult on an interview with children where there were concerns for CSAM
- Consult on a drug endangered child with questions regarding testing and process.
- Consult with the Regional Medical Provider on a case involving head and spinal trauma
- Consult with Interviewer regarding introduction of evidence (2 different regions)
- Consult regarding a case where a child is receiving mental health services where it is not clear if abuse will be substantiated or not. Provided with options and protocol for cases in which abuse is not substantiated.
- Consults involving children with allegations of physical abuse that included full record reviews, phone calls with investigators and steps recommended for follow up. (multiple regions)
- Consult involving a child fatality and a cold case child fatality.
- Consult over a six month period of time with another medical provider on a very complex, medical record review.
- Consult with interviewers in the region to prepare for court testimony.
- Consult with interviewers on advanced interviewing topics.

Each region provides consultation in a variety of ways and adjust to tailor the response to the community needing the consultation. The consultations are handled through professional case reviews with a MDT, through phone calls with individual members of an MDT, and through thorough review of records with a written report provided. Consultations may end up with a full medical evaluation or record review being completed as a result of a discussion indicating more information was needed to inform an opinion. Sometimes consultations result in a forensic interview being conducted by the regional interviewer when there is indication and agreement among the requesting MDT and the regional provider that a more experienced interviewer should complete the interview or the interviewer in the requesting MDT does not have the required training. An example of this would be when evidence needs to be introduced in a trauma informed way or a child with a developmental delay that might require a more nuanced and experienced interviewer. A consultation may also arise as a result of a case presented in either Medical or Forensic Interviewer Peer Review.

Regional experts are available to provide guidance on a variety of complex presentations of child abuse. These consultations assist teams in formulating a coordinated action plan that allows for a thorough, trauma informed, evidenced based, culturally and developmentally sensitive approach to intervention in a variety of reports of new and historical child abuse. These consultations result in a decision making process that keeps at the forefront of each investigation the child's best interest. These consultations also provide support to MDT members across the state regardless of their location or local resources. This service being provided through the Regional Children's Advocacy Center framework allows for each encounter to be tailored to meet the needs of the MDT members needing the consultation.

Ultimately, complex case consultation is a commitment of the Oregon CAMI Regional Children's Advocacy Center program to a collaborative approach to expert child abuse intervention; ensuring specialized expertise is available and accessible to all county MDTs across the state.

A critical component of gathering precise information in child abuse investigations is conducting Complex Case Consultations. This process not only ensures the accuracy of gathered data but also establishes a vital avenue for holding child abuse perpetrators accountable within the legal system.

Submitted by

Tammi Pitzen

On Behalf of:

Cares Northwest

Children's Advocacy Center of Jackson County

KIDS Center

KIDS FIRST

Mt Emily Safe Center