

MEETING Minutes

Child Abuse Multidisciplinary Intervention (CAMI) Advisory Council

Monday, February 5, 2024

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

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

Guests:

Х	Leslie Lanier, Oregon Department of	Х	Miranda Larson, ODHS
	Human Services (ODHS)		

CVSSD Staff:

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

Welcome and Approval of November 2023 Meeting Minutes: November minutes were approved with no edits.

ODHS Update (Deena Loughary)

Deena summarized the ODHS problematic sexualized behavior (PSB) data and the history of House Bill (HB) 4086. Oregon does not define who can be responsible for abuse or neglect while most other states specify a perpetrator to be a legal parent, someone in a caregiver role or with designated

authority over a child. Oregon legislation passed in 2019 places responsibility on ODHS to investigate all reports of abuse regardless of who is the alleged perpetrator. This includes peer-peer and child-child abuse allegations. The department is statutorily required to ensure that each investigation of abuse concludes with a disposition or finding of founded/substantiated, unfounded/unsubstantiated or unable to determine/inconclusive. As a result, youth under age 18 are being dispositioned as perpetrators of abuse in these situations which could have long-term impacts for them related to foster care placements, licensing and employment opportunities. Additionally, the agency must support (offer services) this population of 'child perpetrators,' some of whom are third party to the victim and do not reside within the home. Current DHS practice does not have support for this population. DHS anticipates the Legislature will create a work group to propose solutions for this and for children presenting with PSB. Investigating unrelated third-party minor and adult perpetrators that are strangers, do not have a relationship with the child and do not have access to the child diverts limited resources away from the department's ability to work with families and serve families which is their main function as a child welfare agency. The legislature also needs to clarify if review of cases involving adult strangers should be conducted by Office of Training, Investigations, Safety (OTIS) or Child Welfare.

The group reviewed data of the PSB caseload across counties. Deena noted that the screening process determines if the case will be investigated as PSB.

There has not been a determination of who will be participating in the legislative work group. HB 4086 was sponsored by Rep. Lisa Reynolds to reduce unintended consequences of Senate Bill (SB) 155 which was intended to capture school or childcare providers who were not being investigated by Child Welfare or OTIS. The scope of the work group is broad. The hope is to identify a particular work group or procedure to make a referral for PSB populations perhaps through and with Multidisciplinary Teams (MDT) across the state.

OCAS Update See Attachment A: OCAS Narrative report 2023

OCAS offered four virtual "Lunch and Learn" sessions for CAC Directors on the importance of, and preparing for, accreditation during this reporting period. Each month's call covered one aspect of the (10) standards including the optional standards (3). These sessions enhanced overall understanding and OCAS has contracted with Tina Morgan to conduct accreditation readiness assessments with each Oregon CAC. This will help determine which CACs are in need of further support in their effort to seek and obtain accreditation with NCA.

The Family Advocate Learning Community met five times this period and OCAS is helping to facilitate a smaller core advisory committee which was developed to guide future program planning.

The OCFIT longitudinal study report will soon be distributed to partners and will inform practices in the field or add resources to existing practices. OCAS is always moving to enhance and further develop the Advanced Trainings as well.

ATD (Association for Talent Development) is being used by the OCFIT trainers to identify opportunities to sharpen their training skills.

OCFIT Trainers and partners are currently revising the Oregon Interviewing Guidelines (OIG). Any and all changes to the OIGs will result in updates to OCFIT, which will be on the schedule for the spring curriculum review. Hannah Vaughn from the ODOJ Child Protection and Advocacy Division (CAPD) and Robin will meet with Tina Morgan to review proposed changes. Once reviewed, a national expert forensic interviewer will review.

OCAS is opening a position to oversee Medical, Mental Health, and Prevention Initiatives.

OCAS has hired a new position to assist with administration and finances.

OCAS is midway through a strategic planning process with an outside contractor who has been interviewing stakeholders as part of the overall plan creation.

OCAS is watching SB 1587 the Liability and Immunity Bill as well as HB 4140 which requests consistent funding for ODSVS, Survivor Housing Fund (SHF) and CACs.

OCAS will be working with the Children's Center to provide training at the Clackamas Child Abuse Symposium in May.

Regional Child Advocacy Center Update: Technical Assistance focus See Attachment B

The assistance by each Center ranges from specific areas of direct service to larger, more broad services like business operation practices for Centers. This is provided by all varieties of lead staff not just the Regional Director. RCACs are also discussing areas of service overlap and ensuring any duplication of services is necessary.

Review of action items:

Robin reviewed the actions items from the November meeting and next steps were established.

CVSSD/CAMI updates:

CVSSD hired two new Fund Coordinators

CVSSD continues to review Diversity, Equity and Inclusion (DEI) requirements for meaningful access to victim services which dovetails nicely with the new NCA standards. Robin encouraged nominations for CVSSD's DEI Subcommittee.

CVSSD will begin offering open office hours for grantees and facilitated by rotating Fund Coordinators.

Future meeting topics and additional updates:

The position of CAMI chairperson remains open. Please let Robin know if you are interested in serving in that role.

Meeting adjourned: 11:35 AM Next meeting: April 17, 2024, 1-4 pm Remote Teams Meeting

Item	Assigned to	Status
Share the hair strand test presentations with CAPD	Rahela, when	Robin shared the
Attorneys	received from	information from the
	guest presenters	medical providers.
		Deena will follow up on the DHS
		presentation materials.
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	DHS shared the information during their presentation
Email the scope of the upcoming PSB bill proposal	Robin/Michelle	HB4086
Email project summaries for CACF applications	Robin	
Email/Discuss the report from ECONorthwest – when available	Robin	Robin continues to follow up and will share when available
Email county DAs regarding PSB subcommittee or procedures	Kevin	Complete

CAMI RCAC Progress Report 2023-2025 Oregon Child Abuse Solutions July 1 to December 31, 2023 CAMI-RCAC-2023-OregonCas-00011

Narrative Report

This is the first six-month progress report for the 2023-2025 CAMI RCAC Grant Cycle. Work highlighted in this report was completed from July 1, 2023 — December 31, 2023.

Background

Oregon Child Abuse Solutions, formerly the Oregon Network of Child Abuse Intervention Centers ("The Network" or "OCAS") is a critical resource for Children's Advocacy Centers (CACs), local multidisciplinary teams (MDTs), and Oregon State Agencies. An independent nonprofit organization, OCAS is an Accredited State Chapter of the National Children's Alliance and is a leader in Oregon's statewide response to child abuse. OCAS serves as an important bridge between CACs and partner agencies locally, regionally, and nationally. OCAS supports, mentors, trains, and provides resources and referrals to CACs throughout the state. We help identify the needs of MDT professionals in Oregon and connect CACs and their MDTs to funding, resources, and training opportunities in response to these needs.

Through our collaborative approach, we are working to help develop and strengthen CACs, and improve access to high-quality child abuse intervention services for children and families throughout Oregon. Our approach results in a stronger statewide response to child abuse and increased access to resources for the professionals responding in local communities. As the field of child abuse intervention continues to evolve, so does the critical need for resources, training, and technical assistance for professionals and CACs throughout the state to ensure that when there are concerns of abuse, there are skilled and resourced professionals to respond.

Network Coordination and Member Meetings

Grant funds provided through this agreement include several key areas of resource for CACs and Child Abuse Multidisciplinary Teams (MDTs). This includes providing regular coordination between CACs throughout the state and hosting facilitated membership meetings, providing technical assistance to CACs, and coordinating training specifically related to the development of forensic interviewers in Oregon. Statewide coordination ensures that centers are working together for a more standardized response based on best practices. Membership meetings provide CAC leaders an opportunity for mentoring, networking, information/resource sharing, and training, as well as a space for discussing statewide challenges and initiatives. OCAS responds to needs identified during meetings and provides follow-up support in response to needs that arise.

OCAS is governed by a Board of Directors, which meets independently from the membership and includes representation from six center directors and three community volunteers. Board members oversee the financial health of the organization and guide the development of the strategic plan with input from the broader CAC membership. The Executive Director manages the day-to-day operations as well as oversees programs and supervises staff and volunteers.

Deliverables- The following deliverables were met during the first report of this contract:

Task 1: Coordination and General Technical Support and Mentoring

Task 1.A— **Mentoring and Technical Assistance:** OCAS will provide support to CACs through mentoring and the provision of technical assistance.

Task 1.A — Deliverables/Activities:

- OCAS provided over 30 hours of Technical Assistance to CAC Directors, some of which included calls with consultants for additional support.
- OCAS continued to work with the Oregon CAC Executive Directors throughout the state via phone and email to seek input on topic-specific information for the training needs of Directors and key CAC staff
- OCAS continued to support mentorship relationships through a direct referral system after releasing Mentorloop as a service of OCAS after it was determined the system was not meeting the needs of participants.
- The Statewide FI Training Team met regularly (mentors/mentees) to provide support and training.
- Responded to all requests for technical support through the direct provision of assistance or by coordinating referrals to other agencies.
- Maintained the OCAS website.
- Continued to provide the Oregon MDT Model Protocols to CACs including meeting the NCA standards for 2023; hosted four (4) Lunch & Learn Sessions for CAC staff and MDT partners.
- Currently, two OCAS staff and one former OCAS staff are finalizing the project for Silver Level Kirkpatrick Certification, which will now be submitted during the first quarter of 2024 followed by a presentation to the CJA Task Force, including recommendations for improving the OCFIT program.
- Maintained and disseminated the "What You Need to Know About Karly's Law" video, hosting the video and maintaining the database of participants. 238 participants accessed during this period.
- OCAS maintained a listsery of all CAC medical providers/DMPs at CACs across the state to
 facilitate peer support and technical assistance. OCAS served as a resource to connect medical
 providers with needed support on a case-by-case basis. OCAS distributed a roster of CAC medical
 providers with up-to-date contact information.
- OCAS provided a training program for CAC medical providers, including seven (7) training sessions over 11 hours of programing. The monthly sessions focused on abusive head trauma, substance use disorders, bruises and petechiae, an overview of top publications related to child abuse and neglect, and statewide peer review. 40 participants attended the sessions in July — September and 31 participants attended the sessions in October — December.
- During this grant period, the Family Advocate Learning Community (FALC) met five (5) times with a range of 3 to 7 CAC Advocates attending each session. An annual evaluation was developed and launched, as well as a 3-member Family Advocate Learning Community Advisory Committee.

Task 1.B — CAC Coordination:

• OCAS will provide coordination and communication support for CAC Directors to promote resource sharing, networking/mentoring, and training on best practices.

Task 1.B - Deliverables/Activities:

OCAS continued to support CAC Executive Directors' listserv, shared newly released information from partners in the field, training events, and acted as a conduit for peer-to-peer support.

- OCAS held two hybrid membership convenings during this reporting period (August and November) with the majority of CAC Executive Directors in attendance either virtually or in person. These meetings were held in various parts of the state in an effort to be as equitable as possible for member travel. During this reporting period, meetings were held in Newport and St. Helens. During these convenings, members were invited to tour the "host" CAC in the area and gathered after the initial meeting for the *No Host* Networking event facilitated by OCAS.
- OCAS facilitated the Education & Awareness Committee (E & A) and Rural Steering Committee (RSC), each committed to sharing resources.
- OCAS continued to offer the NCA Accreditation Lunch & Learn Sessions for CAC Executive Directors, their designated staff, and MDT members throughout this reporting period (ended in October after final review of the last NCA Standard (13)). Sessions are held monthly. All materials, slides, and recorded sessions were uploaded into the Learning Management System and access was shared with participants. All NCA accreditation-related materials were shared with the CAC ED listserv.
- OCAS maintained a statewide email listsery for CAC Directors, as well as a statewide directory.
- OCAS conducted 9 forums for discussion for CAC medical providers. These included monthly sessions and statewide peer review. The monthly meetings now include an ODHS staff representative to better engage in policy and system improvements with Child Welfare and medical professionals.
- OCAS maintained a statewide designated medical provider listsery and distributed an up-to-date roster of CAC medical providers with contact information.
- OCAS facilitated meetings with CAC Directors and accreditation consultants, and other statewide groups, such as SATF.
- The Oregon Foster Youth Connection has entered a fiscal sponsorship with the national organization, Foster Youth in Action and will soon receive funds from ODHS as well as Trillium Family Services, and will be bringing on staff. At this time, the youth have taken over management of the Task Force and OCAS support is no longer needed.

Task 1.C - Regional and National Representation and Coordination

Task 1.C - Deliverables/Activities:

- OCAS staff attended 100% of WRCAC calls during the reporting period.
- OCAS maintained close communication with the WRCAC state liaison.
- OCAS staff attended 100% of NCA Chapter calls during the period.
- OCAS hosted four NCA Accreditation Training Lunch & Learn Sessions for CAC staff and MDT Partners.

Task 1.D - Statewide Data Collection of comprehensive statewide center-based statistics

Task 1.D - Deliverables/Activities

• OCAS deployed the newly created Oregon CAC Census in late August. The CAC Census requests basic service information as well as questions about accessibility, staffing

challenges, infrastructure and much more. Due to the learning curve using our new system, Coalition Manager, completion rates are low. We are actively working with CACs to remove barriers to completion.

• OCAS was available to provide support for CACs participating in NCA's Outcome Measurement System.

Task 2 — Oregon Child Forensic Interviewer Training

OCAS will coordinate the Oregon Child Forensic Interviewer Training and related advanced training necessary as identified by CAMI and the Regional Service Providers.

Task 2.A - Deliverables/activities:

- Provided ongoing management of OCFIT, including coordination, logistics, registration, materials, and facilitation for:
 - $\,\circ\,$ OCFIT sessions have been scheduled through Fall of 2028.
 - An OCFIT training session was held in October 2023 with 17 participants attending and a 100% pass rate. 32 DPSST training hours for law enforcement and 27.75 CEU's for social workers were provided.
- In 2023 OCAS opted to provide year-long, ongoing training opportunities for the Statewide Training
 Faculty through ATD versus a once-annual training for trainers. Through the ATD platform, trainers will
 be able to complete an assessment of their individual facilitation skills needs and then be assigned
 appropriate training each year to meet those needs. Trainers will be required to attend three training
 modules per year based on their assessment outcomes, with the option to add as many more as they
 would like at no additional cost.
- Advanced Forensic Interview Topics Training was held in Corvallis in November 2023 with 16 forensic interviewers from around the state in attendance. Three major courses were presented: Use of Tools & Presenting Evidence; Trauma Informed Forensic Interviewing; and Project Ability. All sessions were updated curriculum.
 - Use of Tools & Presenting Evidence: 100% of participants rated Agree or Strongly Agree: High quality of Instruction; the trainer(s) demonstrated expertise in the content presented; the trainer(s) engaged participants effectively; the pace of the training was appropriate; the Presentation met the goals/objectives of the training; the session was well organized; and the materials are high quality.
 - Project Ability: 100% of participants stated that this training increased their confidence in interviewing children with disabilities; and 100% Strongly Agree: High quality of Instruction; the trainer(s) demonstrated expertise in the content presented; the trainer(s) engaged participants effectively; the pace of the training was appropriate; the Presentation met the goals/objectives of the training; the session was well organized; and the materials are high quality.
 - Trauma Informed Forensic Interviewing: 100% of participants rated their level of confidence their ability to conduct a Trauma Informed Forensic Interview; 100% Agree or Strongly Agree: High quality of Instruction; the trainer(s) demonstrated expertise in the content presented; the trainer(s) engaged participants effectively; the Presentation met the goals/objectives of the training; the session was well organized; and the materials are high

quality. One exception of rating was pace, one individual indicated that the pace was not ideal.

• The Project Ability Reference Guide was updated during this period and it is expected to be released to the field in early 2024 following final edits to citations and language.

Regional Children's Advocacy Centers Report to the CAMI Advisory Council Covering October-December 2023

The Regional Children's Advocacy Center Report for this quarter will highlight Technical Assistance provided by the RCACs during the quarter, with some consideration of TA provided during the preceding quarter (July-Sept 2023) to ensure the report contains a thorough summary of recent activity in this area of service.

Technical Assistance, as outlined by the Oregon Child Abuse Multidisciplinary Intervention program for regional service providers, is "assistance of a practical, specialized or scientific nature, including but not limited to practical advice, specialized advice, advanced laboratory testing or forensic testing".

Recent discussions held in November 2023 among RCAC Directors and CAMI Program staff on this topic indicated that over time, RCAC technical assistance across the state has evolved to include providing support around a wide range of topics including organizational structure, strategic planning, operations, human resources, legal questions, nonprofit governance, program development, grant management, strategies for working effectively with local community partners, and support for specialized functional areas within smaller or more rural CACs. This discussion also touched on the distinctions between the core RCAC roles of providing technical assistance, education, and consultation. Helpful clarification was provided to assist RCACs with appropriately designating and tracking services in each of these areas, with guidance on accounting for potential overlap between technical assistance, education, and consultation.

Technical assistance provided by Regional CACs during the past two quarters (July-December 2023) includes:

- Responding to requests for medical records expertise from community partners, local agencies, and CAC professionals. Requestors were given information, policies, support, and/or referred to a more appropriate agency.
- Responding to requests for policy advice, templates, and best practices around CAC operations, insurance billing, court testimony preparation and case review, and interviewing CSEC and delayed disclosures.
- Supporting a developing CAC in the creation of a mental health program and the associated policies needed to effectively implement these services.
- Assistance to several MDTs regarding local MDT policy/protocol questions. TA support provided to
 assist MDTs with alignment of MDT policy with NCA standards, CAMI requirements, and state
 statutes.
- Technical assistance provided to an MDT regarding child abuse evaluation report writing and inclusion of the report information in MDT case reviews.
- Targeted support for a new Forensic Interviewer at a CAC to assist with development of a training plan, sharing recent research on the topic, and onsite visitation to support peer review for the new Forensic Interviewer in that CAC.
- Technical assistance to CACs with grant writing to support successful grant application submissions to obtain needed funding.
- Consultation about expert witness testimony with a Special Prosecutor who is handling a high-profile child abuse case.
- Assisted in a county to develop a plan to replace a DMP that has retired. This involved discussing strategies on how to leverage community resources and developing an MDT committee to focus on a strategy for provider recruitment.

- Assisted in developing a plan for afterhours local coverage for acute sexual assault exams.
- Helping to create a plan for supervision for a newly hired therapist at a CAC in a rural area with limited resources.
- Provided strategy on grant funding allocation on allowable expenses prior to the grant's expiration.
- Technical assistance on hair strand testing for drug exposure.

Each region provides technical assistance in a variety of ways, which are customized to meet the specific needs of each request. In many cases, Regional CACs primarily field requests from CACs, MDTs, and related community partners located within their region. In other cases, Regional CACs that have developed specific expertise may field requests on that topic from beyond their region. Provision of technical assistance may be led by various professional staff within each Regional CAC. For example, TA support is often led by RCAC Executive Directors, particularly around MDT policy and protocol, nonprofit governance, community-wide planning and dialogue needs, grant management, and organizational development. Depending on the need, TA may be provided by other positions or functions within a RCAC, such as a Records Custodian, Finance, Medical Director, Mental Health Program Director, or experienced Forensic Interviewer. Technical assistance may often be provided remotely through telephone conversations, electronic communication, or virtual meetings, though when these needs are best met by in-person visitation, RCACs will travel to provide TA onsite with the requesting CAC, or that CAC may be invited to visit the RCAC as appropriate.

As evidenced by the examples of recent technical assistance, our Regional CAC experts regularly provide guidance on a wide range of important technical matters to strengthen local responses to child abuse in MDTs and CACs across the state. The strong utilization of Regional Children's Advocacy Centers for technical assistance indicates the benefits of peer-led support to meet these needs. The technical assistance being provided to Oregon CACs and MDTs through the RCAC Framework is directly informed by the field experience and resulting expertise each RCAC has developed over time.

These TA requests are coming to RCACs from developing or smaller rural CACs as well as from larger or more established CACs. As smaller CACs seek to add programs and services and take on more complex functions, their need for technical assistance grows. And, when well-established CACs encounter new challenges or changes in the field that impact their practice and operations, they too may need targeted TA support.

Through the longstanding commitment of the Oregon CAMI Regional Children's Advocacy Center program, CACs and MDTs of all types are benefitting from expert technical assistance provided by fellow professionals and peers based in our RCACs. These services are a benefit to each local area while strengthening the collective CAC and MDT frameworks across the state to enhance the collective response to child abuse in Oregon.

Submitted by:

Gil Levy

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