



MEETING Minutes

Child Abuse Multidisciplinary Intervention (CAMI) Advisory Council

Wednesday, January 22, 2025

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

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
	Representative from a local Child Advocacy Center recommended by Oregon Child Abuse Solutions (OCAS) Beatriz Lynch	xx	Citizen with an interest in advocating for the medical interests of abused children Rahela Rehman
	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 (RCAC) Gil Levy
	District Attorney Stacy Neil	xx	Person having experience dealing with child abuse Tina Morgan
	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		

CVSSD Staff:

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

Welcome, Introductions

Approval of October 2024 meeting minutes The minutes were approved via email with minor edits.

OCAS and RCAC Reports

The group reviewed the attached RCAC and OCAS reports. In addition to the activities in the report, OCAS has submitted recommendations to Oregon Department of Justice (ODOJ) about standardized guidance for on-boarding of Forensic Interviewers when OCFIT is not available as OCFIT is now offered twice a year. Once the recommendations are finalized, CVSSD will determine how the information is disbursed to the field. CVSSD is compiling a document of required trainings for all grant recipients and perhaps this information can be included in connection with the CAMI awards.

OCAS is adding a fifth staff member to support its medical and mental health initiatives. Hiring and onboarding should be complete by the end of February.

The group discussed updating the format of the RCAC report. The report has focused on the core regional services of the RCACs, and now each service has been covered. It was suggested the reports only reflect new activities, updated service suggestions, or emerging issues across the Regions. Gil, Robin, and Kevin will meet to discuss possible changes with the goal of improving the utility of the report.

Legislative Session Awareness and OCAS Legislative Priorities - Shelly Smith

OCAS has an Education and Awareness Committee. One objective of the Committee is to provide collective feedback on issues that impact CACs. The committee reviews all state legislative bills. The first meeting for this year's session is this Friday. OCAS is working again with Dalton Advocacy as their legislative representative.

OCAS is hosting a reception on February 5. OCAS' membership meeting is February 6 and 7. OCAS members are encouraged to meet with their legislators. ODOJ will attend on Thursday. Amanda Dalton will talk about District Attorney priorities on Friday.

OCAS is focused on backfill of the federal VOCA reduction and educating state legislators on the impact of reductions.

The \$6 million funding allocated in HB 4140 in 2024 needs to be continued in addition to backfilling the VOCA reductions to maintain current funding levels.

Update on the CACF One Time, Part 2 (OT P2) Funding – Kevin Dowling

Kevin shared the progress of the OT P2 funding which was released in September. \$3.1 million has been awarded, \$2.6 million distributed, and \$120,000 is unallocated. All funds must be distributed by June 30 or returned unless there is a change to the statute.

Update on reallocated CACF OT Part 1 – Robin Reimer

These funds have been distributed in full. 4 CACs accepted less than the full allocation and one declined the funds. These funds were distributed to OCAS to support accreditation efforts of CACs per the statute. OCAS surveyed the CACs and funds will be used to meet the accreditation needs identified through the survey. OCAS will prioritize CACs which were unable to accept the additional funds.

CAMI Reports and Applications

Kevin shared themes from the VOCA and MDT progress reports: the increase and impact of drugs, lack of CAC medical and mental health providers, and turnover on multidisciplinary teams (MDT). It was noted that these issues are national and not unique to Oregon. The questions in progress and statistical reports are being reviewed.

As these are not CAC specific issues, there may be opportunity for collaboration across disciplines and agencies. OCAS is working with Oregon District Attorney Association (ODAA) to train District Attorneys and organize large group trainings at ODAA on child abuse topics. The group discussed the national issues and possible collaborations that could assist Oregon with child abuse

services and expressed appreciation for the data presented regarding Oregon’s outstanding work being done at the Centers despite these concerns.

Wrap Up

Future meetings

Any items for the good of the order

Meeting adjourned: 2:54 p.m.

Next meeting: Wednesday, April 16, 2025 from 1:00 pm – 4:00 pm

Action Items:		
Item	Assigned to	Status
RCAC reporting to CAMI AC	Gil, Robin, Kevin	



CAMI RCAC Progress Report 2023 — 25

July 1- December 31, 2024

CAMI-RCAC-2023-OCAS-00011

Narrative Report

This is the third six-month progress report for the 2023-2025 CAMI RCAC Grant Cycle. Work highlighted in this report was completed from July 1— December 31, 2024.

Background

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

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

Network Coordination and Member Meetings

Grant funds provided through this agreement support several key areas of resource development for CACs and MDTs. This includes regular coordination between CACs throughout the state, hosting facilitated membership meetings, providing technical assistance, and coordinating training specifically related to the development of forensic interviewers in Oregon. Statewide coordination ensures that centers work together to deliver a more standardized response based on best practices.

Membership meetings offer CAC leaders opportunities for mentoring, networking, information/resource sharing, training, and discussing statewide challenges and initiatives. OCAS responds to needs identified during meetings and provides follow-up support as required.

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 strategic planning with input from the broader CAC membership. The Executive Director manages day-to-day operations, oversees programs, and supervises staff and volunteers.

Deliverables- The following deliverables were met during this period of the 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 23 hours of technical assistance to CAC directors, including calls with consultants for additional support. OCAS worked with CAC Executive Directors statewide via phone and email to seek input on topic-specific training needs for CAC staff. Mentorship relationships were supported through a direct referral system.
- The statewide forensic interviewer training team met regularly (mentors/mentees) to provide support, training, and planning. OCAS responded to all requests for technical support by offering direct assistance or coordinating referrals to other agencies. Additionally, OCAS maintained the OCAS website and continued providing the Oregon MDT Model Protocols to CACs that had not yet adopted them.
- OCAS maintained and disseminated the "What You Need to Know About Karly's Law" video and participant database. During this period, 274 participants accessed the video.
- OCAS maintained a listserv of all CAC medical providers/DMPs statewide to facilitate peer support and technical assistance. We connected medical providers with needed support on a case-by-case basis.
- OCAS provided a training program for CAC medical providers, including four training sessions totaling over four hours of programming. Topics included Failure to Thrive (August 20), Adolescent Interpersonal Violence (October 15), Pediatric Vulvar Conditions (November 19), and Building Resilience from Traumatic Stress (December 17). Additionally, OCAS facilitated a statewide medical peer review on December 5. A total of 25 medical professionals (unduplicated) received 57.5 hours of continuing education credits for their participation.
- During this grant period, the Family Advocate Learning Community (FALC) met four times, with attendance ranging from 2 to 36 CAC advocates per session. One session was an in-person conference held jointly with forensic interviewers in September.
- The Forensic Interviewer Community of Practice Advisory Committee met four times during the reporting period and hosted its first-ever community of practice session on Giving and Receiving Feedback. Forensic interviewers also attended an in-person conference in September.

Task 1.8 — CAC Coordination:

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

Task 1.8 - Deliverables/Activities:

- OCAS continued supporting the CAC Executive Directors' listserv by sharing new information from partners, training events, and facilitating peer-to-peer support. Hybrid membership convenings were held in August (McMinnville) and November (Eugene). Topics included legislative updates, statewide prevention efforts, collaboration with military partners, leadership development, and updates from partners like The Ford Family Foundation and the Oregon Department of Human Services.
- OCAS facilitated the Education & Awareness Committee (E&A) and the Rural Steering Committee (RSC), both focused on resource sharing, best practices, and planning for future initiatives.
- OCAS continues to provide access to recorded NCA Accreditation Lunch & Learn Sessions for CAC Executive Directors, their designated staff, and MDT members through our learning management system. OCAS maintained a statewide email listserv for CAC Directors and a statewide directory.

- There were three Medical Academy Advisory Committee meetings during the quarter, covering topics like Medical Academy planning and outreach to new members. On average, four committee members attended, with at least one OCAS staff member coordinating.
- OCAS facilitated meetings with CAC Directors, accreditation consultants, and other statewide groups such as SATF, DHS, and ODAA.

Task 1.C - Regional and National Representation and Coordination

Task 1.C - Deliverables/Activities:

- OCAS staff attended 95% of WRCAC calls and meetings and maintained close communication with the WRCAC state liaison. Staff attended 98% of NCA Chapter calls and participated in the State Chapter Summit in October (Seattle).

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

Task 1.D - Deliverables/Activities

- OCAS supported CACs participating in NCA's Outcome Measurement System (OMS) and hosted a session in August with Erin Casey from NCA to discuss OMS.

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:
 - OCFIT sessions have been scheduled through Fall 2028.
 - An OCFIT training session in October 2024 with 21 participants, achieving a 100% pass rate. Each law enforcement officer earned 32 DPSST training hours, and social workers received 27 CEUs.
 - OCFIT had 100% participation in the evaluations and continues to receive high marks. October 2024 OCFIT participant, "One of the best trainings I have ever attended."
 - In November 2024, OCAS produced the Advanced Topic Forensic Interviewer Training (ATFIT) in Portland OR. 15 Oregon Forensic Interviewers received at least one day (Project Ability) and up to three days (Use of Tool/Presenting Evidence; Trauma Informed Forensic Interviewing) of advanced topic training.
 - ATFIT evaluations were overwhelmingly positive, with one participant noting, "Thank you all for sharing your expertise. I appreciate the various ways you instruct- makes the learning of the materials more concrete for me with the audio and visual presentation."

Regional Children's Advocacy Centers - Report to the CAMI Advisory Council

Covering October – December 2024: Spotlight on Education

Summary

The Oregon Regional Children's Advocacy Centers (RCACs) regularly provide education to multidisciplinary team (MDT) partners and professionals involved in the identification, investigation, prosecution and treatment of child abuse across the state. The education offered by the RCACs complements other specific RCAC services including formal training and complex case consultations. It is designed to address immediate learning needs that emerge from each county's collaborative response to child abuse, respond to specific information requests, and enhance existing knowledge among professionals in the field. Each RCAC's educational approach is tailored to the unique needs of its region, though common strategies are shared across the state. This report outlines how education is delivered by each RCAC in Oregon.

The Children's Advocacy Center of Jackson County

Education is a core component of every service provided by Southern Oregon's regional team. In this region, the team embraces every service request as an opportunity to educate MDT members, community partners, and professionals working with children and families.

- **Informal Education** occurs during consultations, discussions, and collaborative problem-solving, such as:
 - *Case-Specific Guidance*: Consulting on forensic interviews, medical evaluations, and other services, providing insights into case specifics.
 - *Exploring Other Perspectives*: Discussing the value of alternative strategies within cases such as interviewing other children in the household to uncover family dynamics and other case-relevant information.
 - *On-the-Spot Learning*: During case reviews, the RCAC identifies educational opportunities, offering best practices and clarifying procedural questions.
- **Formal Education Initiatives** include:
 - *Annual Symposiums*: The Southern Oregon Child Maltreatment Symposium put on by the RCAC gathers professionals for expert presentations and collaborative discussions on emerging trends and best practices.
 - *Peer Reviews*: Regular sessions for forensic interviewers, pediatric sexual assault nurse examiners (PSANE), and medical providers to refine skills and stay current.
 - *Community Training and Stipends*: Ongoing training for MDT members, with stipends for attendance at relevant conferences.
 - *Lunch and Learns*: Informal, topic-driven discussions for MDTs.

- *In-Person Visits and Shadowing Opportunities:* Visits to MDTs and hosting shadowing opportunities to share best practices.
- *Policy Sharing and Technical Assistance:* Sharing policies and procedures to support other CACs and MDTs.

The RCAC's educational efforts are strengthened by the extensive experience of its staff, who collectively bring over 57 years of direct CAC experience. This wealth of knowledge allows the team to identify educational opportunities throughout their work, fostering a culture of continuous learning and improvement.

Kids First

- **Resource Sharing:** Regularly shares links to specialized webinars and training resources from organizations like MRCAC, NCJTC, and NCAC, along with best practices documents.
- **Educational Peer Reviews:** Includes an educational segment in regional peer reviews, sharing new research, best practices, and specialized resources.
- **On-Demand Expertise and Peer Support:** Provides specific information on topics like grant management, best practices, and National Children's Alliance accreditation, using curated resources like CALiO library materials and internal tools.
- **Support for MDTs:** Provides onboarding materials, such as forensic interviewing documentation guides, to new MDT members.
- **Court Preparation:** Offers tailored education and support for forensic interviewers and therapists preparing for court.
- **Collaboration Across Regions:** Freely shares guidelines, policies, and tools with CACs and professionals in other regions.
- **Therapist Peer Consultation:** Provides peer consultation and education for therapists, sharing techniques, resources, and research on trauma-informed care.

Mt Emily Safe Center

- **Education for School Districts:** Provides education for school counselors in the region, focusing on best practices for receiving disclosures from children, handling disclosures in the field, understanding the CAC process for providing services, and how referrals to CACs work in practice.
- **Resource Sharing and Training Promotion:** Educates MDT professionals about state-mandated training opportunities and their connection to professional requirements. For example, the RCAC provided education about services to a local Regional Medical Clinic, offering a tour and training on Karly's Law.

Cares Northwest

- **Medical Education:** Offers a Child Abuse and Neglect e-learning collection to medical learners, covering essential topics in child abuse medical education. Paid subscriptions to this resource are funded by the CAMI RCAC grant. The regional team also hosts regular meetings with CAC medical providers to provide peer support, case review, and share new research.
- **Forensic Interviewing:** Hosts a learning series that coincides with bimonthly peer reviews for forensic interviewers. The RCAC team shares relevant research and practice guidelines during these sessions and distributes additional research as needed.
- **Mental Health Education:** Provides bimonthly peer reviews for mental health providers, sharing research articles and treatment implementation plans. They also respond to specific inquiries with relevant resources.

KIDS Center

KIDS Center strives to educate MDT professionals throughout the region through various means, including publicizing external training opportunities, providing a regular e-newsletter, and offering educational materials upon request. As with other RCACs, education is embedded in the center's many other regional services.

- **Teachable Moments:** The KIDS Center team identifies and takes advantage of opportunities for education during regular interactions with regional partners. For example, when a recent referral for a Karly's Law child abuse evaluation in a regional county did not meet the criteria for Karly's Law, the RCAC provided immediate education to the referring MDT partners on how to assess for Karly's Law and strategies for engaging families reluctant to participate in CAC services. The RCAC followed up by scheduling a focused training for the entire MDT on Karly's Law to inform how the MDT approaches similar cases in the future.

CACF OT2 RFA SNAPSHOT AND STATUS UPDATE

January 22, 2025 (updates from 10/21/24 are highlighted)

September 11	RFA released
October 16	Applications due
\$3,250,000	Funding available

Applicants

19	Applications submitted
12	Accredited CACs
7	Non-accredited CACs
0	Healthcare provider applicants

Grants Awarded

\$3,128,346	Total awarded to 19 CACs (note the maximum allowed per CAC under SB 1579 is \$300,000 from Part 1 and Part 2 funding)
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Payments Approved

\$2,635,594	Payments to 16 CACs for the full amount (most were for \$164,584) were approved on 01/02/25. Payments are pending for 3 CACs.
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Funds Remaining

\$ 120,654	Funds remaining after funding all applicants' Tier 1 and Tier 2 budgets
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