

OREGON DEPARTMENT OF JUSTICE

2019 - 2021

CAMI REGIONAL SERVICE PROVIDER

COMPETITIVE GRANT

REQUEST FOR APPLICATIONS

APPLICATION INSTRUCTIONS



Attorney General Ellen F. Rosenblum
Oregon Department of Justice
Crime Victims' Services Division
1162 Court Street NE
Salem, OR 97301-4096

RFA RELEASE DATE: February 25, 2019
ONLINE APPLICATION DUE DATE: April 9, 2019, 11:59 P.M. PST
AWARD PERIOD: July 1, 2019-June 30, 2021

READ ALL INSTRUCTIONS BEFORE COMPLETING THE GRANT APPLICATION

Resources for this Application

The instructions to complete this application are included in this RFA.

The CVSSD E-Grant Applicant User Guide is the primary resource to answer any questions about navigating E-Grants. The Guide can be found in E-Grants by clicking “My Training Materials” or at the CVSSD Website: https://www.doj.state.or.us/wp-content/uploads/2017/06/CVSSD_egrants_applicant_user_guide.pdf.

Contact Information for DOJ CVSSD Staff

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Fund Coordinator:

Coordinator	Phone	E-mail
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Grant Application Amendments

DOJ/CVSSD may amend this 2019-21 CAMI RSP Grant Application by posting amendment(s) to CVSSD E-Grants. If amended, DOJ/CVSSD will issue an update that will be added to the Forms Menu in E-Grants, immediately below the Request for Applications.

Requests for Clarification

Any Applicant requiring clarification of a provision of this application may email a request for clarification to Robin Reimer. To be considered, the request must be received no later than 5 PM PST on March 12, 2019. Requests for clarification received after March 12, 2019 may or may not be responded to at DOJ/CVSSD’s sole discretion. DOJ/CVSSD will promptly respond to each properly-submitted request for clarification.

Informal Requests

DOJ/CVSSD may informally respond to applicants’ questions. However, informal responses do not affect the 2019-21 CAMI RSP application requirements. Application requirements are changed only by formal amendment(s) issued by DOJ CVSSD and posted on the CVSSD E-Grants System.

Timetable for Applications, Reviews, and Awards

DATE	ACTIVITY
February 25, 2019	CAMI RSP Grant Application released
March 12, 2019 5 PM PST	CAMI RSP Application amendments/clarifications due
April 9, 2019 11:59 PM PST	Application due through CVSSD E-Grants
April-May 2019	Application Review and Modification
June 2019	Award notification and grant execution
July 1	2019-21 CAMI RSP grant period begins

CAMI Advisory Council Members

<p>District Attorney or District Attorney designee: Kevin Barton 2/1/14-1/31/22 Washington County DA 150 N 1st Ave, MS 40 Hillsboro, OR 97124 503 846-3489 F: 503 846-3407 Kevin.barton@co.washington.or.us</p>	<p>District Attorney or District Attorney designee: Matt Shirtcliff 4/1/12-3/31/22 Baker County DA 1995 3rd St. Baker City, OR 97814 (541) 523-8205 mshirtcliff@bakercounty.org</p>
<p>Employee of a law enforcement agency: VACANT</p>	<p>Employee of the State Office for Services to Children and Families: Tami Kane-Suleiman, MSW 10/1/18-9/30/22 Child Safety Program manager DHS Child Welfare 500 Summer St NE Salem, OR 97301 tami.j.kane-suleiman@state.or.us</p>
<p>Representative from an operating Regional Assessment Center Shelly Smith, Chair 1/1/14-12/31/21 KIDS Center 1375 NW Kingston Avenue Bend, OR 97701 (541) 383-5958 ssmith@kidscenter.org</p>	<p>Representative from a local center recommended by the Oregon Network of Child Abuse Intervention Centers: Tammi Pitzen 7/1/14-6/30/22 Children’s Advocacy Center of Jackson County 816 W 10th St. Medford, OR 97501-3016 541-282-5474 ex 102 TPitzen@cacjc.org</p>
<p>Physician licensed to practice medicine in Oregon and who specializes in children and families: Carol Chervenak, MD, Vice Chair 1/1/14-12/31/21 ABC House PO Box 68 Albany, OR 97321 541 926-2203 F: 541 926-1378 abchousedoc@comcast.net</p>	<p>Physician licensed to practice medicine in Oregon and who specializes in children and families: VACANT</p>
<p>A person having experience dealing with child abuse: Tina Morgan 7/1/14-6/30/22 887 NW Fort Clatsop Street Bend, OR 97703 tmorgan.tjm@gmail.com</p>	<p>Citizen with an interest in advocating for the medical interests of children: Patricia K. Kenyon 10/1/18-9/30/22 2773 NW Skyline Dr Corvallis, OR 97330 541 231-0377 pkcorvallis@gmail.com</p>
<p>Citizen with an interest in advocating for the medical interests of children: Marilyn Reilly 2/1/17-1/31/21 Clatsop County DA’s Office 749 Commercial St. Astoria, OR 97103 503-325-1599 mreilly@clatsop.or.us</p>	<p>Citizen with an interest in advocating for the medical interests of abused children: Rahela Rehman 10/1/18-9/30/22 Oregon Department of Justice Child Advocacy Section, Civil Enforcement Division 100 SW Market Street Portland, OR 97201 971 673-1960 rahela.rehman@doj.state.or.us</p>

Contents

Resources for this Application	ii
Contact Information for DOJ CVSSD Staff	ii
Grant Application Amendments	ii
Requests for Clarification.....	ii
Informal Requests.....	ii
CAMI Advisory Council Members	iv
I. INTRODUCTION	7
A. Overview.....	7
B. History of RSPs and Core Services	7
C. Service Regions	8
D. Funding and Allocations	9
II. ELIGIBILITY CRITERIA	9
A. Basic Requirements	9
Expertise	9
CORE REGIONAL SERVICES	10
Current Core Services Definitions.....	10
III. APPLICATION GUIDELINES	11
A. General Guidelines	11
B. Key Things to Remember When Completing this Application.....	12
C. Budgets	12
D. Use of Funds	14
Allowable and Unallowable Costs:.....	14
IV. SUBMISSION INFORMATION	16
V. REVIEW Of APPLICATIONS	17
Reservation of Rights	17
VI. Availability and Disbursement of Funds	17
Award Conditions.....	18
I. Conditional Awards.....	18
II. Additional Grant Agreement Conditions	18
VII. ADDITIONAL GRANTEE REQUIREMENTS.....	18
A. Reporting Requirements.....	18

B. MOUs	19
VIII. APENDICES	20

I. INTRODUCTION

A. Overview

This grant is for delivery of regional services during the grant period from July 1, 2019 through June 30, 2021.

A Regional Assessment Center is defined in ORS 418.782 (4) as “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 teams in a region or regions designated by the administrator of the [CAMI] Program.”

A “Regional Assessment Center” is known customarily as a “Regional Service Provider” or “RSP.” In this Request for Applications (RFA) we will refer to Regional Assessment Centers as Regional Service Providers or RSPs and the term “regional services” shall mean services performed by an RSP. The CAMI RSP grant is for training and technical assistance to Multidisciplinary Teams (MDTs) and Child Abuse Intervention Centers (CAICs). Clinical services are not included as a function of regional service delivery except as specifically outlined in RSP Core Services.

Please note that while the content of this RFA is primarily based upon current statutes and administrative rules, changes to both are anticipated to take effect during the grant cycle. As such, grant applicants should be prepared for changes during the grant cycle. Anticipated changes include adopting the term Regional Children’s Advocacy Center to refer to RSPs, modifications to the core services required of RSPs and the requirement that RSPs be accredited members of the National Children’s Alliance.

B. History of RSPs and Core Services

RSPs were created by the legislature in 1991 to provide to CAICs and MDTs the services listed in statute. Funding was not provided for RSPs until 1997, when a slight increase in unitary assessment fines provided the necessary revenue.

The first RSP Request for Applications (RFA) was issued in 1998 by the Department of Human Services (DHS). As a result of that RFA, CARES NW in Portland, KIDS Center in Bend, and the Jackson County Children’s Advocacy Center in Medford were selected to provide regional services. Contracts for these services were for six year project periods and expired August 31, 2006. In 2002, the CAMI Program was transferred from DHS to the Oregon Department of Justice (DOJ).

In the spring of 2006, DOJ implemented a grant application process for RSP grants. CARES NW, KIDS Center, and Jackson County Children’s Advocacy Center were granted new awards. In the course of the application process, DOJ informally gathered feedback from the CAICs, RSPs, and MDTs throughout the state. Through this process, DOJ learned that the needs of centers and MDTs had changed significantly during the initial six year RSP project period. In 2006, some CAICs and MDTs indicated the current RSP system was working well for them, but others reported that their needs for regional services were not being met.

As a result of this feedback, the CAMI Advisory Council (AC) and DOJ decided to review regional service delivery in Oregon through a needs assessment. The objective of the needs assessment was to solicit information from MDTs, CAICs, RSPs, and community partners regarding the status of RSP service delivery in Oregon.

The data collected in the needs assessment survey was thoroughly reviewed by DOJ and the CAMI AC. They concluded that the term "regional services" needed further definition to clearly and explicitly delineate expectations for those delivering and receiving the services. As a result of the assessment, the CAMI AC and DOJ identified the following core services:

- Complex case consultation
- Peer review for forensic interviewers and medical assessments
- Forensic child interviewing training
- Medical assessment training
- Referral and information
- Outreach
- Expert witness testimony and referral

The 2008-2011 application reflected the newly defined core services.

The 2011-2013 RFA maintained the format and expectations established after the needs assessment and made formal with the 2008-2011 RSP grant period. Additionally, with the 2011-2013 grant awards, the number of RSPs increased from 3 to 5 with the addition of Mt. Emily Safe Center in La Grande and Kids' FIRST in Eugene.

In 2013-2015 RSP grants were awarded through a continuation of the 2011-2013 grant to allow for ongoing implementation of the Oregon Child Forensic interviewer Training (OCFIT) which began in January 2013. As such, the expectations in 2013-2015 were again largely the same as the previous grant period with the notable exception that expert witness referral/testimony was omitted from core services in an effort to partially counter-balance the expectations around RSP participation in OCFIT. During the 2013-2015 grant cycle, the CAMI Program, with the support of the CAMI AC, redirected 5% of RSP budgets to the Oregon Network of Child Abuse Intervention Centers to help support delivery of OCFIT.

Core regional services were reviewed again during the 2017-19 grant period and legislative changes were requested to further refine definitions of regional services and to allow the CAMI Program to include the ONCAIC in the grant making process. At the time of this grant release, the legislature is considering proposed changes to the RSP grant as discussed above. A draft of HB2464 is included for your reference as an attachment to this document.

C. Service Regions

Service regions for RSPs were established based on the proposals submitted by RSP grant applicants and the needs of the MDTs and CAICs around the state. The number of RSPs and the distribution of the service regions is not dictated by statute or rule and the service regions outlined on the [current RSP map](#) is not set in stone. RSPs may submit a proposal for a service

region that differs from the current regions. It is highly recommended that the RSP consult with the CAICs, MDTs, and other RSPs who may be directly affected by the change prior to submitting a grant outlining a new service region. An applicant may be asked to revise the service area and the budget during the grant application modification period.

D. Funding and Allocations

CAMI RSP grant funds come from the Criminal Fines Account (CFA). CFA funds include fines assessed by justice, municipal, district, circuit and juvenile courts on persons convicted of a crime, violation, or infraction.

Like the CAMI MDT grants, the CAMI RSP grant award amounts are determined based on a variation of the “base plus” formula DOJ CVSSD uses to distribute all CFA dollars to its grantees. This formula originated out of the 2006 joint DOJ/DHS equity study. For MDT grants, each county receives a base amount of funding plus an additional amount determined by the county’s population under age 18. RSP budgets are based on the counties in their service region. Each RSP receives a base amount of funding plus an additional amount determined by the population under 18 and geographical area of the counties in the region.

II. ELIGIBILITY CRITERIA

A. Basic Requirements

CAMI Program RSP grant applicants must meet the following eligibility criteria:

Be a public or private non-profit agency:

1. that has demonstrated the ability to provide quality community assessment services for a period of at least two years;
2. whose mission includes the provision of services to victims of child abuse and neglect; and
3. that has sufficient capacity and expertise within its staff to provide education, training, consultation, technical assistance, and referral services for community assessment centers in the region.

Expertise

Expertise often resides with individuals, not organizations. For example, an organization may qualify as a RSP and receive a grant award in part because the RSP employs a physician with professional training and credentials coupled with several years of experience. The RSP may, during the grant period, lose that expertise should that physician no longer associate with the RSP. In such situations, the CAMI Program may put the RSP’s grant in conditional status pending securing replacement of the lost expertise. A prolonged period in which the RSP is unable to secure new expertise may result in loss of the RSP grant. It is the duty of the grantee to timely advise the CAMI Program of staff changes that would affect grantee’s basic eligibility as outlined above. As staff changes are inevitable, the CAMI Program may allow an RSP to subcontract with experts outside their organization to cover RSP commitments while a permanent replacement is sought.

CORE REGIONAL SERVICES

Current Core Services Definitions

The RSPs provide forensic interview training¹ including the Oregon Child Forensic Interviewer Training which is mandatory for child forensic interviewers who conduct interviews in centers and is based on the Oregon Interview Guidelines. RSPs also provide medical assessment training, peer review for child abuse medical professionals and forensic interviewers, complex case consultation, and referral and information services.

Complex Case Consultation: Per OAR 137-083-0010, a case in which the local community assessment center or the local multidisciplinary team determines the need for assistance from a regional services provider in order to perform or complete a child abuse medical assessment or to evaluate, diagnose or treat a victim of child abuse. “Consultation” means discussions between a regional services provider and multidisciplinary team members or staff from a community center regarding individual cases involving child abuse, child abuse medical assessments or related topics.

Peer Review for Forensic Interviews and Medical Assessments: a forum for professionals to come together to review forensic interviews and medical assessments and provide constructive feedback to the persons conducting the interview or assessment. Peer reviews may be conducted in person, via teleconference or online.

Forensic Child Interviewing Training: provide training regarding the forensic interviewing of children. This training would be largely based upon the Oregon Interviewing Guidelines and may be conducted by an interviewer from the center providing regional center services, or by an interviewer the center contracts with to provide the training within the proposed service region. As forensic interviewing of children is a broad topic, other specialized aspects, such as interviewing children with disabilities, may also be requested by constituents. If this is the case, the center providing regional services may use their own expert to provide this training, provide a referral to a qualified instructor or training, or contract with an interviewer or agency to provide this specialized training.

Medical Assessment Training: provide training regarding the medical assessment of children. This training would be largely based upon the Oregon Medical Guidelines and may be conducted by a medical practitioner within the center providing regional services, or by a practitioner the center contracts with to provide the training within the proposed service region. For more specialized training on this topic, the center providing these services may use their own medical expert, provide a referral to a qualified instructor or training, or they may contract with a practitioner or agency to provide this specialized training.

Referral and Information: as the needs of multidisciplinary teams and centers vary greatly, there will often be service requests that the center providing regional services is unable to meet. In some cases the center will not have the expertise to fulfill the service request, in other cases the service request may fall outside of the core regional services and the responsibility of the

¹ Interviewers who conduct child interviews outside of CAICs are also strongly encouraged to complete this training.

center providing those services. In these cases, the center providing regional services must provide the constituent with assistance and information that will facilitate their access to the services they are requesting.

Outreach: the center providing regional services is responsible for conducting outreach to the multidisciplinary teams and centers within their proposed service region. Through outreach, the center 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.

RSPs must complete at least one in-person visit to each MDT annually.

III. APPLICATION GUIDELINES

A. General Guidelines

The following instructions will guide the applicant in completing the 2019-21 CAMI RSP Grant Application.

- A. Applications must be completed and submitted entirely through the CVSSD E-Grants system. The Forms section is where the majority of the work for an application is completed. Certain documents will be uploaded using the E-Grants upload function. All forms must be complete with no error messages prior to the application being submitted.

Note: Having individual forms completed is not the same as “submitting” the application. **Applicants must be sure to change the status of their application to “Application Submitted” when all forms have been completed and all errors are corrected. Grant writers should save their work often to ensure that information is not lost during the grant writing process.**

- B. E-Grants Agency and User Registration. All eligible agencies must register in the CVSSD E-Grants system before they can begin an application. You must only register once; there is no need for multiple agency accounts within the CVSSD E-Grants system. At first, only the “Authorized Official” can create a user account and gain access to the CVSSD E-Grants system. Please see the [CVSSD E-Grants Applicant User Guide on Gaining Access to CVSSD E-Grants](#) to walk through the process.²
- C. CVSSD E-Grants Organization and Member Information: Eligible agencies completing this application that are already registered in the CVSSD E-Grants system must review the agency’s contact and member profile information including deactivating staff no longer associated with the agency. This process should be done prior to beginning the application. Please see [CVSSD E-Grants Applicant User Guide, Chapter 5: Keeping Contact Information Current](#).
- D. Technical assistance regarding the CVSSD E-Grants system can be obtained by:
1. Using the [CVSSD E-Grant Applicant User Guide](#);
 2. Contacting CAMI Program staff as listed in the RFA for assistance with the application contents; and
 3. Contacting the system Help Desk for system technical assistance, which is available: Monday – Friday 5am to 5pm, Pacific Standard Time, at 1-866-449-1425 or Email azhelpdesk@agatesoftware.com.

² The User Guide can be found at the following web address:
<http://www.doj.state.or.us/victims/pages/egrants.aspx>.

- E. Applications must be submitted electronically through the CVSSD E-Grants system. **The application is due on April 9, 11:59 p.m., Pacific Standard Time.** The application will not be accessible after the above mentioned time. **Once an application is submitted it will enter into a “read-only” status and cannot be changed. Late applications will not be accepted.** For information on *Submitting your Application* see the [CVSSD E-Grants Applicant User Guide](#).
- F. Most of the required information for this application can be found in the CVSSD E-Grants system. However, organizations must upload certain documents as requested in the Upload section of this application. Please **DO NOT** attach any documents that have not been requested unless directed by DOJ CVSSD.
- G. Before DOJ CVSSD will issue a new award, all outstanding grant reports must be completed.
- H. Applicants may be issued conditional awards and/or grant agreements with additional conditions.
- I. A “Fiscal Officer” is the person in the organization who is legally responsible for reporting on the financial activities of the organization. This person also makes sure that the fiscal records comply with Generally Accepted Accounting Principles (GAAP), CAMI guidelines and all other requirements as stated by DOJ CVSSD.
- J. DOJ CVSSD has the right to make or deny an award without talking to the applicant first.
- K. By submitting an application, an agency agrees to comply with all DOJ CVSSD grant agreement requirements.
- L. DOJ CVSSD staff will respond to questions with respect to RFA clarifications and the CAMI MDT grant process. However, the DOJ CVSSD staff cannot review and/or edit grant applications before they are submitted.

B. Key Things to Remember When Completing this Application

- After saving a form, if there are errors, DOJ CVSSD E-Grants will provide messages at the top of the page directing the applicant to errors on a form.
- When you save before completing a form, any incomplete but required information will appear as an error. Once you complete that section appropriately and resave the form, those errors will be resolved.
- The E-Grants system will not allow an application to be submitted with error messages on any form within the application.
- Required fields have an asterisk (*), however, depending on the application, other fields may need to be completed as well.
- Remember to click “**Save**” frequently to save the information you have entered. The system will not save information if you go to the next page without saving. **Click on “Save” every time you think of it.**
- An applicant may want to consider completing narrative sections in a word processing program and pasting it into the appropriate section. Because the text boxes have limited character counts, using the character counting tool in a word processing program when creating your response may be helpful. Please see the CVSSD E-Grants Applicant User Guide: “Application form completion: Copy and Paste” for additional information on this topic.
- If the system is left idle it will time out. Should the system time out, any unsaved information will be lost.
- Remember to have a person, other than the writer of the grant, review the application.

C. Budgets

2019-21 allocations will not be available for several months. For budget planning purposes, current grantees will be provided a budget estimate based on their proposed region. New applicants should use the budget estimate for the region to which they are applying or contact the CAMI Program for a budget estimate based on the region they propose to serve in their application. Budget estimates will be posted on the CAMI web page under “2019-2021 CAMI RSP Allocations.” Proposed changes to the service region or regions will result in changes to budget amounts. Such proposed changes will be considered by the application review committee

and the CAMI AC and budgets will be adjusted to reflect the service area prior to finalization of grant awards.

D. Use of Funds

Allowable and Unallowable Costs:

Allowable	Unallowable
Program Start Up Costs	Supplanting
Program Maintenance	Any portion of equipment not used exclusively for child abuse intervention
MDT and CAIC Training	Out of state travel or training without prior approval of CAMI Program
Training Expenses	
Travel Expenses	
Equipment (purchase and rental)	
Supporting MDTs and CAICs	
5% Administrative Costs	
Staff	
Contractual Services	
Postage	
Printing and Copying	
Office Supplies	
Communication	

Grantees must spend CAMI grant funds according to the budget approved by DOJ CVSSD in the RSP's grant application. RSPs should focus on services to support and assist CAICs and MDTs as outlined in the RSP Core Services and their RSP grant application. CAMI RSP funds are not intended to support clinical services that are generally considered CAIC services (in other words, direct services). Grantee must be prepared to articulate how any and all costs attributed to the RSP grant benefit and further the purposes of the CAMI RSP grant program.

CAMI funds can be used for start-up costs or for ongoing maintenance of a program.

RSPs may use CAMI funds to strengthen the functioning of their region's MDTs through training and/or consultation. CAMI particularly encourages cross training that involves team members from different agencies/disciplines within the team, or among neighboring MDTs. CAMI encourages MDTs to access the training opportunities offered by their RSPs.

Federal per diem rates <http://www.gsa.gov/portal/category/100120> should be used for grant related travel expenses. If the RSP elects to pay for travel costs that exceed the federal per diem rate, the RSP should only do so in circumstances that are reasonable and justified. The grantee should maintain records of such approvals and their justifications for audit purposes.

Out of state travel paid for with CAMI funds must be pre-approved. Planned out of state travel or training should be included in the application budget along with the justification for travel out of state. If the training is included in your grant application budget, then approval of the grant application without any notation re: planned travel budget modification is considered approval of the proposed travel. Approval of out of state travel or training planned after the application

period may be requested through the grant amendment process. Approval should be obtained prior to travel.

CAMI RSP funds may be used to pay for the portion of staff costs including salary and employer portion of FICA, worker's compensation, unemployment and health insurance, short/long term disability, retirement, etc. commensurate with the percentage of time that staff member is working exclusively providing regional services.

CAMI grant funds may not be used as replacement revenues (supplanting) for currently available funds previously allocated by any other funding source for child abuse intervention [ORS 418.746 (2)].

CAMI funds may not be used for non-child abuse intervention expenses. Equipment may not be purchased with CAMI funds for non-child abuse intervention purposes. CAMI funds cannot be spent on training for purposes other than child abuse or child fatality review.

The RSP may, if justifiable, submit a budget which allocates 5% of the CAMI RSP grant funds for administrative costs (indirect costs such as accounting, legal, human resources and technology services).

CAMI RSP funds may be used to pay for continuing education, professional liability insurance, and professional association fees.

The RSP may propose to use CAMI Program grant funds directly for RSP purposes or may contract as necessary to provide services.

Reminders:

MDTs, CAICS, and Direct Services: Occasionally, an MDT or CAIC may misunderstand the role of the RSP and as a result, they may request or expect their RSP to provide direct services which are generally within the scope of CAIC services. At such times, it may be helpful to remind the MDT or CAIC of the following. ORS 418.746(5)(D) requires MDTs to prioritize funding a local CAIC. The CAMI MDT application asks for information on the extent to which the MDT funds the local CAIC. MDTs in counties without a CAIC can contract with nearby CAICs so that local children can benefit from the child friendly, neutral assessment services that CAICs provide. CVSSD encourages every MDT to connect with the nearest CAIC (regardless of RSP service area) so that children's travel for services is minimized and children receive clinical assessment services from providers trained according to Oregon standards.³The RSP is not responsible for providing medical assessment services to counties in their region.

CAMI requirements for CAICs regarding OCFIT: From time to time, MDTs may ask for clarification about the CAMI requirements for OCFIT. Such questions can be directed to the CAMI fund coordinator, and/or the following information (included in the CAMI MDT Grant RFP) may be helpful to them. When MDTs allocate CAMI funds to CAICs, the MDT shall

³ Beginning in 2013, center-employed Forensic Interviewers must not only be trained in the new Oregon Child Forensic Interview Training, but must meet minimum educational qualifications to be an Interviewer. Medical providers already must meet educational standards and be specially trained in child development and child abuse intervention.

ensure that CAIC Forensic Interviewers meet minimum educational qualifications. Interviewers shall have a bachelor's degree with four years experience working with children, a masters degree with two years experience working with children, or be or have been a DHS Child Welfare worker or law enforcement officer. CAIC interviewers must be trained in the Oregon Child Forensic Interviewer curriculum prior to conducting interviews. These requirements can be found in Appendix B of the [Oregon Interviewing Guidelines](#). Additionally, per ORS 418.792 the MDT must ensure that there is at least one medical practitioner at the CAIC trained in evaluation, diagnosis and treatment of child abuse and neglect and who has committed to attend annual continuing education courses on evaluation and diagnosis of child abuse and neglect.

Audits: If the grantee is subject to an independent audit, a copy of the audit report will be made available to the CAMI Program Coordinator upon request.

IV. SUBMISSION INFORMATION

CAMI RSP grant applications must be submitted electronically through the CVSSD E-Grants system. For instructions on how to submit your application, please review the "Submitting your Application" section of the [CVSSD E-Grant Applicant User Guide](#).

THE APPLICATION IS DUE ON: April 9, 2019

BY 11:59 P.M., PACIFIC STANDARD TIME

**ONCE AN APPLICATION IS
SUBMITTED IT WILL ENTER INTO A "READ-ONLY" STATUS AND
CANNOT BE CHANGED.**

**ADDITIONALLY, THE CAMI MDT E-GRANT APPLICATION WILL LOCK
DOWN AT 12:00 P.M.
LATE APPLICATIONS WILL NOT BE ACCEPTED.**

If you have questions about the CAMI Regional Services Grant application process, contact:

CAMI Program Coordinator: Robin Reimer
Phone: (503) 378-6795
FAX: (503) 378-6974
E-mail: robin.e.reimer@doj.state.or.us

V. REVIEW OF APPLICATIONS

RSP Grants are competitive and applications are scored by a review panel. The panel will make recommendations to DOJ to award regional services grants to the highest scoring applicants unless written explanation of an alternative recommendation is provided by the panel to DOJ. All applicants will be notified in writing if they have or have not been selected to receive a RSP grant shortly after the review has been completed. Applicants may contact CAMI Program Coordinator Robin Reimer to request informal feedback and technical assistance regarding their grant applications following the awards announcement. DOJ reserves the right of the final award decision. This may include consideration of other factors beyond those considered by the reviewers. If so, a written explanation will be provided to the applicants. DOJ also reserves the right not to issue any award.

All applicants have the right to a review of the award decision made by DOJ. If an applicant wishes to request a review after receiving notification of the decision regarding the selection of the awardees, pursuant to OAR 137-083-0050, the applicant should make a written request to CAMI Program Coordinator Robin Reimer within thirty (30) days after receiving notification of the award decision.

When DOJ is notified that an applicant has requested a review, a meeting will be scheduled with the CAMI Program Coordinator and up to five members of the CAMI AC who do not have a conflict of interest regarding the RSP grant applications. Every effort will be made to have the meeting occur within thirty days of the review request. If the matter is not resolved at the end of the meeting, the applicant may request a review of the issue by the State Attorney General or her designee. The applicant should make a written request for such a review to the Director of the Crime Victims' Services Division within thirty days following notification of the results of the meeting with the CAMI Program Coordinator.

While every effort has been made to ensure this request for applications conforms to applicable statutes and rules, to the extent the applicable statutes or rules are inconsistent with this application, the statute and rules shall take precedence.

Reservation of Rights

DOJ CVSSD reserves the right to:

- 1) Seek clarifications of each application, and/or award a grant contract without further discussion of the proposals submitted;
- 2) Reject any and all applications received by reason of this request, or to negotiate separately in any manner necessary to serve the best interest of the public;
- 3) Determine, with sole discretion, whether a proposal does or does not substantially comply with the requirements of this Application; and
- 4) Waive any minor irregularity, informality, or non-conformance with the provisions or procedures of this Application.

VI. Availability and Disbursement of Funds

The amount awarded to each RSP cannot be determined until DOJ CVSSD receives the final CFA allocation from the state. Typically, financial numbers at the state level are finalized in late summer. As a result, actual availability of funds may be delayed until final awards from the state are made. MDT grant application budgets submitted in April and approved in June may need to

be revised in September. CAMI Program staff will work with RSPs and provide as much information as possible to prepare for budget revisions when final figures are available. For budget-planning purposes, CVSSD requests applicants use the estimated budgets provided by CVSSD.

Upon review and approval of the RSP application and final budget, DOJ will issue grant award documents that provide for the transfer of funds from DOJ to a designated fiscal manager. This fiscal manager is an entity authorized to carry out the fiscal/administrative function for the RSP.

Award Conditions

I. Conditional Awards

All grant awards are made conditional upon the timely completion of grant award documents. Funds are not considered obligated and will not be transferred until all required grant award documents have been signed by an applicant and by the Department designee. If grant award documents are not completed by an applicant within three months of the notice to the applicant of the intended award, DOJ CVSSD may withdraw the award and has the authority to reallocate the funds that were conditionally awarded to the applicant.

II. Additional Grant Agreement Conditions

All grant agreements issued by DOJ CVSSD include conditions that must be satisfied by both parties to the agreement. In addition, DOJ CVSSD may include additional conditions when circumstances exist that require a further showing of applicant's ability to successfully manage an award. Examples of such additional conditions include, but are not limited to, a requirement of more frequent reporting to assure timeliness and accuracy, or additional reports to document that grantee is successfully addressing an area of concern. When additional conditions are included in a grant agreement, grantee's failure to satisfy those conditions shall be governed by the default and termination provisions included in the agreement.

VII. ADDITIONAL GRANTEE REQUIREMENTS

A. Reporting Requirements

RSP grantees are required to submit quarterly financial and statistical reports. The reporting schedule can be found at <https://www.doj.state.or.us/crime-victims/for-grantees/important-grant-reporting-dates/>.

Quarterly payments are dispersed following successful submission of required reports. Failure to submit reports within the specified time frame will result in withholding of funds.

In addition to the conditions specified in the preceding section ("Award Conditions") and as a condition of receiving a CAMI grant, recipients must adhere to the financial guidelines set forth in the fund specific DOJ CVSSD Grant Agreement.

All DOJ CVSSD grant agreements provide that grantees who fail to meet any of the reporting requirements included in this section (financial, narrative and/or statistical) shall be considered to be in default under the agreement. In such a case, DOJ CVSSD has the right to end the grant. DOJ CVSSD may also reduce the award proportionately to the period for which reports were not submitted in a timely manner.

All reports will be submitted electronically through the DOJ CVSSD E-Grants system

B. MOUs

RSP grantees are required to sign a Memorandum of Understanding for Regional Service Providers (a template for which is available in EGrants and attached to this RFA).

RSP grantees are required to participate in quarterly in-person and monthly telephonic regional providers meetings.

RSP grantees are required to participate in the Oregon Child Forensic Interviewer Training sign the Memorandum of Understanding among the RSPs, the Oregon Network of Child Abuse Intervention Centers and the DOJ for the OCFIT(a template for which is available in EGrants and attached to this RFA).

VIII. APENDICES

CAMI RSP 2019-21 Application Form Instructions

Initiating the application. From the “My Home” tab in E-Grants, under “View Available Opportunities” select “View Opportunities.” Find the CAMI RSP Application 2019 and select “Apply Now.” You will be directed to the “Agreement” page where there is a drop down menu offering you the option to copy data forward. If you would like information from the 2015 CAMI RSP application to be copied forward into this application, select “CAMI RSP 2015 (your organization - #####)” or select “do not copy data forward” if you do not want any of the information from the 2015 application to prepopulate into this application. Then click “I agree.” You will be taken to the Application Menu. Under “View, Edit and Complete Forms” click “View Forms” and you will be taken to a page where all of the application forms are listed. Even if you requested that the information be prepopulated, you will still need to save each form. If you have not applied for an RSP grant previously, you should select “do not copy data forward.” As you work through the forms, please review any prepopulated information carefully to ensure that it is accurate and current. You can make changes to the prepopulated information as needed. Remember to save frequently as you work in E-Grants.

Below are page by page notes on the information needed to complete the application.

A. COVER PAGE

On this form, you are asked to certify that certain information in EGrants is current and accurate. You may need to update some of your organization’s information prior to completing this form.

The Staff Roster cannot be edited from this page. To edit/update the Staff Roster, select "My Organizations" at the top of the page, select your organization and then select "Organization Details" to access the Staff Roster.

Once you have entered key staff into the Organizational Details section of My Organization, and deactivated any individuals who are no longer part of your organization, return to this page. Check the box indicating that your staff roster is complete and accurate.

Non-profit organizations are required to submit a Board of Directors Roster.

The Board of Directors Roster can be accessed by selecting “My Organizations” at the top of the page, then select your organization on the page. Select “Organization Details” to access the Board Roster form. Once you have updated your Board of Directors Roster in the Organizational Details section of My Organization, return to this page. Check the box indicating that your Board of Directors Roster is complete and accurate.

After you are notified of your award, you will be asked to sign an RSP MOU and an OCFIT MOU (samples of which can be found on form A and attached to this RFA). These documents will be uploaded under the “Miscellaneous” “Attachments” page. You should label these documents “RSP MOU” and “OCFIT MOU.”

B. ORGANIZATION INFORMATION

The basis for this section can be found in ORS 418.790. Complete each box. Save your work.

Note: if you cut and paste information from other documents, be aware of the *character limit* for each box. CVSSD E-Grants will prevent you from exceeding the character limit. Spaces count in the overall total.

1. **Child Abuse Investigations**

Provide a description of how your center plays a role in the investigation of child abuse allegations in your community.

2. **Accreditations and Affiliations**

List all local, state-wide, and national child witness or child advocacy programs that your center belongs to or is affiliated with. For example: the Network of Child Abuse Intervention Centers or the National Children’s Alliance.

3. **Center-based Reporting and Information Sharing**
Provide a description of your center's policy and procedure for the content, availability and distribution of medical assessment and forensic interview reports.
4. **Budget Sustainability**
Describe your organization's overall budget in terms of ongoing viability and stability.
5. **Upload a copy of your agency's most recent agency wide budget.**

C. CORE REGIONAL SERVICES

Core regional services were originally established for the 2008-2011 CAMI RSP grant period. In this application, the definitions used reflect the current CAMI program language, but applicants are advised this language will change in the 2019-21 grant cycle. Please see the attached HB2464 for proposed changes.

- **Complex Case Consultation**

Per OAR 137-083-0010, a case in which the local community assessment center or the local multidisciplinary team determines the need for assistance from a regional services provider in order to perform or complete a child abuse medical assessment or to evaluate, diagnose or treat a victim of child abuse. "Consultation" means discussions between a regional services provider and multidisciplinary team members or staff from a community center regarding individual cases involving child abuse, child abuse medical assessments or related topics.

- **Peer Review for Forensic Interviews and Medical Assessments**

A forum for professionals to come together to review forensic interviews and medical assessments and provide constructive feedback to the persons conducting the interview or assessment. Peer reviews may be conducted in person, via teleconference or online.

- **Forensic Child Interviewing Training**

Provide training regarding the forensic interviewing of children. This training would be largely based upon the Oregon Interviewing Guidelines and may be conducted by an interviewer from the center providing regional center services, or by an interviewer the center contracts with to provide the training within the proposed service region. As forensic interviewing of children is such a broad topic, other specialized aspects, such as interviewing children with disabilities, may also be requested by constituents. If this is the case, the center providing regional services may use their own expert to provide this training, provide a referral to a qualified instructor or training, or they may contract with an interviewer or agency to provide this specialized training.

- **Medical Assessment Training**

Provide training regarding the medical assessment of children. This training would be largely based upon the Oregon Medical Guidelines (available from the DOJ website at <http://www.doj.state.or.us/crimev/cami.shtml>) and may be conducted by a medical practitioner within the center providing regional services, or by a practitioner the center contracts with to provide the training within the proposed service region. For more specialized training on this topic, the center providing these services may use their own medical expert, provide a referral to a qualified instructor or training, or they may contract with a practitioner or agency to provide this specialized training.

- **Technical Assistance**

Provide assistance of a practical, specialized or scientific nature, including but not limited to practical advice, specialized advice, advanced laboratory testing or forensic testing.

- **Referral and Information**

As the needs of multidisciplinary teams and centers vary greatly, there will often be service requests that the center providing regional services is unable to meet. In some cases the center will not have the expertise to fulfill the service request, in other cases the service request may fall outside of the core regional services and the responsibility of the center providing those services. In these cases, the center providing regional services must provide the constituent with assistance and information that will facilitate their access to the services they are requesting.

- **Outreach**

The center providing regional services is responsible for conducting outreach to the multidisciplinary teams and centers within their proposed service region. Through outreach, the center 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.

Note: if you cut and paste information from other documents, be aware of the *character limit* for each box. CVSSD E-Grants will prevent you from exceeding the character limit. Spaces count in the overall total.

D. ATTACHMENTS

If you are contracting for any of the services required by the RSP grant or proposed in your application, and those services will be paid for with RSP grant funds as reflected in the budget submitted with this grant application, you must upload the corresponding contracts here.

BUDGET FORMS

E. PERSONNEL

Applicants completing this form should keep the following in mind:

A separate personnel page will be created for each grant funded staff.

Costs captured in the CVSSD E-Grant system under Personnel Expenses includes employer portion of FICA, worker's compensation, unemployment and health insurance, short/long term disability, retirement, etc.

Provide calculation details in the narrative box as appropriate.

Ensure that the information entered on the form matches the position name(s) and FTE(s) shown on the **Staff Roster**.

When providing details, please be clear and concise.

1. Staff Name: For each position requested, list the name of the employee. If the position is not filled, enter **Vacant**.

2. Position Title: The position title should match a position title on your Staff Roster.

3. Salary Funded by this Grant: List the total Year 1 and Year 2 salary for the position to be funded by this grant.

4. Total Salary: List the total Year 1 and Year 2 annual salary for this position funded at a full time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE.

In the textbox, provide a formula/calculation clearly explaining the salary to be funded.

For example:

Year 1: $(\$30,000 \times .75 \text{ FTE (CAMI RSP funded)}) = \$22,500$ for 12 months).

Year 2: $(\$31,500 \times .75 \text{ FTE (CAMI RSPR funded)}) = \$23,625$.

*\$1,500 COLA increase in year 2.

5. Personnel Expenses (Benefits) Funded by this Grant: Indicate the Year 1 and Year 2 amount your agency is requesting for personnel expenses to be funded by this grant.

6. Total Annual Personnel Expenses (Benefits): Indicate the total Year 1 and Year 2 costs of personnel expenses for this position funded at a full time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE.

In the textbox, provide a formula/calculation in addition to clearly explaining the personnel expenses to be funded. For example:

Year 1: 30% personnel benefits (health and life insurance, retirement, workers comp). calculated from total salary for 1 year $(\$29,640 \times 0.3 = \$8,892)$

Year 2: 30% personnel benefits (health and life insurance, retirement, workers comp). calculated from total salary for 1 year (Year 2: $\$30,381 \times 0.3 = \$9,114$).

7. FTE Calculation: The FTE will auto-populate once the salary and benefits are entered. The CVSSD E-Grants system calculates FTE by combining both salary and personnel expenses (benefits). Grantees should use the same method of calculating FTE on the Staff Roster. FTE can be calculated using the following formula:

Grant Funded Salary + Grant Funded Personnel Expenses / Total (1 FTE) Salary + Total (1 FTE) Personnel Expenses

Example:

Grant Funded Salary: \$21,000 + Personnel Expenses (@ 37%): \$7,770 = \$28,770

Total Salary: \$28,000 + Total Personnel Expenses (@ 37%): \$10,360 = \$38,360

$\$28,770/\$38,360 = .75$ FTE

8. Personnel Narrative: In this section, explain and justify the need for the personnel funds requested. *Indicate whether this is a new or existing position.*

Example:

RSP coordinator is an on-going position previously funded by CAMI dollars to provide technical and training support to the counties in this region. This position works a total of 40 hours per week for this agency. This request is for 75% of the 40-hour position and 75% of the \$30,000 annual salary.

F. SERVICES & SUPPLIES

Applicants completing this section of the budget form should keep the following in mind:

Expenditures in this section should support and enhance direct services and show they are consistent with the project activities;

Describe how the costs were determined by showing the basis for computation;

Expenditures are allowable costs under the grant funds that are being requested; and

The budget narrative clearly explains the benefits of each grant funded expense to the project.

1. Contracted Services:

List consultants or independent contractors who will provide services under the grant. List each consultant or type of service and show the basis for computation to show the total contract amount.

Note: If you are requesting funds in this line item, you are required to submit a copy of the contract and/or Memorandum of Understanding in the **Uploads Section**.

2. Travel:

In-State Travel: Include travel expenses of staff by purpose (e.g. to attend training in Bend, local travel to transport clients, to attend conferences, etc). Show mileage, lodging and meals separately. Registration fees should be included under Training;

Out of State Travel: Out of state travel is allowable but must be well justified and pre-approved by DOJ CVSSD (approval of out of state travel included in the grant application and approved without modification is considered "pre-approved").

Benefits of this travel to the Project: Itemize the costs (show calculations) being requested in this grant application for the travel and explain how this travel benefits the project.

3. Training: Complete the table by providing the training title, itemized expenses, dates, attendees and total costs. Government per diem rates are accessible by clicking on the link included on the form.

Example:

Training: - National Child Abuse Intervention Conference, 2011 in Portland, 2012 in Santa Fe NM. Registration fee @ \$500.00/person. See travel costs in Travel section.

Approximate Date - 8/24/2011, 8/26/2012

Number of Attendees - 2 in 2011 and 2 different staff in 2012

Approximate Cost - \$1000.00 in 2011 and \$1000.00 in 2012

G. OTHER COSTS

Applicants completing this section should keep the following in mind:

Expenditures in this section will support and enhance direct services and show they are consistent with the project activities;

Describe how the costs were determined by showing the basis for computation;

Costs such as rent, utilities, capital outlay and insurance should be pro-rated by the total FTE being supported by this grant;

Expenditures should be allowable costs under CAMI; and

Budget narrative should clearly explain the benefits of each grant funded expense and how it relates to the project.

H. BUDGET SUMMARY

Click "Save" on this form to have it pull data from the budget forms. The form will also calculate all totals when you click "Save". If any changes are needed, you will need to return to the individual form to make the necessary adjustments and then return to this page and select "save" again.

CAMI Regional Service Providers Memorandum of Understanding

I. Introduction

This Memorandum of Understanding (MOU) sets forth the terms of an agreement among the Regional Assessment Centers as reviewed and approved by the Oregon Department of Justice **Crime Victim and Survivor Services Division CAMI Program.**

The purpose of this MOU is to outline the roles and responsibilities of the parties and to provide clarification and guidance to the collaborative efforts of the parties in the development and support of regional services to multidisciplinary child abuse intervention teams (MDTs) and community child abuse intervention centers (CAICs) in Oregon.

II. Background

Per ORS 418.782 (4), a Regional Assessment Center is “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 teams in a region or regions designated by the administrator of the CAMI Program.” Customarily, a “Regional Assessment Center” is referred to as a “Regional Service Provider” or “RSP” and the services they provide under ORS 418.782(4) are referred to as “regional services” or “core regional services.”

RSPs were created in 1991 when the legislature identified a need for the services listed above to be provided to CAICs and MDTs. Funding was provided for RSPs beginning in 1997 when a slight increase in unitary assessment fines provided revenue for this funding.

The first RSP Request for Proposals (RFP) was released in 1998 by the Department of Human Services. Through this RFP, CARES Northwest in Portland, KIDS Center in Bend, and the Children’s Advocacy Center of Jackson County in Medford were selected to provide regional services. Contracts for these services were for six year project periods and expired August 31, 2006.

In 2002, the CAMI Program was transferred from the Department of Human Services to the Department of Justice.

In the spring of 2006, the Department of Justice implemented a new grant application process for RSPs. CARES Northwest, KIDS Center, and the Children’s Advocacy Center of Jackson County were awarded grants. In the course of the application process, the Department of Justice informally gathered feedback from the Centers, RSPs, and MDTs throughout the state. It was discovered through this process that the needs of Centers and MDTs had changed significantly during the initial six year project period.

Some CAICs and MDTs indicated the delivery system for regional services was working well for them, others reported that their needs for regional services were not being met. As a result of this feedback, the CAMI Advisory Council and the Department of Justice decided to conduct a review of regional service delivery in Oregon through a needs assessment. The objective of the needs assessment was to solicit information from MDTs, CAICs, RSPs, and community partners regarding the status of RSP service delivery in Oregon.

The Department of Justice and the CAMI Advisory Council thoroughly reviewed the data collected in the needs assessment. They concluded that the term "regional services" needed further definition to more clearly and explicitly delineate expectations for those delivering and receiving the services. The Department of Justice and the CAMI Advisory Council identified the following regional services to be provided by RSPs:

1. Complex case consultation
2. Peer review for forensic interviewers and medical assessments
3. Forensic child interviewing training
4. Medical assessment training
5. Referral and information
6. Outreach
7. Expert witness testimony

In February 2008 an RFP was issued for a three year regional services project period from July 1, 2008 through June 30, 2011. Five Centers were selected: CARES Northwest, Jackson County Children's Advocacy Center, KIDS Center, Kids FIRST, and Mt. Emily Safe Center.

Since 2008, the grant application has required a commitment from the RSPs to work toward coordinating services. To support that effort, RSP directors were required to meet quarterly. In addition, the RSPs were expected to develop a system for invoicing one another for services provided outside their respective regions.

The first quarterly meeting between DOJ and the five RSPs occurred August 13, 2008 in Salem. At that meeting the group decided to draft a memorandum of understanding to help guide the collaborative and coordinated delivery of regional services in Oregon. Since then, the RSPs have executed an RSP MOU along with their Grant Agreements at the start of each grant cycle.

Over time, the CAMI Program, the RSPs, and the Oregon Network of Child Abuse Intervention Centers (ONCAIC) have developed close working relationships. Required meetings increased to include monthly telephone conferences during the months between quarterly in person meetings. In 2012, the partners began collaborating to deliver standardized forensic interviewer training, commonly referred to as OCFIT, statewide. Beginning with the 2013-15 grant cycle, the CAMI Program removed expert witness testimony from the core services. In the 2015-17 grant cycle, the definitions of regional services were further clarified and a document defining those services (attached) was developed.

As the last review of regional services was completed in 2006, the CAMI Program and the RSPs, with the support of the CAMI Advisory Council, agreed to a continuation of the 2015-17 grant to allow time for review and reevaluation of core services delivery and a pilot of any changes during the 2017-19 grant period. The CAMI Program, the RSPs, and the ONCAIC agreed to work together during 2017-19 to solicit and evaluate input on current regional services, develop a plan for changes to the grant as needed, and implement recommended changes. During the 2017-18 grant year, the CAMI Program, the RSPs, and the ONCAIC completed a needs survey of the state and in response to the results of that survey agreed to proposed statutory and administrative rule changes, reporting changes, and adjustments to service delivery. Additionally, themes of equal access for all children, standardization of resources and information, and fostering relationships across the state emerged as overarching goals for the RSP grant. During the 2018-19 grant year, the CAMI Program, RSPs and ONCAIC completed a review of Statutes and Administrative Rules related to the RSPs and requested changes from the legislature, developed standard language for RSP web pages, revised the RSP progress reports, and began implementing annual in person visits to MDTs.

III. Authority

Pursuant to ORS 418.782 (4), the legislature provides funding through the Oregon Department of Justice **Crime Victim and Survivor Services Division CAMI Program** to the five RSPs.

Whereas, the Oregon Department of Justice **Crime Victim and Survivor Services Division CAMI Program** is authorized to distribute funding to the parties herein, and

Whereas, pursuant to the 2019 RSP grant application, each selected applicant is required to coordinate services with the other RSPs, and

Whereas, RSPs share a common mission of provision of services to victims of child abuse and neglect, and

Whereas, the parties recognize and agree that the coordination of efforts is necessary to provide for the most efficient and effective utilization of resources for MDTs and Centers, and

Whereas, these organizations believe that open and clear communications are crucial to the overall effectiveness of their collaborative efforts and the long-term success of RSPs, MDTs and Centers.

IV. Responsibilities

For purposes of maintaining effective statewide collaboration, the parties have established a management team. Members of the management team include the following representatives: Executive Directors/Deputy Directors of the RSPs, Project Directors/Coordinators of the RSPs, The Executive Director and Program Coordinator of the ONCAIC, and the CAMI Fund Coordinator.

Members of the management team agree to operate as a statewide collaborative, working in recognition of the diversity which strengthens the statewide partnership, under the guiding principle that outcomes will be enhanced with increased and effective communication.

Members of the management team agree to collaborate:

1. To promote communication and coordination of services among RSPs;
2. To determine statewide priorities that reflect the diversity of regions across Oregon for the provision of core regional services;
3. To develop and implement a plan to ensure a clear, fair, and efficient invoicing process and procedure for regional services provided outside each RSPs assigned region (see “Oregon Regional Service Provider Agreement for Services Provided Outside Region”);
4. To promote training to MDTs and Centers based on best practice and current research.

To achieve the required and desired level of collaboration, members of the management team agree:

1. To meet in person on a quarterly basis to develop work plans in support of the priorities noted above (Executive Directors are expected to participate at each meeting, Project Directors/Coordinators have the option of participating, and can do so via conference call or in person, depending on the location of the meeting);
2. To support monthly RSP team conference calls, facilitated on a rotating basis, with an established agenda and designated responsibility for the distribution of minutes;
3. To increase effective communication and information sharing through video conferencing, e-mail, websites, list serves, conferences and summits;
4. To coordinate and standardize RSP related reports, as necessary and appropriate, as a means to inform and educate others about RSP activities, functions, and roles;
5. To continue RSP participation on the CAMI Advisory Council by nominating one RSP Executive Director to serve on the committee pursuant to the by-laws of the CAMI Advisory Council;
6. To strive for consensus in the decision-making process and resolve to exercise good faith efforts to amicably and reasonably resolve disputes.
7. To value the essential ability to make timely decisions and avoid unnecessary delays as a result of their collaboration.
8. To utilize and adhere to the agreed upon document “Oregon Regional Service Provider Agreement for Services Provided Outside Region.”(attached).

The collaborative planning process requires information-sharing and prior discussion. Matters which will require collaborative planning include:

1. New projects or projects with new area(s) of substantive focus;
2. Joint projects;
3. Projects with implications outside region (e.g. statewide trainings, updates to Oregon Interviewing Guidelines);
4. Other issues as they arise that are jointly determined to require collaboration.

V. Other Terms and Conditions

The parties have determined principal points of contact for communication purposes and structure for their decision-making process. Generally stated, monthly conference call representatives will be authorized or empowered to make decisions on behalf of their region. It is the intent of the parties that, within regions, representatives will function as a team.

Members of the management team agree to be accountable to this MOU and share responsibility to bring matters forward for discussion, as necessary or appropriate to the collaborative effort.

VI. Agreement Period

This agreement shall be effective immediately upon signature by the parties, and shall remain in effect until June 30, 2021.

VII. Modification/Termination

This MOU will be reviewed annually and may be modified by mutual written consent of the parties. Modifications shall be incorporated and made part of this MOU. The parties shall be updated as necessary or appropriate.

VIII. Signatures

Organization:

Name	Position	Signature

Organization:

Name	Position	Signature

Organization:

Name	Position	Signature

Organization:

Name	Position	Signature
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Organization:

Name	Position	Signature

Approved as to form and substance:

Robin Reimer, CAMI Fund Coordinator
Oregon Department of Justice
Crime Victim and Survivor Services Division

Date

Appendix A
Oregon Regional Service Provider (RSP)

Agreement for Services Provided Outside Region

This agreement outlines the terms under which [the requesting RSP] engages [name of Consultant/Trainer or RSP providing services] to perform professional services set forth in this Contract. This includes sending a professional from your region to another RSP for on-site training/teaching. This Statement of Agreement is provided as a means of formalizing our mutual acceptance of responsibilities.

Describe services requested. If available, include name of trainer, description of service(s) requested, date and place of training, and deadline(s) for services requested.

RESPONSIBILITIES OF RSP REQUESTING SERVICES

1. Initiate this agreement by completing relevant sections and sending it to the RSP from whom you are requesting services.
2. Agree to make payment of invoice for financial remuneration within 30 days of training, according to the “Financial Considerations” outlined below.
3. Assist with travel and lodging logistics, if applicable.

RESPONSIBILITIES OF RSP PROVIDING SERVICES

1. Sign agreement and return to requesting RSP by date noted below.
2. Work with requesting RSP to clarify and book travel arrangements, if applicable.
3. Provide services outlined in this agreement.
4. Submit invoice, including receipts, to the requesting RSP within 15 days following training.

FINANCIAL CONSIDERATIONS:

1. The agreed upon training faculty fee is as follows: \$450 per day for _____ travel/training days = \$_____ total (daily fee based on guidelines used by the Western Regional Children’s Advocacy Center).
2. Travel to and from airports or training site will be reimbursed with receipts or at current federal mileage rate.
3. Lodging will be paid at federal per diem rate.

4. Meal reimbursement will be based upon receipts up to the federal per diem rate.
5. Any other expenses must be approved in writing in advance.

The requesting RSP is not responsible for any injury or loss the provider might incur as a result of participation in services provided.

Please sign and return this agreement by [insert date].

Your signature denotes your understanding and acceptance of this statement of agreement.

Executive Director of RSP requesting services

Date

Trainer from RSP providing services

Date

Executive Director from RSP providing services

Date

Appendix B

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, ONCAIC Executive Director, 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.

OCFIT MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into by the Oregon Network of Child Abuse Intervention Centers, the Regional Service Providers and the Oregon Department of Justice Crime Victim and Survivor Services Division. The parties have come together to collaborate in the development, refinement, and delivery of the Oregon Child Forensic Interviewing Training (OCFIT).

Description of Partner Agencies

The Oregon Network of Child Abuse Intervention Centers (The Network): The Network is the centralized organization and unifying body for Oregon's 21 child abuse intervention centers. As part of Oregon's statutorily required child abuse multidisciplinary teams (MDTs), child abuse intervention centers (CAICs) work in close partnership with law enforcement, DHS Child Welfare, and other medical and mental health providers to provide clinical services such as medical evaluations, forensic interviews, family support, and coordination of victims' services to children suspected of being abused. CAICs are located throughout Oregon, providing services to all 36 counties. The Network serves to strengthen, through communication, collaboration, cooperation and support, the ability of individual CAICs to accomplish their missions, and to advocate for the rights and needs of children. The Network provides technical assistance to center directors and center staff, as well as to MDTs in counties with developing centers. The Crime Victim and Survivor Services Division contracts with the Network to coordinate OCFIT with Child Abuse Multidisciplinary Intervention (CAMI) Regional Service Providers.

Regional Service Providers (RSPs): As defined by ORS 418.782 "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 CAMI Program. Regional Assessment Centers are customarily known and referred to as "Regional Service Providers," "Regional Centers," or "RSPs." RSPs receive CAMI grant funds to provide the above listed services, referred to as *core services* and listed in the grant agreement as such. RSPs provide expert forensic interviewers to serve as trainers for the OCFIT. RSP Interviewers also have been integral to the process of updating the Oregon Interviewing Guidelines (which serve as the basis for the OCFIT content), and developing and maintaining the OCFIT curriculum.

Oregon Department of Justice Crime Victim and Survivor Services Division (CVSSD): The mission of CVSSD is to reduce the impact of crime on victims' lives by supporting statewide victim services programs, promoting victims' rights, and providing victims access to information and resources in a compassionate, responsive, and dedicated manner. CVSSD administers a variety of victim-service related grants and funds, among them, the CAMI Account. The CAMI Account is the primary source of state funding for a coordinated community response to the

intervention, assessment, and investigation of child abuse. CAMI funds are distributed through multidisciplinary teams (MDTs), which are required by Oregon law and established in each county under the leadership of the local district attorney. CAMI funds are also distributed directly to the RSPs for the provision of specialized regional assistance to the CAICs and MDTs. Under ORS 418.751, the CAMI program is charged with ensuring that training and education are provided for persons, other than law enforcement officers, who are required to investigate allegations of child abuse. Training of child forensic interviewers is a core RSP service and effective with the 2013-2015 RSP grant, OCFIT is the primary mechanism for delivery of that training. CVSSD contracts with the Network to coordinate OCFIT trainings based on the curriculum developed through the collaboration among the Network, the RSPs and CVSSD.

History of OCFIT

In 2011, Board Members of The Network began working collaboratively with CAMI on a subcommittee to standardize the child abuse response across the state. Based on the work of that subcommittee, OCFIT was created in response to:

- A) A recommendation by an Oregon Sensitive Review Committee (convened by Dr. Bruce Goldberg, Department of Human Services Director) in May 2011 that Oregon professionals need immediate access to standardized, competency-based forensic interview training that promotes consistency in forensic interviews across the state.
- B) MDT professionals across the state who expressed a desperate need for: immediate access to standardized, competency-based forensic interview training that promotes consistency in forensic interviews across the state (Reference: MDT Professional Survey Results 2011).
- C) CAICs ability to meet the forensic interview training requirements of the National Children's Alliance Standards for Accreditation.
- D) New standardized forensic interview training requirements from the Department of Justice, CAMI Program.

The OCFIT training was created to: ensure that all forensic interviewers around the state receive current, standardized, Oregon specific forensic interviewer training; reduce training costs for Oregon's forensic interviewers; and satisfy accreditation requirements for membership in the National Children's Alliance. By developing a standard curriculum based on the Oregon Interviewing Guidelines and ensuring that the trainers who deliver the curriculum deliver the curriculum uniformly, OCFIT promotes a common understanding of best practices and a common language around child forensic interviewing in Oregon. Due to reduced registration fees, travel cost and time, OCFIT has succeeded in reducing training costs for Oregon's forensic interviewers. The OCFIT curriculum, which is based on the Oregon Interviewing Guidelines, is approved by the National Children's Alliance. Attendees include

interviewers employed by CAICs, as well as those who interview children on behalf of DHS, law enforcement agencies and medical providers.

Each partner in this endeavor has made significant contributions to the success and sustainability of OCFIT. The Network provides coordination and technical support to the project, including subcontracting and seeking other sources of funding, pursuant to its contract with CVSSD. The RSPs provide financial and in-kind support including content expertise and staffing for OCFIT in partial satisfaction of their CAMI grant obligation to provide education and training to CAICs or county multidisciplinary child abuse teams in their regions. The CAMI program provides financial and in-kind support for OCFIT as part of CAMI's statutory obligation to provide training and education for persons investigating child abuse per ORS 418.751.

Purpose

The purpose of this MOU is to clarify the roles and responsibilities of each of the partners in making decisions related to administration of the OCFIT to promote efficient project administration and effective statewide collaboration in developing, refining and delivering OCFIT.

Roles and Responsibilities

Responsibility for delivering OCFIT is shared among the parties; all have a vested interest in the success and continuation of OCFIT.

The RSPs will provide expert forensic interviewers either from their staff or through contracts with other Oregon forensic interviewers who are approved OCFIT Trainers to deliver the agreed upon number of annual trainings. RSPs will also provide their approved OCFIT Trainers for participation in curriculum related activities, such as curriculum review and Training of Trainers. A current list of trainers is attached as "Exhibit A" and incorporated by reference to this MOU. Surveys of OCFIT participants, peer feedback, and observations of Network or CVSSD representatives attending the training will be used to provide feedback to the trainers on strengths and areas for improvement. General feedback about the trainings will be shared at the monthly meetings between the RSPs, CVSSD, and Network. Constructive feedback directed to a specific trainer will be shared between the Network Director and appropriate center director to determine the most appropriate follow-up. Disagreement between the Network Director and the RSP center director regarding appropriate follow up will be presented to CVSSD for resolution. The procedure for selecting new trainers is attached as "Exhibit B."

To achieve the desired level of collaboration, the Network Director and/or Program Coordinator, CVSSD CAMI Coordinator, and RSPs agree to participate in monthly conference calls or in-person meetings. In the interest of time, this could be accomplished by establishing OCFIT as a standing agenda item during the monthly meetings between the RSPs and CVSSD (per the MOU between those parties), and including the Network Director in those meetings. Any decisions made by any of the parties regarding OCFIT will be shared at the meeting

immediately following the decision. The Network Manager, CVSSD CAMI Coordinator, and RSPs agree that OCFIT related contracts for personnel, between or among the parties to this MOU, or between one of the parties to this MOU and any other party, will be discussed at a meeting of all parties to this MOU prior to execution.

The parties to this MOU will work to achieve consensus on content of OCFIT. The CVSSD is responsible for the overall content and delivery of the Oregon Interviewing Guidelines and OCFIT. The Network Director has authority to make day-to day decisions related to administration of the training including scheduling assignments of trainers. To the extent possible, trainers will be assigned to maximize local resources and minimize required travel. Changes to the agreed upon schedule will be communicated by the Network Director to the appropriate center director. At the Network Director's discretion, the Network Director may consult with other interested parties, including parties to this MOU, to seek input regarding administrative decisions as the Network Director deems appropriate. Any major changes to the content, trainers, or delivery of the training will be subject to CVSSD approval.

The parties understand that only participation in delivery of the OCFIT satisfies the CAMI RSP core services requirement to provide forensic interviewer training. The parties agree to participate in delivery of all trainings and training related events (such as training of the trainers and curriculum review) as committed to through grants and contracts managed by the Network. Participation in delivery of OCFIT is required to meet CAMI RSP grantee obligations. RSPs will not deliver the OCFIT training, in whole, separate from the jointly delivered trainings. As all training provided by RSPs should be consistent with the OIGs, RSPs may use portions of the OCFIT curriculum, as reasonable, on an infrequent basis, where content would otherwise overlap with OCFIT curriculum. Determination of what is reasonable is at the sole discretion of the CVSSD.

Timeline

The role and responsibilities described above are contingent on the availability of sufficient funding to execute the training. Financial support for the training is procured through grants and contracts managed by The Network.

This MOU will commence when fully executed and will be renewed annually at a time coinciding with RSP CAMI Grant Awards.

This MOU is the complete agreement between the Network, the RSPs and CVSSD with regard to the OCFIT and may be amended only by written agreement signed by each of the parties involved.

We the undersigned have read and agree with this MOU.

Oregon Network of Child Abuse Intervention Centers

Network Director: _____
Signature Printed Name Date

Network Board Chair: _____
Signature Printed Name Date

Address: _____

Telephone(s): _____

E-Mail Address: _____

Regional Service Providers

Organization:

Name	Position	Signature	Date

Organization:

Name	Position	Signature	Date

Organization:

Name	Position	Signature	Date

Organization:

Name	Position	Signature	Date

Organization:

Name	Position	Signature	Date

Oregon Department of Justice, Crime Victim and Survivor Services Division

CAMI Fund Coordinator: _____
Signature
Printed Name
Date

Address: _____

Telephone(s): _____

E-Mail Address: _____

DRAFT

Exhibit A-OCFIT Faculty revised December 19, 2018

Cari Allen
Tiffney Burns
Samantha Fenner
Esther Friedman
Katie Greathouse
Barbara Hendrix
Drew Mitchell
Rachel Petke
Nichole Satterwhite
Jennifer Wheeler

DRAFT

Exhibit B - OCFIT Faculty Selection

Per the Regional Service Providers' (RSP) Grant Agreements and the OCFIT MOU, the RSPs will provide expert forensic interviewers (either from their staff or through contracts with other Oregon forensic interviewers), who are approved OCFIT trainers, to deliver the agreed upon number of annual trainings. These individuals comprise the OCFIT faculty. A current list of OCFIT faculty is included in the MOU as "Exhibit A." The addition of new trainers will be made through the process outlined below.

I. Assessing Need

The Network and CVSSD will review annually the capacity of the OCFIT faculty and determine whether or not there is a need for additional trainers.

If the Network and CVSSD agree that there is a need for additional trainers, the Network and CVSSD will determine whether or not there is a need for, and capacity for, a Training of Trainers (TOT).

II. Communicating with RSPs

These decisions will be communicated to the RSPs at the next RSP meeting following the decision.

III. Soliciting Nominations

If there is a need for additional trainers, the Network and CVSSD will solicit nominations via an email to all RSP directors.

RSP directors will email their recommendations from their staff and/or other CAICs to the Network and CVSSD.

For any non RSP staff who are recommended, the Network will contact the nominee's director to discuss whether or not the director would make the nominee available as an OCFIT trainer.

IV. Reviewing Applications

The Network and CVSSD will review the following when considering whether or not to add a new trainer:

- a. The applicant's Trainer Application and Agreement.
- b. The applicant's center director's support of the applicant's participation.
- c. The applicant's qualifications as a forensic interviewer per the OIGs.
- d. The applicant's years of experience as a forensic interviewer, the number of forensic interviews completed by the applicant, and applicant's degree.

- e. The applicant's previous experience training adults: outside the applicant's agency, from a variety of disciplines, and from diverse groups with differing views.
- f. The applicant's expertise in specific topic areas (professional experience and/or training received or delivered).
- g. The applicant's previous experience and performance delivering OCFIT.
- h. The applicant's regular participation in: conducting interviews at a center, MDT review, and peer review.

The Network and DOJ *may* require any OCFIT Faculty who have not yet completed the TOT to attend the next scheduled TOT and/or other training and/or to observe an OCFIT training.

V. Trainer Support

As capacity allows, new OCFIT faculty may be offered mentoring, onboarding, a trainer handbook, an opportunity to attend a trainer convening, and other support.

VI. Removal/Replacement of Trainers

A trainer may be removed from the faculty at the request of the trainer's center director with the consent of the Network and CVSSD or by the agreement of the Network and CVSSD.

If a center director chooses to remove their faculty member and replace that faculty member with another center staff person, the replacement must be approved by the Network and CVSSD. The Network and CVSSD will use the criteria listed above under "Reviewing Applications" to make that determination. If removal of a trainer from the faculty means that the RSP will no longer have a qualified faculty member, the RSP must contract with another center to provide a faculty member on its behalf or it must provide another forensic interviewer acceptable to both the Network and CVSSD.

House Bill 2464

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Judiciary)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Modifies terminology regarding recipients of grants from Child Abuse Multidisciplinary Intervention Program. Directs administrator of program to establish, by rule, minimum facility standards and minimum forensic interview training standards consistent with national standards. Expands eligible grant recipients to include entities providing training and technical assistance to children's advocacy centers or regional children's advocacy centers. Removes naturopathic physicians from list of medical professionals who conduct medical assessments for child abuse assessments.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to the Child Abuse Multidisciplinary Intervention Program; creating new provisions;
3 amending ORS 147.390, 147.401, 147.404, 192.537, 192.539, 192.690, 409.185, 414.762, 418.706,
4 418.746, 418.747, 418.780, 418.782, 418.784, 418.785, 418.786, 418.788, 418.790, 418.792, 418.793,
5 418.794, 418.795, 418.800, 419B.020, 419B.023, 419B.035, 419B.050 and 743A.252; and prescribing
6 an effective date.

7 **Be It Enacted by the People of the State of Oregon:**

8 **SECTION 1.** ORS 418.782 is amended to read:

9 418.782. As used in ORS 418.746 to 418.796:

10 (1) "Child abuse" means "abuse" as defined by ORS 419B.005.

11 (2) "Child abuse [*medical*] assessment" means [*an assessment by or under the direction of a li-*
12 *icensed physician or other licensed health care professional trained in the evaluation, diagnosis and*
13 *treatment of child abuse. "Child abuse medical assessment" includes the taking of a thorough medical*
14 *history, a complete physical examination and an interview]* **services provided by a children's advo-**
15 **cacy center** for the purpose of [*making a medical diagnosis,*] determining whether or not [*the*] **a**
16 child has been abused and identifying the appropriate treatment or referral for follow-up for the
17 child. **"Child abuse assessment" may include one or more of the following:**

18 **(a) A medical assessment;**

19 **(b) A forensic interview;**

20 **(c) Care coordination; or**

21 **(d) Family support.**

22 (3) [*"Community assessment center"*] **"Children's advocacy center"** means a [*neutral, child-*
23 *sensitive community-based facility or service provider]* **facility that meets the facility standards**
24 **described in ORS 418.788**, to which a child from the community may be referred to receive a
25 thorough child abuse [*medical*] assessment for the purpose of determining whether the child has been
26 abused or neglected, **and that facilitates a coordinated, comprehensive and multidisciplinary**
27 **response to cases of child abuse.**

28 **(4) "Forensic interview" means an interview that is conducted by an individual who has**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 **completed training described in ORS 418.788 for the purpose of preserving a child’s state-**
 2 **ments and that is conducted in a manner that is legally sound, age appropriate, of a neutral,**
 3 **fact-finding nature and coordinated to avoid duplicative interviewing.**

4 [(4) “Regional assessment center” means a facility operated by a community assessment center that
 5 provides child abuse medical assessments, assistance with difficult or complex child abuse medical as-
 6 sessments, education, training, consultation, technical assistance and referral services for community
 7 assessment centers or county multidisciplinary child abuse teams in a region or regions designated by
 8 the administrator of the Child Abuse Multidisciplinary Intervention Program.]

9 (5) “Medical assessment” means the taking of a child’s thorough medical history and a
 10 complete physical examination of the child, for the purpose of making a medical diagnosis,
 11 by or under the direction of an individual trained in the evaluation, diagnosis and treatment
 12 of child abuse who is a licensed physician, physician assistant or nurse practitioner.

13 (6) “Regional children’s advocacy center” means a facility operated by a children’s advo-
 14 cacy center that meets the facility standards described in ORS 418.788 and is selected by the
 15 Child Abuse Multidisciplinary Intervention Program to provide training and complex case
 16 assistance.

17 (7) “Training and complex case assistance” includes one or more of the following:

18 (a) Consultation;

19 (b) Education;

20 (c) Referral;

21 (d) Technical assistance; and

22 (e) If authorized by the Department of Justice, other services as needed.

23 **SECTION 2.** ORS 418.780 is amended to read:

24 418.780. (1) The Legislative Assembly recognizes that:

25 (a) Protection of the child is of primary importance.

26 (b) A serious need exists for a coordinated multidisciplinary approach to the prevention and
 27 investigation of child abuse, for intervention and for the treatment of children who are victims of
 28 child abuse in a manner that is sensitive to the needs of children. No child in this state should be
 29 denied access to a child abuse [medical] assessment because of an inability to pay. The cost of not
 30 assessing and treating abused children with the aid of specially trained personnel is too high.

31 (2) The purpose of ORS 418.746 to 418.796 is to establish and maintain:

32 (a) Sufficient county **child abuse** multidisciplinary [child abuse] teams to conduct timely inves-
 33 tigations of allegations of child abuse and provide comprehensive services to victims of child abuse
 34 through coordinated child abuse multidisciplinary intervention plans.

35 (b) Sufficient [regional assessment] **children’s advocacy** centers and [community assessment cen-
 36 ters] **regional children’s advocacy centers** in Oregon to ensure that every child [reasonably sus-
 37 pected to have been subjected to child abuse] **referred to a center for concerns of neglect or abuse**
 38 receives a skilled, complete and [therapeutic] **forensically sound** child abuse [medical] assessment.

39 (c) **Sufficient coordination, expertise and support to provide training and technical as-**
 40 **sistance to county child abuse multidisciplinary teams.**

41 **SECTION 3.** ORS 418.786 is amended to read:

42 418.786. To accomplish the purpose described in ORS 418.780, with the assistance of the Advi-
 43 sory Council on Child Abuse Assessment, the administrator of the Child Abuse Multidisciplinary
 44 Intervention Program shall develop and administer a grant program to establish and maintain [re-
 45 gional assessment] **children’s advocacy** centers and [community assessment centers under ORS

1 418.746 to 418.796] **regional children’s advocacy centers, to support training and technical as-**
 2 **sistance efforts for county child abuse multidisciplinary teams and children’s advocacy cen-**
 3 **ters and to provide coordination and support for the work of regional children’s advocacy**
 4 **centers.**

5 **SECTION 4.** ORS 418.788 is amended to read:

6 418.788. (1) Subject to the availability of funds under the provisions of ORS 418.796, the admin-
 7 istrator of the Child Abuse Multidisciplinary Intervention Program shall make grants for the estab-
 8 lishment and maintenance of [*regional assessment*] **children’s advocacy centers** or [*community*
 9 *assessment centers*] **regional children’s advocacy centers.**

10 (2)(a) A public or private agency may apply to the administrator for a grant to:

11 (A) Establish and maintain a [*regional assessment*] **children’s advocacy center** or [*community*
 12 *assessment center under ORS 418.746 to 418.796.*] **regional children’s advocacy center;**

13 (B) **Provide training and technical assistance to children’s advocacy centers or county**
 14 **child abuse multidisciplinary teams; or**

15 (C) **Provide coordination and support to regional children’s advocacy centers.**

16 (b) The administrator may consolidate applications from more than one public or private agency
 17 or may return the application with the recommendation that the application be consolidated.

18 (3) The administrator shall by rule establish criteria for awarding grants to establish and
 19 maintain [*regional assessment*] **children’s advocacy centers** or [*community assessment centers under*
 20 *ORS 418.746 to 418.796*] **regional children’s advocacy centers**, including but not limited to:

21 (a) Expenses eligible for reimbursement from funds under ORS 418.796;

22 (b) The extent to which the applicant’s [*proposed assessment center*] **proposal** will best accom-
 23 plish the purposes of ORS 418.746 to 418.796;

24 (c) The extent to which an applicant meets criteria for receiving a grant to:

25 (A) Establish and maintain a [*regional assessment*] **children’s advocacy center** or [*community*
 26 *assessment center*] **regional children’s advocacy center; [and]**

27 (B) **Provide training and technical assistance to children’s advocacy centers and county**
 28 **child abuse multidisciplinary teams; or**

29 (C) **Provide coordination and support to regional children’s advocacy centers;**

30 (d) **Minimum facility standards for children’s advocacy centers and regional children’s**
 31 **advocacy centers consistent with national accreditation standards to ensure that children**
 32 **receive consistent, evidence-based intervention services statewide;**

33 (e) **Minimum forensic interview training standards that are consistent with national**
 34 **forensic interview training standards, evidence-based and supported by current forensic**
 35 **interview research; and**

36 [(d)] (f) For a [*regional assessment*] **regional children’s advocacy center**, the extent to which
 37 the applicant’s [*proposed assessment center*] **proposal** meets the documented needs of the communi-
 38 ties, [*community assessment*] **children’s advocacy centers** and county **child abuse** multidisciplinary
 39 [*child abuse*] teams in the region or regions to be served by the center.

40 (4) The administrator is not required to fund any grant in the total amount requested in the
 41 application.

42 **SECTION 5.** ORS 418.790 is amended to read:

43 418.790. Each application for funds to establish or maintain a [*regional assessment center*] **re-**
 44 **gional children’s advocacy center or to provide training and technical assistance to children’s**
 45 **advocacy centers or county child abuse multidisciplinary teams** shall include information re-

1 quired by the rules of the Department of Justice and any other information requested by the de-
 2 partment.

3 **SECTION 6.** ORS 418.793 is amended to read:

4 418.793. Once each year, [*a regional assessment center or community assessment center established*
 5 *under ORS 418.746 to 418.796*] **each recipient of a grant from the Child Abuse Multidisciplinary**
 6 **Intervention Program** shall submit a report to the [*Child Abuse Multidisciplinary Intervention*]
 7 program describing how the [*assessment center*] **grant recipient** has met the purposes of ORS
 8 418.746 to 418.796. The program may prescribe by rule a form for the report.

9 **SECTION 7.** ORS 147.390 is amended to read:

10 147.390. (1) Notwithstanding that a child is not a victim under ORS 147.015 (1)(a), in cases of
 11 suspected child sexual abuse as described in ORS 419B.005 (1)(a)(C), (D) or (E), or child physical
 12 abuse by an adult or caretaker as otherwise described in ORS 419B.005 (1)(a)(A), compensation may
 13 be made on behalf of the child for [*a child abuse medical assessment as defined in ORS 418.782, a*
 14 *medical examination required by ORS 419B.023 or a forensic interview conducted at a community as-*
 15 *essment center as defined in ORS 418.782,*] **services provided by a children’s advocacy center,**
 16 **including a child abuse assessment, a medical assessment or a forensic interview, if:**

- 17 (a) The expenses are actually paid or incurred by the applicant; and
- 18 (b) A claim is filed on behalf of the child in the manner provided in ORS 147.015.

19 (2) The Department of Justice may pay compensation for child abuse [*medical*] assessments or
 20 medical [*examinations*] **assessments** required by ORS 419B.023 regardless of whether a finding of
 21 abuse is made and only if other insurance is unavailable. If the department pays compensation, the
 22 department shall pay the compensation directly to the provider of the services. The medical fee
 23 schedules for payment under this section shall be the schedules adopted under ORS 147.035.

24 **(3) As used in this section, “child abuse assessment,” “children’s advocacy center,”**
 25 **“forensic interview” and “medical assessment” have the meanings given those terms in ORS**
 26 **418.782.**

27 **SECTION 8.** ORS 147.401 is amended to read:

28 147.401. (1) The district attorney in each county shall organize a sexual assault response team
 29 to consist of:

- 30 (a) A representative of the district attorney’s office;
- 31 (b) A representative of a prosecution-based victim assistance program or unit;
- 32 (c) A sexual assault forensic examiner;
- 33 (d) At the discretion of the district attorney, a representative of the county sheriff’s office or a
 34 representative of local law enforcement agencies or both;
- 35 (e) A representative of a nonprofit agency or program that receives moneys administered by the
 36 Department of Human Services or the Department of Justice and that offers safety planning, coun-
 37 seling, support or advocacy to victims of sexual assault; and
- 38 (f) Other persons the district attorney considers necessary for the operation of the **sexual as-**
 39 **sault response** team or as recommended by the team.

40 (2) Each **sexual assault response** team must meet:

- 41 (a) At least quarterly at a time appointed by the district attorney of the county; and
- 42 (b) Independently of the [*county’s*] **county child abuse** multidisciplinary [*child abuse*] team **for**
 43 **the county.**

44 (3)(a) Each **sexual assault response** team shall develop and adopt protocols addressing the re-
 45 sponse to adult and adolescent sexual assault victims in the county.

1 (b) Protocols adopted pursuant to paragraph (a) of this subsection may incorporate by reference,
 2 in part or in whole, protocols relating to child sexual abuse developed pursuant to ORS 418.747.

3 **SECTION 9.** ORS 147.404 is amended to read:

4 147.404. (1) Upon a sexual assault victim’s decision to participate in a medical assessment, as
 5 soon as practicable and in a manner consistent with the county’s sexual assault response team
 6 protocols adopted under ORS 147.401 and the protocols and procedures of the county **child abuse**
 7 multidisciplinary [*child abuse*] teams described in ORS 418.747, the provider of the medical assess-
 8 ment or, if applicable, a law enforcement officer shall contact a victim advocate and make reason-
 9 able efforts to ensure that the victim advocate is present and available at the medical facility in
 10 which the medical assessment occurs.

11 (2) A victim advocate contacted under subsection (1) of this section:

12 (a) Shall clearly inform the victim that the victim may decline the services of the victim advo-
 13 cate at any time; and

14 (b) May not impede the medical assessment, the provision of medical services to the victim or
 15 the collection of evidence.

16 (3) As used in this section, “medical assessment” has the meaning given that term in ORS
 17 147.395.

18 **SECTION 10.** ORS 192.537 is amended to read:

19 192.537. (1) Subject to the provisions of ORS 192.531 to 192.549, 659A.303 and 746.135, an
 20 individual’s genetic information and DNA sample are private and must be protected, and an indi-
 21 vidual has a right to the protection of that privacy. Any person authorized by law or by an indi-
 22 vidual or an individual’s representative to obtain, retain or use an individual’s genetic information
 23 or any DNA sample must maintain the confidentiality of the information or sample and protect the
 24 information or sample from unauthorized disclosure or misuse.

25 (2)(a) A person may use an individual’s DNA sample or genetic information that is derived from
 26 a biological specimen or clinical individually identifiable health information for anonymous research
 27 or coded research only if the individual:

28 (A) Has granted informed consent for the specific anonymous research or coded research
 29 project;

30 (B) Has granted consent for genetic research generally;

31 (C) Was notified in accordance with ORS 192.538 that the individual’s biological specimen or
 32 clinical individually identifiable health information may be used for anonymous research or coded
 33 research and the individual did not, at the time of notification, request that the biological specimen
 34 or clinical individually identifiable health information not be used for anonymous research or coded
 35 research; or

36 (D) Was not notified, due to emergency circumstances, in accordance with ORS 192.538 that the
 37 individual’s biological specimen or clinical individually identifiable health information may be used
 38 for anonymous research or coded research and the individual died before receiving the notice.

39 (b) Paragraph (a) of this subsection does not apply to biological specimens or clinical individ-
 40 ually identifiable health information obtained before July 29, 2005, if an institutional review board
 41 operating under ORS 192.547 (1)(b) meets the requirements described in ORS 192.547 (7)(b).

42 (3) A person may not retain another individual’s genetic information or DNA sample without
 43 first obtaining authorization from the individual or the individual’s representative, unless:

44 (a) Retention is authorized by ORS 181A.155 or comparable provisions of federal criminal law
 45 relating to identification of persons, or is necessary for the purpose of a criminal or death investi-

1 gation, a criminal or juvenile proceeding, an inquest or a child fatality review by a county **child**
 2 **abuse** multidisciplinary [*child abuse*] team;

3 (b) Retention is authorized by specific court order pursuant to rules adopted by the Chief Justice
 4 of the Supreme Court for civil actions;

5 (c) Retention is permitted by rules of the Oregon Health Authority for identification of, or
 6 testing to benefit blood relatives of, deceased individuals;

7 (d) Retention is permitted by rules of the authority for newborn screening procedures; or

8 (e) Retention is for anonymous research or coded research conducted after notification or with
 9 consent pursuant to subsection (2) of this section or ORS 192.538.

10 (4) The DNA sample of an individual from which genetic information has been obtained shall
 11 be destroyed promptly upon the specific request of that individual or the individual's representative,
 12 unless:

13 (a) Retention is authorized by ORS 181A.155 or comparable provisions of federal criminal law
 14 relating to identification of persons, or is necessary for the purpose of a criminal or death investi-
 15 gation, a criminal or juvenile proceeding, an inquest or a child fatality review by a county **child**
 16 **abuse** multidisciplinary [*child abuse*] team;

17 (b) Retention is authorized by specific court order pursuant to rules adopted by the Chief Justice
 18 of the Supreme Court for civil actions; or

19 (c) Retention is for anonymous research or coded research conducted after notification or with
 20 consent pursuant to subsection (2) of this section or ORS 192.538.

21 (5) A DNA sample from an individual that is the subject of a research project, other than an
 22 anonymous research project, shall be destroyed promptly upon completion of the project or with-
 23 drawal of the individual from the project, whichever occurs first, unless the individual or the
 24 individual's representative directs otherwise by informed consent.

25 (6) A DNA sample from an individual for insurance or employment purposes shall be destroyed
 26 promptly after the purpose for which the sample was obtained has been accomplished unless re-
 27 tention is authorized by specific court order pursuant to rules adopted by the Chief Justice of the
 28 Supreme Court for civil, criminal and juvenile proceedings.

29 (7) An individual or an individual's representative, promptly upon request, may inspect, request
 30 correction of and obtain genetic information from the records of the individual.

31 (8) Subject to the provisions of ORS 192.531 to 192.549, and to policies adopted by the person
 32 in possession of a DNA sample, an individual or the individual's representative may request that the
 33 individual's DNA sample be made available for additional genetic testing for medical diagnostic
 34 purposes. If the individual is deceased and has not designated a representative to act on behalf of
 35 the individual after death, a request under this subsection may be made by the closest surviving
 36 blood relative of the decedent or, if there is more than one surviving blood relative of the same
 37 degree of relationship to the decedent, by the majority of the surviving closest blood relatives of the
 38 decedent.

39 (9) The Oregon Health Authority shall coordinate the implementation of this section.

40 (10) Subsections (3) to (8) of this section apply only to a DNA sample or genetic information that
 41 is coded, identified or identifiable.

42 (11) This section does not apply to any law, contract or other arrangement that determines a
 43 person's rights to compensation relating to substances or information derived from an individual's
 44 DNA sample.

45 **SECTION 11.** ORS 192.539 is amended to read:

1 192.539. (1) Regardless of the manner of receipt or the source of genetic information, including
 2 information received from an individual or a blood relative of the individual, a person may not dis-
 3 close or be compelled, by subpoena or any other means, to disclose the identity of an individual upon
 4 whom a genetic test has been performed or the identity of a blood relative of the individual, or to
 5 disclose genetic information about the individual or a blood relative of the individual in a manner
 6 that permits identification of the individual, unless:

7 (a) Disclosure is authorized by ORS 181A.155 or comparable provisions of federal criminal law
 8 relating to identification of persons, or is necessary for the purpose of a criminal or death investi-
 9 gation, a criminal or juvenile proceeding, an inquest, or a child fatality review by a county **child**
 10 **abuse** multidisciplinary [*child abuse*] team;

11 (b) Disclosure is required by specific court order entered pursuant to rules adopted by the Chief
 12 Justice of the Supreme Court for civil actions;

13 (c) Disclosure is authorized by statute for the purpose of establishing parentage;

14 (d) Disclosure is specifically authorized by the tested individual or the tested individual's rep-
 15 resentative by signing a consent form prescribed by rules of the Oregon Health Authority;

16 (e) Disclosure is for the purpose of furnishing genetic information relating to a decedent for
 17 medical diagnosis of blood relatives of the decedent; or

18 (f) Disclosure is for the purpose of identifying bodies.

19 (2) The prohibitions of this section apply to any redisclosure by any person after another person
 20 has disclosed genetic information or the identity of an individual upon whom a genetic test has been
 21 performed, or has disclosed genetic information or the identity of a blood relative of the individual.

22 (3) A release or publication is not a disclosure if:

23 (a) It involves a good faith belief by the person who caused the release or publication that the
 24 person was not in violation of this section;

25 (b) It is not due to willful neglect;

26 (c) It is corrected in the manner described in ORS 192.541 (4);

27 (d) The correction with respect to genetic information is completed before the information is
 28 read or heard by a third party; and

29 (e) The correction with respect to DNA samples is completed before the sample is retained or
 30 genetically tested by a third party.

31 **SECTION 12.** ORS 192.690 is amended to read:

32 192.690. (1) ORS 192.610 to 192.690 do not apply to the deliberations of the Psychiatric Security
 33 Review Board, the State Board of Parole and Post-Prison Supervision, state agencies conducting
 34 hearings on contested cases in accordance with the provisions of ORS chapter 183, the review by
 35 the Workers' Compensation Board or the Employment Appeals Board of similar hearings on con-
 36 tested cases, meetings of the state lawyers assistance committee operating under the provisions of
 37 ORS 9.568, meetings of the personal and practice management assistance committees operating un-
 38 der the provisions of ORS 9.568, the county **child abuse** multidisciplinary [*child abuse*] teams re-
 39 quired to review child abuse cases in accordance with the provisions of ORS 418.747, the child
 40 fatality review teams required to review child fatalities in accordance with the provisions of ORS
 41 418.785, the peer review committees in accordance with the provisions of ORS 441.055, mediation
 42 conducted under ORS 36.252 to 36.268, any judicial proceeding, meetings of the Oregon Health and
 43 Science University Board of Directors or its designated committee regarding candidates for the po-
 44 sition of president of the university or regarding sensitive business, financial or commercial matters
 45 of the university not customarily provided to competitors related to financings, mergers, acquisitions

1 or joint ventures or related to the sale or other disposition of, or substantial change in use of, sig-
2 nificant real or personal property, or related to health system strategies, or to Oregon Health and
3 Science University faculty or staff committee meetings.

4 (2) Because of the grave risk to public health and safety that would be posed by misappropri-
5 ation or misapplication of information considered during such review and approval, ORS 192.610 to
6 192.690 shall not apply to review and approval of security programs by the Energy Facility Siting
7 Council pursuant to ORS 469.530.

8 **SECTION 13.** ORS 409.185 is amended to read:

9 409.185. (1) The Director of Human Services shall oversee the development of standards and
10 procedures for assessment, investigation and enforcement of child protective services.

11 (2)(a) The Department of Human Services shall take action to implement the provision of child
12 protective services as outlined in ORS 417.705 to 417.800 and based on the recommendations in the
13 1992 "Oregon Child Protective Services Performance Study" published by the University of Southern
14 Maine.

15 (b) In all substantiated cases of child abuse and neglect, the role of the department is to com-
16 plete a comprehensive family assessment of risk of abuse or neglect, or both, assess service needs
17 and provide immediate protective services as necessary.

18 (c) The department shall provide remedial services needed to ensure the safety of the child.

19 (d) In all cases of child abuse and neglect for which a criminal investigation is conducted, the
20 role of law enforcement agencies is to provide a legally sound, child sensitive investigation of
21 whether abuse or neglect or both have occurred and to gather other evidence and perform other
22 responsibilities in accordance with interagency agreements.

23 (e) The department and law enforcement agencies shall conduct the investigation and assess-
24 ment concurrently, based upon the protocols and procedures of the county **child abuse** multidisci-
25 plinary [*child abuse*] team in each jurisdiction.

26 (f) When the department and law enforcement agencies conduct a joint investigation and as-
27 sessment, the activities of the department and agencies are to be clearly differentiated by the pro-
28 tocols of the county **child abuse** multidisciplinary [*child abuse*] team.

29 (g) Nothing in this subsection is intended to be inconsistent with ORS 418.702, 418.747 and
30 418.748 and ORS chapter 419B.

31 (h) In all cases of child abuse for which an investigation is conducted, the department shall
32 provide a child's parent, guardian or caregiver with a clear written explanation of the investigation
33 process, the court hearing process and the rights of the parent, guardian or caregiver in the abuse
34 investigation and in the court proceedings related to the abuse investigation.

35 (3) Upon receipt of a recommendation of the Children's Advocate under ORS 417.815 (2)(e), the
36 department shall implement the recommendation or give the Children's Advocate written notice of
37 an intent not to implement the recommendation.

38 **SECTION 14.** ORS 414.762 is amended to read:

39 414.762. (1) As used in this section:

40 (a) "Child abuse [*medical*] assessment" has the meaning given that term in ORS 418.782.

41 (b) ["*Community assessment center*"] "**Children's advocacy center**" has the meaning given that
42 term in ORS 418.782.

43 (c) "**Forensic interview**" has the meaning given that term in ORS 418.782.

44 (2) The Oregon Health Authority shall reimburse a [*community assessment*] **children's advocacy**
45 center for the services the center provides:

1 (a) In conducting a child abuse [*medical*] assessment of a child who is eligible for medical as-
 2 sistance; and

3 (b) That are related to the child abuse [*medical*] assessment including, but not limited to:

4 (A) A forensic interview; and

5 (B) Mental health treatment.

6 (3) The authority shall adopt billing and payment mechanisms to ensure that the reimbursement
 7 is proportionate to the scope and intensity of the services provided by the [*community assessment*]
 8 **children's advocacy** center.

9 **SECTION 15.** ORS 418.706 is amended to read:

10 418.706. The State Technical Assistance Team for child fatalities is established in the Oregon
 11 Health Authority. The purpose of the State Technical Assistance Team is to provide staff support
 12 for the statewide interdisciplinary team, as described in ORS 418.748, and, upon request, to provide
 13 technical assistance to the child fatality review teams established under ORS 418.785. The duties
 14 of the State Technical Assistance Team shall include but are not limited to:

15 (1) Designing, implementing and maintaining an information management system for child
 16 fatalities;

17 (2) Providing training, **technical** assistance and support for identified individuals on county
 18 **child abuse** multidisciplinary [*child abuse*] teams in accurate data collection and input;

19 (3) Compiling and analyzing data on child fatalities;

20 (4) Using data concerning child deaths to identify strategies for the prevention of child fatalities
 21 and serving as a resource center to promote the use of the strategies at the county level; and

22 (5) Upon request of a county **child abuse** multidisciplinary [*child abuse*] team, providing tech-
 23 nical assistance and consultation services on a variety of issues related to child fatalities including
 24 interagency agreements, team building, case review and prevention strategies.

25 **SECTION 16.** ORS 418.746 is amended to read:

26 418.746. (1) The Child Abuse Multidisciplinary Intervention Account is established separate and
 27 distinct from the General Fund. Interest earned, if any, shall inure to the benefit of the account.
 28 All moneys deposited in the account are continuously appropriated to the Department of Justice for
 29 the purposes of ORS 418.751 and this section.

30 (2) The Child Abuse Multidisciplinary Intervention Program, with the advice of the Advisory
 31 Council on Child Abuse Assessment, created by ORS 418.784, shall allocate moneys from the Child
 32 Abuse Multidisciplinary Intervention Account to eligible county **child abuse** multidisciplinary [*child*
 33 *abuse*] teams formed under ORS 418.747, or entities designated by the teams, serving the counties
 34 from which the moneys were collected. The program may award only one grant per county. The
 35 moneys shall be allocated by the same formula as, or a formula similar to, the formula used by the
 36 Attorney General for equitable distribution of the fund for victim's assistance programs under ORS
 37 147.227 (1). Moneys allocated under this subsection may not be used as replacement revenues for
 38 currently available funds previously allocated by the county for child abuse intervention.

39 (3) The Child Abuse Multidisciplinary Intervention Program shall determine eligibility of the
 40 applicants and:

41 (a) Allocate funds if the applicant is deemed eligible;

42 (b) Conditionally allocate funds, with appropriate conditions, when necessary to establish eligi-
 43 bility; or

44 (c) Deny funding.

45 (4) In making the eligibility determination, the Child Abuse Multidisciplinary Intervention Pro-

1 gram shall consider the following nonexclusive list of factors:

2 (a) Whether the services offered by an applicant substantially further the goals and purposes
3 of ORS 418.747, 418.790 and 418.792;

4 (b) Whether the county **child abuse** multidisciplinary [*child abuse*] team or the entity designated
5 by the team has properly allocated other available funds;

6 (c) Any evaluations of previously funded services as required by subsection (7) of this section;

7 (d) The extent to which the county's coordinated child abuse multidisciplinary intervention plan
8 provides for comprehensive services to the victims of child abuse;

9 (e) Whether the funds are being used as replacement revenues as prohibited by subsection (2)
10 of this section;

11 (f) Whether there is a [*community assessment*] **children's advocacy** center or **similar** advocacy
12 center in existence or [*planned in*] **proposed for** the county; and

13 (g) The extent to which funding a [*community assessment*] **children's advocacy** center is given
14 priority in the intervention plan as required under subsection (5) of this section.

15 (5)(a) At least once a biennium, the county **child abuse** multidisciplinary [*child abuse*] team shall
16 submit to the Child Abuse Multidisciplinary Intervention Program a coordinated child abuse multi-
17 disciplinary intervention plan. The intervention plan must:

18 (A) Describe all sources of funding, other than moneys that may be allocated from the Child
19 Abuse Multidisciplinary Intervention Account, including in-kind contributions that are available for
20 the intervention plan;

21 (B) Describe the critical needs of victims of child abuse in the county, including but not limited
22 to **child abuse** assessment, advocacy and treatment, and how the intervention plan addresses those
23 needs in a comprehensive manner;

24 (C) Include the county's written protocol and agreements required by ORS 418.747 (2) and
25 418.785; and

26 (D) Describe how the intervention plan gives priority to funding a [*community assessment*]
27 **children's advocacy** center and how the funding supports the center.

28 (b) When submitting the intervention plan, the county **child abuse** multidisciplinary [*child*
29 *abuse*] team shall also submit:

30 (A) Those applications for funding received from entities under subsection (6) of this section that
31 the team determines best meet the needs of the county's intervention plan and a recommendation
32 that the applications for funding be granted; and

33 (B) If the team is seeking funding from the Child Abuse Multidisciplinary Intervention Program,
34 an application setting forth the information required by rule of the program.

35 (6) An entity wishing to apply for funding from the Child Abuse Multidisciplinary Intervention
36 Program shall submit an application to the county **child abuse** multidisciplinary [*child abuse*] team
37 for the county in which the entity proposes to provide services. The application shall:

38 (a) Describe the services to be funded with moneys from the Child Abuse Multidisciplinary
39 Intervention Program according to the coordinated child abuse multidisciplinary intervention plan
40 and the anticipated outcomes in terms of benefits to children and families; and

41 (b) Describe how the services further the goals and purposes of ORS 418.747, 418.790 and
42 418.792.

43 (7)(a) A designated entity providing services according to a coordinated child abuse multidisci-
44 plinary intervention plan funded with moneys from the Child Abuse Multidisciplinary Intervention
45 Program shall submit an annual report to the county **child abuse** multidisciplinary [*child abuse*]

1 team. A **county child abuse** multidisciplinary [*child abuse*] team shall submit an annual report to
2 the Child Abuse Multidisciplinary Intervention Program.

3 (b) The annual report filed by the county **child abuse** multidisciplinary [*child abuse*] team must:

4 (A) Document how the moneys were utilized and describe to what extent the services were able
5 to meet anticipated outcomes in terms of benefits to children and families.

6 (B) Include local and state issues and recommendations relating to the prevention of child
7 fatalities identified in the fatality review process under ORS 418.785.

8 (c) A county **child abuse** multidisciplinary [*child abuse*] team receiving a report from a desig-
9 nated entity shall review the report and take into account success of the entity at meeting service
10 outcomes before making future recommendations regarding allocation of moneys.

11 (d) The Child Abuse Multidisciplinary Intervention Program shall review reports received under
12 this section before making future eligibility and allocation decisions and when evaluating services
13 funded under this section.

14 (8) Two or more county **child abuse** multidisciplinary [*child abuse*] teams may join together to
15 develop joint child abuse multidisciplinary intervention plans. The joint intervention plans shall be
16 submitted as provided in subsection (5) of this section.

17 (9) The Child Abuse Multidisciplinary Intervention Program may adopt rules to carry out the
18 provisions of ORS 418.751 and this section including, but not limited to, the following:

19 (a) Notices and time limits for applications;

20 (b) Method of review and the role of advisory bodies; and

21 (c) Reallocation of moneys not applied for or disbursed.

22 **SECTION 17.** ORS 418.747 is amended to read:

23 418.747. (1) The district attorney in each county shall be responsible for developing county **child**
24 **abuse** multidisciplinary [*child abuse*] teams to consist of but not be limited to law enforcement per-
25 sonnel, Department of Human Services child protective service workers, school officials, local health
26 department personnel, county mental health department personnel who have experience with chil-
27 dren and family mental health issues, child abuse intervention center workers, if available, and ju-
28 venile department representatives, as well as others specially trained in child abuse, child sexual
29 abuse and rape of children investigation.

30 (2) The teams shall develop a written protocol for immediate investigation of and notification
31 procedures for child abuse cases, **including child sexual abuse**, and for interviewing child abuse
32 victims. Each team also shall develop written agreements signed by member agencies that are re-
33 presented on the team that specify:

34 (a) The role of each agency;

35 (b) Procedures to be followed to assess risks to the child;

36 (c) Guidelines for timely communication between member agencies;

37 (d) Guidelines for completion of responsibilities by member agencies;

38 (e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as
39 defined in ORS 329A.250, immediate notification of parents or guardians of children attending the
40 child care facility is required regarding any abuse allegation and pending investigation; and

41 (f) Criteria and procedures to be followed when removal of the child is necessary for the child's
42 safety.

43 (3) Each team member and the personnel conducting child abuse investigations and interviews
44 of child abuse victims shall be trained in risk assessment, **the** dynamics of child abuse, child sexual
45 abuse and rape of children, and [*legally sound and age appropriate interview and investigatory tech-*

1 *niques*] **forensic interviewing.**

2 (4) All investigations of child abuse and interviews of child abuse victims shall be carried out
3 by appropriate personnel using the protocols and procedures called for in this section. If trained
4 personnel are not available in a timely fashion and, in the judgment of a law enforcement officer
5 or child protective services worker, there is reasonable cause to believe a delay in investigation or
6 interview of the child abuse victim could place the child in jeopardy of physical harm, the investi-
7 gation may proceed without full participation of all personnel. This authority applies only for as
8 long as reasonable danger to the child exists. A law enforcement officer or child protective services
9 worker shall make a reasonable effort to find and provide a trained investigator or interviewer.

10 (5) To ensure the protection and safe placement of a child, the Department of Human Services
11 may request that team members obtain criminal history information on any person who is part of
12 the household where the department may place or has placed a child who is in the department's
13 custody. All information obtained by the team members and the department in the exercise of their
14 duties is confidential and may be disclosed only when necessary to ensure the safe placement of a
15 child.

16 (6) Each team shall classify, assess and review cases under investigation.

17 (7)(a) Each team shall develop and implement procedures for evaluating and reporting compli-
18 ance of member agencies with the protocols and procedures required under this section. Each team
19 shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies
20 of the protocols and procedures required under this section and the results of the evaluation as re-
21 quested.

22 (b) The administrator may:

23 (A) Consider the evaluation results when making eligibility determinations under ORS 418.746
24 (3);

25 (B) If requested by the Advisory Council on Child Abuse Assessment, ask a team to revise the
26 protocols and procedures being used by the team based on the evaluation results; or

27 (C) Ask a team to evaluate the team's compliance with the protocols and procedures in a par-
28 ticular case.

29 (c) The information and records compiled under this subsection are exempt from ORS 192.311
30 to 192.478.

31 (8) Each team shall develop policies that provide for an independent review of investigation
32 procedures of sensitive cases after completion of court actions on particular cases. The policies shall
33 include independent citizen input. Parents of child abuse victims shall be notified of the review
34 procedure.

35 (9) Each team shall designate at least one physician, physician assistant[, *naturopathic*
36 *physician*] or nurse practitioner who has been trained to conduct child abuse [*medical*] assessments,
37 as defined in ORS 418.782, and who is, or who may designate another physician, physician
38 assistant[, *naturopathic physician*] or nurse practitioner who is, regularly available to conduct the
39 medical assessment described in ORS 419B.023.

40 (10) If photographs are taken pursuant to ORS 419B.028, and if the team meets to discuss the
41 case, the photographs shall be made available to each member of the team at the first meeting re-
42 garding the child's case following the taking of the photographs.

43 (11) No later than September 1, 2008, each team shall submit to the Department of Justice a
44 written summary identifying the designated medical professional described in subsection (9) of this
45 section. After that date, this information shall be included in each regular report to the Department

1 of Justice.

2 (12) If, after reasonable effort, the team is not able to identify a designated medical professional
 3 described in subsection (9) of this section, the team shall develop a written plan outlining the nec-
 4 essary steps, recruitment and training needed to make such a medical professional available to the
 5 children of the county. The team shall also develop a written strategy to ensure that each child in
 6 the county who is a suspected victim of child abuse will receive a medical assessment in compliance
 7 with ORS 419B.023. This strategy, and the estimated fiscal impact of any necessary recruitment and
 8 training, shall be submitted to the Department of Justice no later than September 1, 2008. This in-
 9 formation shall be included in each regular report to the Department of Justice for each reporting
 10 period in which a team is not able to identify a designated medical professional described in sub-
 11 section (9) of this section.

12 **SECTION 18.** ORS 418.784 is amended to read:

13 418.784. (1) There is created the Advisory Council on Child Abuse Assessment, consisting of at
 14 least nine members appointed by the Attorney General. The Attorney General shall serve as an ex
 15 officio member of the council. The council shall direct the administrator of the Child Abuse Multi-
 16 disciplinary Intervention Program on the administration of funds to establish and maintain [*regional*
 17 *assessment*] **children’s advocacy** centers or [*community assessment*] **regional children’s advocacy**
 18 centers under ORS 418.746 to 418.796.

19 (2) Of the members appointed to the council:

20 (a) One member shall be an employee of the Department of Human Services with duties related
 21 to child protective services;

22 (b) One member shall be a physician licensed to practice medicine in Oregon who specializes in
 23 children and families;

24 (c) One member shall be a person having experience dealing with child abuse;

25 (d) One member shall be a district attorney or the designee of a district attorney;

26 (e) One member shall be an employee of a law enforcement agency, in addition to the member
 27 who is a district attorney or the designee of a district attorney;

28 (f) One member shall be from an operating regional [*assessment*] **children’s advocacy** center;
 29 and

30 (g) At least three members shall be citizens with appropriate interest in advocating for the
 31 medical interest of abused children.

32 (3) Members of the council who are not state employees:

33 (a) Are not entitled to compensation; and

34 (b) Are entitled to reimbursement for actual and necessary travel expenses incurred by them in
 35 the performance of their official duties as members of the council if there are sufficient funds
 36 available in the Child Abuse Multidisciplinary Intervention Account established in ORS 418.746.

37 (4) Members of the council who are state employees carrying out their state employment func-
 38 tions are entitled to compensation and reimbursement by their employing agencies for actual and
 39 necessary travel and other expenses incurred by them in the performance of their official duties as
 40 members of the council.

41 (5) The council shall elect one of its members to serve as chairperson, for such terms and with
 42 such duties and powers as the council determines.

43 (6) The council shall meet at least four times per year at a place, day and hour determined by
 44 the council.

45 (7) A majority of the members of the council constitutes a quorum for the transaction of busi-

1 ness.

2 **SECTION 19.** ORS 418.785 is amended to read:

3 418.785. (1) Each county **child abuse** multidisciplinary [*child abuse*] team shall establish a child
4 fatality review team to conduct child fatality reviews. The purpose of the review process is to help
5 prevent severe and fatal child abuse and neglect by:

6 (a) Identifying local and state issues related to preventable child fatalities; and

7 (b) Promoting implementation of recommendations at the county level.

8 (2) In establishing the review process and carrying out reviews, the child fatality review team
9 shall be assisted by the county medical examiner or local health officer as well as other profes-
10 sionals who are specially trained in areas relevant to the purpose of the team.

11 (3) The categories of fatalities reviewed by the child fatality review team include:

12 (a) Child fatalities in which child abuse or neglect may have occurred at any time prior to death
13 or may have been a factor in the fatality;

14 (b) Any category established by the county **child abuse** multidisciplinary [*child abuse*] team;

15 (c) All child fatalities where the child is less than 18 years of age and there is an autopsy per-
16 formed by the medical examiner; and

17 (d) Any specific cases recommended for local review by the statewide interdisciplinary team
18 established under ORS 418.748.

19 (4) A child fatality review team shall develop a written protocol for review of child fatalities.
20 The protocol shall be designed to facilitate communication and the exchange of information between
21 persons who perform autopsies and those professionals and agencies concerned with the prevention,
22 investigation and treatment of child abuse and neglect.

23 (5) Within the guidelines, and in a format, established by the statewide interdisciplinary team
24 established under ORS 418.748, the child fatality review team shall provide the statewide interdis-
25 ciplinary team with information regarding the categories of child fatalities described under sub-
26 section (3) of this section.

27 (6) Upon the conclusion of a criminal case involving a child fatality, or upon the conclusion of
28 a direct appeal if one is taken, the district attorney may submit a letter to the Governor and the
29 Director of Human Services outlining recommendations for the systemic improvement of child abuse
30 investigations.

31 **SECTION 20.** ORS 418.792 is amended to read:

32 418.792. Each application for funds to [*provide a community assessment*] **establish and maintain**
33 **a children’s advocacy** center shall include:

34 (1) Evidence indicating that the applicant has at least one medical practitioner trained in the
35 evaluation, diagnosis and treatment of child abuse and neglect.

36 (2) A commitment by the medical practitioner:

37 (a) To attend annual continuing education courses regarding evaluation and diagnosis of child
38 abuse and neglect; and

39 (b) To refer complex cases, as defined by the Advisory Council on Child Abuse Assessment by
40 rule, to a regional [*assessment*] **children’s advocacy** center.

41 (3) Evidence indicating the proposed [*community assessment*] **children’s advocacy** center has
42 access to special equipment used in the evaluation of child abuse.

43 (4) A description of where the [*community assessment*] **children’s advocacy** center is to be lo-
44 cated, including but not limited to a hospital, medical clinic or other appropriate public or private
45 agency. However, the proposed center [*shall*] **may** not be located in an office of the Department of

1 Human Services or in the office of any law enforcement agency.

2 (5) The level of support available to the proposed [*community assessment*] **children's advocacy**
3 center through in-kind contributions from the community.

4 (6) A description of procedures to be followed by the proposed [*community assessment*]
5 **children's advocacy** center, including the availability of personnel from the [*community*
6 *assessment*] **children's advocacy** center to testify in cases involving alleged abuse of children eval-
7 uated by the center.

8 **SECTION 21.** ORS 418.794 is amended to read:

9 418.794. Video recordings produced pursuant to ORS 418.746 to 418.796 shall remain in the cus-
10 tody of the [*regional assessment*] **children's advocacy** center or the [*community assessment*] **regional**
11 **children's advocacy** center and shall remain confidential and not subject to public disclosure ex-
12 cept under a lawfully issued subpoena and protective order.

13 **SECTION 22.** ORS 418.795 is amended to read:

14 418.795. (1) All information and records acquired by a county **child abuse** multidisciplinary
15 [*child abuse*] team established under ORS 418.747 or a child fatality review team established under
16 ORS 418.785 in the exercise of its duties are confidential and may be disclosed only when necessary
17 to carry out the purposes of the child abuse investigation or the child fatality review process.

18 (2) A member agency of a county **child abuse** multidisciplinary [*child abuse*] team or a member
19 of the team may use or disclose protected health information without obtaining an authorization
20 from an individual or a personal representative of the individual if use or disclosure is necessary for
21 public health purposes, including the prevention, investigation and treatment of child abuse.

22 (3) A child fatality review team shall have access to and subpoena power to obtain all medical
23 records, hospital records and records maintained by any state, county or local agency, including,
24 but not limited to, police investigative data, coroner or medical examiner investigative data and
25 social services records, as necessary to complete a child abuse investigation or a review of a specific
26 fatality under ORS 418.785.

27 (4) As used in this section, "personal representative" and "protected health information" have
28 the meanings given those terms in ORS 192.556.

29 **SECTION 23.** ORS 418.800 is amended to read:

30 418.800. (1) If, in a case of alleged child sexual abuse as described in ORS 419B.005 (1)(a)(C), (D)
31 or (E) by a parent, guardian or caregiver living in the child's home, the Department of Human Ser-
32 vices asks the parent, guardian or caregiver to move from the family home during the investigation
33 and the parent, guardian or caregiver consents to leave the family home, the department shall notify
34 the district attorney responsible for the county **child abuse** multidisciplinary [*child abuse*] team for
35 the county in which the child resides about the case. The notification shall be in writing and be
36 given no later than three business days after the departure of the parent, guardian or caregiver from
37 the family home.

38 (2) A parent, guardian or caregiver who consents to leave the family home as described in sub-
39 section (1) of this section or the spouse of the parent, guardian or caregiver may ask the district
40 attorney responsible for the **county child abuse multidisciplinary** team for a review of the case
41 by the team.

42 (3) No later than 90 days after receiving a request under subsection (2) of this section, the
43 **county child abuse multidisciplinary** team shall:

44 (a) Review the case and consider at least the following:

45 (A) Whether the investigation should continue;

1 (B) The welfare of the child and the adults living in the family home; and

2 (C) The proposed timeline for completing the investigation; and

3 (b) Provide to the person who requested the review a summary of the proposed timeline for
4 completing the investigation.

5 (4)(a) This section may not be construed to create a new private right of action against a district
6 attorney or any member of a county **child abuse** multidisciplinary [*child abuse*] team.

7 (b) A district attorney and members of a county **child abuse** multidisciplinary [*child abuse*] team
8 reviewing a case under subsection (2) of this section are immune from any liability, civil or criminal,
9 that might otherwise be incurred or imposed with respect to reviewing a case, failing to review a
10 case referred to the team under subsection (2) of this section or providing to the person who re-
11 quested the review a summary of the proposed timeline for completing the investigation.

12 (c) The act of reviewing a case or failing to review a case referred to the **county child abuse**
13 **multidisciplinary** team under subsection (2) of this section or providing or failing to provide a
14 summary to the person who requested the review may not be used by a defendant in any subsequent
15 criminal prosecution or juvenile proceeding.

16 **SECTION 24.** ORS 419B.020 is amended to read:

17 419B.020. (1) If the Department of Human Services or a law enforcement agency receives a re-
18 port of child abuse, the department or the agency shall immediately:

19 (a) Cause an investigation to be made to determine the nature and cause of the abuse of the
20 child; and

21 (b) Notify the Office of Child Care if the alleged child abuse occurred in a child care facility
22 as defined in ORS 329A.250.

23 (2) If the abuse reported in subsection (1) of this section is alleged to have occurred at a child
24 care facility:

25 (a) The department and the law enforcement agency shall jointly determine the roles and re-
26 sponsibilities of the department and the agency in their respective investigations; and

27 (b) The department and the agency shall each report the outcomes of their investigations to the
28 Office of Child Care.

29 (3) If the law enforcement agency conducting the investigation finds reasonable cause to believe
30 that abuse has occurred, the law enforcement agency shall notify by oral report followed by written
31 report the local office of the department. The department shall provide protective social services
32 of its own or of other available social agencies if necessary to prevent further abuses to the child
33 or to safeguard the child's welfare.

34 (4) If a child is taken into protective custody by the department, the department shall promptly
35 make reasonable efforts to ascertain the name and address of the child's parents or guardian.

36 (5)(a) If a child is taken into protective custody by the department or a law enforcement official,
37 the department or law enforcement official shall, if possible, make reasonable efforts to advise the
38 parents or guardian immediately, regardless of the time of day, that the child has been taken into
39 custody, the reasons the child has been taken into custody and general information about the child's
40 placement, and the telephone number of the local office of the department and any after-hours tele-
41 phone numbers.

42 (b) Notice may be given by any means reasonably certain of notifying the parents or guardian,
43 including but not limited to written, telephonic or in-person oral notification. If the initial notifica-
44 tion is not in writing, the information required by paragraph (a) of this subsection also shall be
45 provided to the parents or guardian in writing as soon as possible.

1 (c) The department also shall make a reasonable effort to notify the noncustodial parent of the
 2 information required by paragraph (a) of this subsection in a timely manner.

3 (d) If a child is taken into custody while under the care and supervision of a person or organ-
 4 ization other than the parent, the department, if possible, shall immediately notify the person or
 5 organization that the child has been taken into protective custody.

6 (6) If a law enforcement officer or the department, when taking a child into protective custody,
 7 has reasonable cause to believe that the child has been affected by sexual abuse and rape of a child
 8 as defined in ORS 419B.005 (1)(a)(C) and that physical evidence of the abuse exists and is likely to
 9 disappear, the court may authorize a physical examination for the purposes of preserving evidence
 10 if the court finds that it is in the best interest of the child to have such an examination. Nothing
 11 in this section affects the authority of the department to consent to physical examinations of the
 12 child at other times.

13 (7) A minor child of 12 years of age or older may refuse to consent to the examination described
 14 in subsection (6) of this section. The examination shall be conducted by or under the supervision
 15 of a physician licensed under ORS chapter 677, a physician assistant licensed under ORS 677.505 to
 16 677.525[*a naturopathic physician licensed under ORS chapter 685*] or a nurse practitioner licensed
 17 under ORS chapter 678 and, whenever practicable, trained in conducting such examinations.

18 (8) When the department completes an investigation under this section, if the person who made
 19 the report of child abuse provided contact information to the department, the department shall no-
 20 tify the person about whether contact with the child was made, whether the department determined
 21 that child abuse occurred and whether services will be provided. The department is not required to
 22 disclose information under this subsection if the department determines that disclosure is not per-
 23 mitted under ORS 419B.035.

24 **SECTION 25.** ORS 419B.023 is amended to read:

25 419B.023. (1) As used in this section:

26 (a) “Designated medical professional” means the person described in ORS 418.747 (9) or the
 27 person’s designee.

28 **(b) “Medical assessment” has the meaning given that term in ORS 418.782.**

29 *[(b)]* **(c)** “Suspicious physical injury” includes, but is not limited to:

- 30 (A) Burns or scalds;
- 31 (B) Extensive bruising or abrasions on any part of the body;
- 32 (C) Bruising, swelling or abrasions on the head, neck or face;
- 33 (D) Fractures of any bone in a child under the age of three;
- 34 (E) Multiple fractures in a child of any age;
- 35 (F) Dislocations, soft tissue swelling or moderate to severe cuts;
- 36 (G) Loss of the ability to walk or move normally according to the child’s developmental ability;
- 37 (H) Unconsciousness or difficulty maintaining consciousness;
- 38 (I) Multiple injuries of different types;
- 39 (J) Injuries causing serious or protracted disfigurement or loss or impairment of the function
 40 of any bodily organ; or
- 41 (K) Any other injury that threatens the physical well-being of the child.

42 (2) If a person conducting an investigation under ORS 419B.020 observes a child who has suf-
 43 fered suspicious physical injury and the person is certain or has a reasonable suspicion that the
 44 injury is or may be the result of abuse, the person shall, in accordance with the protocols and pro-
 45 cedures of the county **child abuse** multidisciplinary [*child abuse*] team described in ORS 418.747:

1 (a) Immediately photograph or cause to have photographed the suspicious physical injuries in
2 accordance with ORS 419B.028; and

3 (b) Ensure that a designated medical professional conducts a medical assessment within 48
4 hours, or sooner if dictated by the child’s medical needs.

5 (3) The requirement of subsection (2) of this section shall apply:

6 (a) Each time suspicious physical injury is observed by Department of Human Services or law
7 enforcement personnel:

8 (A) During the investigation of a new allegation of abuse; or

9 (B) If the injury was not previously observed by a person conducting an investigation under ORS
10 419B.020; and

11 (b) Regardless of whether the child has previously been photographed or assessed during an in-
12 vestigation of an allegation of abuse.

13 (4)(a) Department or law enforcement personnel shall make a reasonable effort to locate a des-
14 ignated medical professional. If after reasonable efforts a designated medical professional is not
15 available to conduct a medical assessment within 48 hours, the child shall be evaluated by an
16 available physician, a physician assistant licensed under ORS 677.505 to 677.525[*naturopathic phy-*
17 *sician licensed under ORS chapter 685*] or a nurse practitioner licensed under ORS 678.375 to
18 678.390.

19 (b) If the child is evaluated by a health care provider as defined in ORS 127.505 other than a
20 designated medical professional, the health care provider shall make photographs, clinical notes,
21 diagnostic and testing results and any other relevant materials available to the designated medical
22 professional for consultation within 72 hours following evaluation of the child.

23 (c) The person conducting the medical assessment may consult with and obtain records from the
24 child’s health care provider under ORS 419B.050.

25 (5) Nothing in this section prevents a person conducting a child abuse investigation from seek-
26 ing immediate medical treatment from a hospital emergency room or other medical provider for a
27 child who is physically injured or otherwise in need of immediate medical care.

28 (6) If the child described in subsection (2) of this section is less than five years of age, the des-
29 ignated medical professional may, within 14 days, refer the child for a screening for early inter-
30 vention services or early childhood special education, as those terms are defined in ORS 343.035.
31 The referral may not indicate the child is subject to a child abuse investigation unless written
32 consent is obtained from the child’s parent authorizing such disclosure. If the child is already re-
33 ceiving those services, or is enrolled in the Head Start program, a person involved in the delivery
34 of those services to the child shall be invited to participate in the county **child abuse** multidisci-
35 plinary [*child abuse*] team’s review of the case and shall be provided with paid time to do so by the
36 person’s employer.

37 (7) Nothing in this section limits the rights provided to minors in ORS chapter 109 or the ability
38 of a minor to refuse to consent to the medical assessment described in this section.

39 **SECTION 26.** ORS 419B.035 is amended to read:

40 419B.035. (1) Notwithstanding the provisions of ORS 192.001 to 192.170, 192.210 to 192.478 and
41 192.610 to 192.810 relating to confidentiality and accessibility for public inspection of public records
42 and public documents, reports and records compiled under the provisions of ORS 419B.010 to
43 419B.050 are confidential and may not be disclosed except as provided in this section. The Depart-
44 ment of Human Services shall make the records available to:

45 (a) Any law enforcement agency or a child abuse registry in any other state for the purpose of

1 subsequent investigation of child abuse;

2 (b) Any physician, physician assistant licensed under ORS 677.505 to 677.525[, *naturopathic phy-*
 3 *sician licensed under ORS chapter 685*] or nurse practitioner licensed under ORS 678.375 to 678.390,
 4 at the request of the physician, physician assistant[, *naturopathic physician*] or nurse practitioner,
 5 regarding any child brought to the physician, physician assistant[, *naturopathic physician*] or nurse
 6 practitioner or coming before the physician, physician assistant[, *naturopathic physician*] or nurse
 7 practitioner for examination, care or treatment;

8 (c) Attorneys of record for the child or child’s parent or guardian in any juvenile court pro-
 9 ceeding;

10 (d) Citizen review boards established by the Judicial Department for the purpose of periodically
 11 reviewing the status of children, youths and youth offenders under the jurisdiction of the juvenile
 12 court under ORS 419B.100 and 419C.005. Citizen review boards may make such records available to
 13 participants in case reviews;

14 (e) A court appointed special advocate in any juvenile court proceeding in which it is alleged
 15 that a child has been subjected to child abuse or neglect;

16 (f) The Office of Child Care for certifying, registering or otherwise regulating child care facili-
 17 ties;

18 (g) The Office of Children’s Advocate;

19 (h) The Teacher Standards and Practices Commission for investigations conducted under ORS
 20 342.176 involving any child or any student in grade 12 or below;

21 (i) Any person, upon request to the Department of Human Services, if the reports or records
 22 requested regard an incident in which a child, as the result of abuse, died or suffered serious phys-
 23 ical injury as defined in ORS 161.015. Reports or records disclosed under this paragraph must be
 24 disclosed in accordance with ORS 192.311 to 192.478;

25 (j) The Office of Child Care for purposes of ORS 329A.030 (10)(g), (h) and (i); and

26 (k) With respect to a report of abuse occurring at a school or in an educational setting that
 27 involves a child with a disability, Disability Rights Oregon.

28 (2)(a) When disclosing reports and records pursuant to subsection (1)(i) of this section, the De-
 29 partment of Human Services may exempt from disclosure the names, addresses and other identifying
 30 information about other children, witnesses, victims or other persons named in the report or record
 31 if the department determines, in written findings, that the safety or well-being of a person named in
 32 the report or record may be jeopardized by disclosure of the names, addresses or other identifying
 33 information, and if that concern outweighs the public’s interest in the disclosure of that information.

34 (b) If the Department of Human Services does not have a report or record of abuse regarding
 35 a child who, as the result of abuse, died or suffered serious physical injury as defined in ORS
 36 161.015, the department may disclose that information.

37 (3) The Department of Human Services may make reports and records compiled under the pro-
 38 visions of ORS 419B.010 to 419B.050 available to any person, administrative hearings officer, court,
 39 agency, organization or other entity when the department determines that such disclosure is neces-
 40 sary to administer its child welfare services and is in the best interests of the affected child, or that
 41 such disclosure is necessary to investigate, prevent or treat child abuse and neglect, to protect
 42 children from abuse and neglect or for research when the Director of Human Services gives prior
 43 written approval. The Department of Human Services shall adopt rules setting forth the procedures
 44 by which it will make the disclosures authorized under this subsection or subsection (1) or (2) of this
 45 section. The name, address and other identifying information about the person who made the report

1 may not be disclosed pursuant to this subsection and subsection (1) of this section.

2 (4) A law enforcement agency may make reports and records compiled under the provisions of
 3 ORS 419B.010 to 419B.050 available to other law enforcement agencies, district attorneys, city at-
 4 torneys with criminal prosecutorial functions and the Attorney General when the law enforcement
 5 agency determines that disclosure is necessary for the investigation or enforcement of laws relating
 6 to child abuse and neglect or necessary to determine a claim for crime victim compensation under
 7 ORS 147.005 to 147.367.

8 (5) A law enforcement agency, upon completing an investigation and closing the file in a specific
 9 case relating to child abuse or neglect, shall make reports and records in the case available upon
 10 request to any law enforcement agency or community corrections agency in this state, to the De-
 11 partment of Corrections or to the State Board of Parole and Post-Prison Supervision for the purpose
 12 of managing and supervising offenders in custody or on probation, parole, post-prison supervision
 13 or other form of conditional or supervised release. A law enforcement agency may make reports and
 14 records compiled under the provisions of ORS 419B.010 to 419B.050 available to law enforcement,
 15 community corrections, corrections or parole agencies in an open case when the law enforcement
 16 agency determines that the disclosure will not interfere with an ongoing investigation in the case.
 17 The name, address and other identifying information about the person who made the report may not
 18 be disclosed under this subsection or subsection (6)(b) of this section.

19 (6)(a) Any record made available to a law enforcement agency or community corrections agency
 20 in this state, to the Department of Corrections or the State Board of Parole and Post-Prison Super-
 21 vision or to a physician, physician assistant[, *naturopathic physician*] or nurse practitioner in this
 22 state, as authorized by subsections (1) to (5) of this section, shall be kept confidential by the agency,
 23 department, board, physician, physician assistant[, *naturopathic physician*] or nurse practitioner. Any
 24 record or report disclosed by the Department of Human Services to other persons or entities pur-
 25 suant to subsections (1) and (3) of this section shall be kept confidential.

26 (b) Notwithstanding paragraph (a) of this subsection:

27 (A) A law enforcement agency, a community corrections agency, the Department of Corrections
 28 and the State Board of Parole and Post-Prison Supervision may disclose records made available to
 29 them under subsection (5) of this section to each other, to law enforcement, community corrections,
 30 corrections and parole agencies of other states and to authorized treatment providers for the pur-
 31 pose of managing and supervising offenders in custody or on probation, parole, post-prison super-
 32 vision or other form of conditional or supervised release.

33 (B) A person may disclose records made available to the person under subsection (1)(i) of this
 34 section if the records are disclosed for the purpose of advancing the public interest.

35 (7) An officer or employee of the Department of Human Services or of a law enforcement agency
 36 or any person or entity to whom disclosure is made pursuant to subsections (1) to (6) of this section
 37 may not release any information not authorized by subsections (1) to (6) of this section.

38 (8) As used in this section, "law enforcement agency" has the meaning given that term in ORS
 39 181A.010.

40 (9) A person who violates subsection (6)(a) or (7) of this section commits a Class A violation.

41 **SECTION 27.** ORS 419B.050 is amended to read:

42 419B.050. (1) Upon notice by a law enforcement agency, the Department of Human Services, a
 43 member agency of a county **child abuse** multidisciplinary [*child abuse*] team or a member of a
 44 county **child abuse** multidisciplinary [*child abuse*] team that a child abuse investigation is being
 45 conducted under ORS 419B.020, a health care provider must permit the law enforcement agency, the

1 department, the member agency of the county **child abuse** multidisciplinary [*child abuse*] team or
 2 the member of the county **child abuse** multidisciplinary [*child abuse*] team to inspect and copy
 3 medical records, including, but not limited to, prenatal and birth records, of the child involved in
 4 the investigation without the consent of the child, or the parent or guardian of the child. A health
 5 care provider who in good faith disclosed medical records under this section is not civilly or
 6 criminally liable for the disclosure.

7 (2) As used in this section, “health care provider” has the meaning given that term in ORS
 8 192.556.

9 **SECTION 28.** ORS 743A.252 is amended to read:

10 743A.252. (1) As used in this section:

11 (a) “Child abuse [*medical*] assessment” has the meaning given that term in ORS 418.782.

12 (b) [“*Community assessment center*”] **“Children’s advocacy center”** has the meaning given that
 13 term in ORS 418.782.

14 (c) **“Forensic interview” has the meaning given that term in ORS 418.782.**

15 [(c)] (d) “Health benefit plan” has the meaning given that term in ORS 743B.005.

16 (2) A health benefit plan shall provide payment to or reimburse a [*community assessment*]
 17 **children’s advocacy** center for the services provided by the center:

18 (a) In conducting a child abuse [*medical*] assessment of a child enrolled in the plan; and

19 (b) That are related to the child abuse [*medical*] assessment including, but not limited to:

20 (A) A forensic interview; and

21 (B) Mental health treatment.

22 (3) The payment or reimbursement made in accordance with this section must be proportionate
 23 to the scope and intensity of the services provided by the [*community assessment*] **children’s advo-**
 24 **cacy** center.

25 (4) This section is exempt from ORS 743A.001.

26 **SECTION 29.** (1) **The amendments to statutes by sections 1 to 28 of this 2019 Act become**
 27 **operative on January 1, 2020.**

28 (2) **The administrator of the Child Abuse Multidisciplinary Intervention Program may**
 29 **take any action before the operative date specified in subsection (1) of this section that is**
 30 **necessary for the administrator to exercise, on or after the operative date specified in sub-**
 31 **section (1) of this section, all of the functions and powers conferred on the administrator by**
 32 **the amendments to statutes by sections 1 to 28 of this 2019 Act.**

33 **SECTION 30.** This 2019 Act takes effect on the 91st day after the date on which the 2019
 34 regular session of the Eightieth Legislative Assembly adjourns sine die.

35