

# **CAMI: A Year In Review**

**July 1, 2007 – June 30, 2008**

**By: Stacy Liskey, CAMI Program Coordinator**

## **Overview**

The time period from July 1, 2007 to June 30, 2008 brought many significant changes to the Child Abuse Multidisciplinary Intervention (CAMI) Program, multidisciplinary teams (MDTs), and community partners. New processes were formed, new service providers received CAMI funds, and legislation passed that greatly changed the way child physical abuse allegations are investigated in Oregon. These changes brought with them new challenges as well as new accomplishments. Following is a summary of the 2007-2008 fiscal year as it relates to the CAMI Program.

## **2007-2008 CAMI Annual Reports**

From July 1, 2007 through June 30, 2008, MDTs from all 36 counties reported the following information:

<b>Number of Children</b>	<b>Service</b>
5413	Received services from Child Abuse Intervention Centers
3309	Received medical exams
3830	Received a forensic interview
3140	Received a referral to mental health counseling
1194	Received assistance/support to prepare for court
2459	Received advocacy services
882	Received some other type of service

<b>Number of Children</b>	<b>Reason Seen</b>
3411	Concerns of sexual abuse
987	Concerns of physical abuse
201	Concerns of neglect
364	Concerns they were witnesses to domestic violence
68	Concerns they were drug endangered
652	Other concerns

<b>Budget Category</b>	<b>Amount of CAMI Funds Expended per Category</b>	<b>Expenditure Detail per Category</b>
Assessment	\$2,254,415.00	Medical Assessments: \$2,032,468.00 Intervention Service: \$212,311.00 Psycho-Social Assessment: \$9,636.00
Advocacy Services	\$734,668.00	Protective Services: \$22,116.00 Intervention Advocacy: \$377,759.00 Prevention Advocacy: \$7,082.00 Professional Training/Education: \$327,711.00
Treatment Services	\$74,874.00	Information: \$610.00 Referral: \$0 Treatment: \$74,264.00
Other Operational Costs	\$1,327,772.00	Staff: \$958,662.00 Administrative Costs: \$97,560.00 Supplies: \$87,896.00 Rent: \$88,554.00 Services/Equipment: \$95,101.00

CAMI funds supported a combined **45.37 FTE** for positions to support child abuse intervention activities and services statewide.

**House Bill 3328: Karly’s Law**

On June 27, 2007, Governor Kulongoski signed House Bill 3328, Karly’s Law, into effect. Karly’s Law impacted the way child physical abuse allegations are investigated by requiring specific timelines of investigators and child protective service workers for taking photographs and making sure the child receives a medical assessment. Karly’s Law also required that MDTs identify a designated medical professional (DMP) for their county who was specifically trained to conduct medical assessments.

In order to inform MDTs and Child Abuse Intervention Centers about the requirements of HB 3328 as quickly as possible, a summary of the bill was written by the Department of Justice (DOJ) CAMI Program. The summary was sent to all Oregon MDTs and child abuse intervention centers via email, and was also distributed as a hand out at Karly’s Law trainings provided by the Department. The summary is posted on the CAMI Program website at [www.doj.state.or.us/crimev/cami.shtml](http://www.doj.state.or.us/crimev/cami.shtml).

A significant need for training was identified among MDTs, child abuse intervention centers and community partners regarding the requirements of this law. From June 21, 2007 through January 31, 2008, the CAMI Program provided 20 trainings on the requirements of Karly’s Law. Five of

these trainings were regional trainings held in Oregon City, Eugene, Klamath Falls, Pendleton, and Redmond. The remaining 15 trainings were individual trainings for MDTs or partner agencies such as the Department of Human Services Office of Investigations and Training. In total, 424 MDT members and community partners were trained on the requirements of HB 3328 through these trainings.

Collaborative training efforts regarding the requirements of Karly's Law took place on February 27 and 28, 2007. The Department of Public Safety Standards and Training (DPSST) hosted a statewide child abuse conference in Salem, Oregon for 97 attendees. At this conference several topics related to child physical abuse and Karly's Law were presented. Una Swanson of the Department of Human Services, and CAMI Program Coordinator Stacy Liskey gave a presentation regarding the requirements of Karly's Law.

The Department of Human Services partnered with the Department of Justice to provide regional trainings for child welfare workers, MDTs and community partners in Bend, Coos Bay, Eugene, Medford, Pendleton, Portland, and Salem. These presentations included training on forensic photography, working with medical professionals during child abuse investigations, and legal definitions of the terms included in HB 3328.

As the implementation of House Bill 3328 came into effect, it became evident that a majority of the medical community was unaware of their new responsibilities under HB 3328. In order to address this issue, the CAMI Program formed a work group involving many of the physicians and nurse practitioners who work at the child abuse intervention centers throughout Oregon as well as a representative from the Department of Human Services. The group met to discuss how to address the following three issues:

- Increasing awareness in the medical community regarding the requirements of HB 3328.
- Providing additional child abuse training to medical professionals that also incorporated information on the requirements of HB 3328.
- Providing existing DMPs with support and resources to avoid burnout.

To date, this group has met on two occasions and has been working to address the three issues listed above. In order to address the awareness piece, many of the physicians who participated in the work group made contact with the medical journals they subscribe to and offered to write articles regarding Karly's Law. Physicians from the work group wrote articles for the MDT Quarterly, the Oregon Pediatric Society, the Legacy Emanuel Hospital newsletter, and the Oregon Academy of Family Physicians.

The workgroup is addressing the training issue by developing curriculum for two separate types of training. The first is a 60 to 90 minute online training module for primary care medical providers on child physical abuse, Oregon law, and the requirements of HB 3328. The training is currently offered through the Legacy Health System and qualifies for 2 Continuing Medical Education (CME) credits. Physicians are able to access the training on the CAMI website at <http://www.doj.state.or.us/crimev/cami.shtml>. The second type of training would be free half-day trainings on child physical abuse, photography, and the requirements of HB 3328 that would be offered regionally throughout the state.

Finally, the workgroup is researching ways to keep Oregon's DMPs in closer communication with each other. Through this communication, they will be able to staff cases, provide resources and referrals and support one another. The workgroup is still looking into different ways to implement this communication.

Throughout the implementation process, MDTs, child abuse intervention centers, and community partners worked diligently to adjust their protocols to incorporate the changes brought forth by Karly's Law. MDTs were also responsible for submitting quarterly and narrative reports regarding the implementation of Karly's Law. This was an additional reporting requirement for teams. Through the efforts made by the MDTs, the Department was able to effectively meet its reporting requirement to the Oregon Legislature in October of 2008.

### **Regional Services**

2007-2008 changed the way regional services are delivered to MDTs and community child abuse intervention centers in Oregon. The CAMI Advisory Council and the Department of Justice conducted a review of regional service delivery in Oregon through a needs assessment process. The objective of this needs assessment was to solicit information from MDTs, centers, regional center service providers, and community partners regarding the status of regional center service delivery in Oregon.

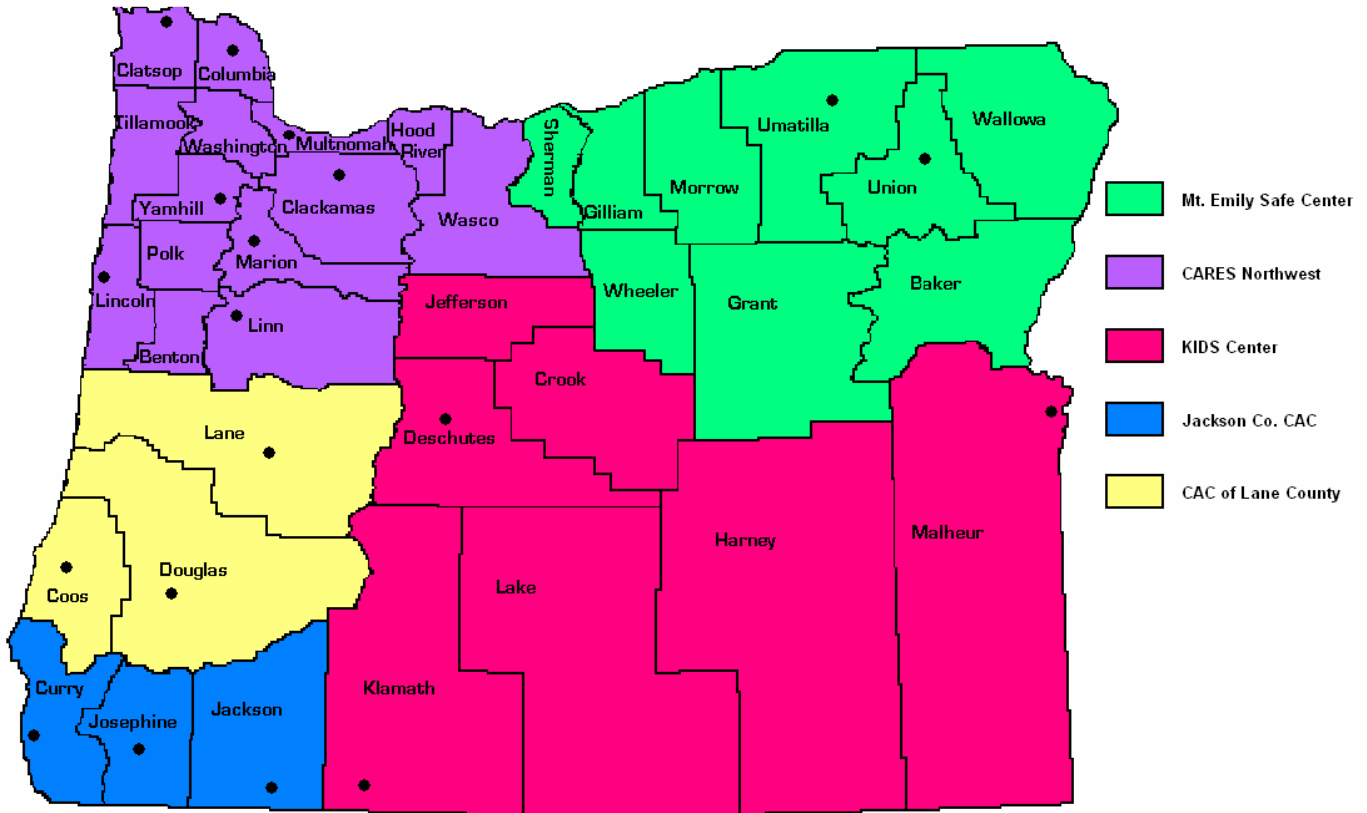
The data collected in the needs assessment survey was thoroughly reviewed by the Department of Justice and the CAMI Advisory Council. It was concluded that the term "regional services" needed further definition to more clearly and explicitly delineate expectations for those delivering and receiving the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

- 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

As a result of the identification and definition of the core regional services by the CAMI Advisory Council, the scope of services has been narrowed and finely tuned to provide clarity of services. Additionally, the definitions provide guidance to service providers and recipients as to how these services are to be accessed and delivered.

Upon review of the 2008 Regional Services Grant application, grants were awarded to CARES Northwest, Jackson County Children's Advocacy Center, KIDS Center, Kids' FIRST, Mt. Emily Safe Center. (See map below for designated service regions.)

**CAMI Reviewer Recommended Regional Services Map  
2008 - 2011**



As a requirement of the grant agreement, the Regional Service Providers (RSPs) are required to meet on a quarterly basis to staff service requests, discuss issues, and coordinate services. The RSPs also drafted a memorandum of understanding that dictates how they will work together to respond to service requests that come from counties outside of their designated service regions. Both the quarterly meetings and MOU provide the RSPs with the opportunity to communicate with more frequency, resulting in consistency of services.

**Workgroups and Task Forces**

Due to the CAMI Program’s close working relationship with the MDTs and child abuse intervention centers throughout Oregon, CAMI Program representation is often requested for statewide work groups and task forces that meet to discuss issues related to child abuse. Below is a list of these workgroups and a brief description of CAMI’s participation in 2007-2008.

**Department of Public Safety Standards and Training Child Abuse Training (CAT) Team**

Attended quarterly meetings and worked with the CAT team to coordinate the 2008 Child Abuse Conference in February, 2008. Provided Karly’s Law training at the conference.

**Children’s Justice Act Task Force**

Attended quarterly meetings and participated in the Children with Disabilities and Strategic Planning for Children's Safety subcommittees.

From the Children with Disabilities subcommittee came Project Ability. Project Ability consists of curriculum and training regarding the forensic interviewing of children with disabilities developed by CARES Northwest for investigators, social service workers and other MDT members.

The work of the Strategic Planning for Children's Safety subcommittee focused on community planning summits that addressed child neglect related to methamphetamine use. The subcommittee assisted the contractor, Portland State University, with developing county selection processes for these summits.

In addition to subcommittee work, the CAMI Program also assisted the CJA grants coordinator in developing a statewide survey. The survey is intended to gather feedback as part of a statewide assessment process. The results from the assessment will help guide the CJA Task Force as they set forth their priority funding categories for the next three year funding cycle.

#### Oregon Network of Child Abuse Intervention Centers

Attended quarterly meetings. Provided CAMI Program updates and other information as requested by participating child abuse intervention centers.

#### Internet Crimes Against Children (ICAC) Task Force

Attended ICAC meetings every 6 months or so. Distributed information from these meetings regarding internet crimes against children and related trainings to MDT members and community partners statewide.

#### State Child Fatality Review Team

Participated in the review team meetings which occur twice a year. Obtained feedback from the state team on how to assist MDTs in improving child fatality reviews. Provided information to MDTs regarding child fatality review requirements, practices, and procedures.

#### **Looking Towards 2008-2009**

As the 2008-2009 fiscal year approaches, more changes and challenges are on the horizon. The 2009 legislative session presents new opportunities for change regarding Karly's Law. Additionally, the status of potential reductions or additions in CAMI funds remains uncertain. The Department of Justice, CAMI Program will continue to work closely with MDTs, child abuse intervention centers and community partners to work through these challenges and provide quality services to Oregon's children.