

# MDT Quarterly

Oregon Department of Justice, Child Abuse Multidisciplinary Intervention Newsletter

## CAMI REGIONAL SERVICE PROVIDERS

### CARES Northwest

Serving: Benton, Clackamas, Clatsop, Columbia, Hood River, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington & Yamhill Counties

### Children's Advocacy Center of Jackson County

Serving: Curry, Jackson & Josephine Counties

### KIDS Center

Serving: Crook, Deschutes, Harney, Jefferson, Klamath, Lake & Malheur Counties

### Kids FIRST Center

Serving: Coos, Douglas & Lane Counties

### Mt. Emily Safe Center

Serving: Baker, Gilliam, Grant, Morrow, Sherman, Umatilla, Union, Wallowa & Wheeler Counties

## GOODBYE 2014, HELLO 2015!

This year has been a year of transition around the state. Many CAIC directors retired or moved on. In 2014 we said goodbye to Lisa Galovich (Columbia County), Evelyn Norse (Douglas County), Tina Morgan (Lane County), Pam Salisbury (Lincoln County) and Kathleen Coleman (Yamhill County). We thank them for all their good work in the interest of Oregon's children, wish them all the best and hope that our paths will bring us together again someday.

We are so fortunate that many new, talented and passionate directors have taken up the mantle. We welcome Cassy Miller (Columbia County), Jackie Antunes (Curry County), Susan Lopez (Lane County), Dr. Ron Davidson

(Lincoln County), Tammi Pitzen (Jackson County), and Hayley Collins (Yamhill County).

Here at the Crime Victims' Services Division, Mike Maryanov became manager of the Victims Response Section. We are fortunate that he is still here and involved with the CAMI Program.

There have been many changes to MDT membership as well, too many to list here. In the midst of so much transition, we are reminded of the importance of preserving and sharing the knowledge gained through experience. In times of transition, the importance of training and protocols cannot be gainsaid.

Looking ahead, we have much

work to do in 2015. A new legislative session will be underway, the 2015-17 MDT and RSP grant application period will begin, and another year of OCFIT and MDT Day are on the horizon. I hope that as all of us say goodbye to 2014 that we take some time to reflect on all the things that we have learned this year and think about how this knowledge will help us make 2015 Oregon's safest year for children



## 2015-2017 MDT & RSP GRANT APPLICATIONS

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<p>Multidisciplinary Teams (MDT) Important Dates:</p> <ul style="list-style-type: none"> <li>• MDT Application Release: 2/9/2015</li> <li>• MDT Initiation Deadline: 3/2/2015</li> <li>• MDT Application Due 3/23/2015</li> </ul>	<p>Regional Service Providers (RSP) Important Dates:</p> <ul style="list-style-type: none"> <li>• RSP Application Release: 2/23/2015</li> <li>• RSP Application Due: 4/6/2015</li> </ul>
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Applications will be through CVSD E-Grants. The Request for Applications will also be posted on this web page on the release date noted above. Please direct questions to Jordan James-Largent at: [Jordan.D.James-Largent@doj.state.or.us](mailto:Jordan.D.James-Largent@doj.state.or.us) or 503-378-5308.

## LANE COUNTY'S KARLY'S LAW FACELIFT

By: Susan Lopez, Kids' FIRST Center Executive Director

As I'm sure all of you know, Karly's Law was implemented in 2007. Seven years later we are still working towards perfecting the processes to support it. Initially Karly's Law required significant logistic coordination between partners in our Multidisciplinary Teams, the MDT structures were in place however the requirements for Karly's Law included educating medical staff throughout our jurisdiction as well as LEA and Child Welfare partners.

Thanks to concerted efforts by Lane County's MDT we were able to assign responsibilities, train line staff and effectively respond to Karly cases. After seven years however we have noticed our process starting to sag a little. We started to notice blank spaces in our staffing materials, places that need to be filled with a Child Welfare Case Worker's name, or Law Enforcement Detective's name were blank. At times we would staff a case with nothing more than the child's name and a photo or two. With little to no additional information we were wasting our time, and certainly not fulfilling the intent of our MDT case review process.

As a team we were forced to acknowledge that the system we had in place was no longer working. Please don't misunderstand, our cases were being worked appropriately, the exams are being conducted, photos being taken, LEA/Child Welfare collaborations on cases were happening, we simply weren't doing a very good job tracking these cases through the process. This highlights the difficulties of unfunded legislative mandates, at times it almost feels like a game of "hot potato." Resources are thin, turnover is high, and it can be unclear who is in charge of policing (pardon the pun) our compliance with this law.

We reminded ourselves, this is Karly's **Law**, not Karly's recommendation or suggestion. This is a process we are required by law to execute, and we all feel passionate about the reasons it is law, therefore we **MUST** find a way to improve our collaboration and case consultation. But where do we start? How do we do this? It feels too big, and unwieldy to tackle. So we decided to start at the beginning.

*"We reminded ourselves, this is Karly's **Law**, not Karly's recommendation or suggestion."*

We looked at our MDT practice, which is a well oiled machine; we are the BOSS when it comes to case review. We can hash through the cases, we can have the uncomfortable conversations about practice and perspective like no one else. We have been practicing this for over 20 years now. We know that it's "not broke," so how can we utilize our strengths to fill in the blanks? We decided to start with structure, as a Child Abuse Intervention Center (CAIC) we handle close to 700 cases every year, with varying degrees of involvement. We know how to track and manage a case from investigation through prosecution, we do it every day.

So that's what we'll do. We're implementing a process that brings all Karly referrals to our center for a form of case management. We're going to track them; we're going to communicate with Medical, Child Welfare, and Law Enforcement partners about the progress of the case. We will send out e-mails, make phone calls and provide administrative support to ensure that every required element of Karly's Law is achieved before we close the case. If we're missing elements, we will continue to staff the case in our MDT meeting until we have all the information we need to ensure our obligations to the child are satisfied. We're going to track and analyze the data we're collecting to see if there is a bigger issue or if providing administrative support is sufficient to correct the problem. Stay tuned to your MDT Quarterly report for progress updates! If you have questions or would like a copy of our procedure or tracking list please don't hesitate to contact me.

## **SAVE THE DATE: MDT DAY 2015!**

**Presented to you by Oregon Department of Justice, Crime Victims' Services Division**

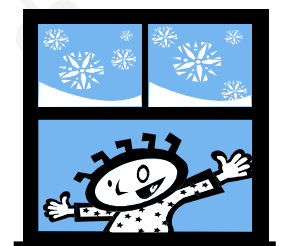
**Monday April 20th, 2015**

**8:30am – 4:00pm**

**Red Lion Hotel on the River - Jantzen Beach**

**Portland, Oregon**

**\*Details Forthcoming\***



## GROWING AND CHANGING-KIDS' HOPE CENTER

By: JoAnne Shorb, Kids' HOPE Center Program Director

The Kids' HOPE Center just celebrated its first year (July of 2014) as an organization underneath the Bay Area Health District umbrella. Since the transition, the center has undergone a 360 transformation in their approach to providing services to kids and families in the area. Truly embracing the medical model, emphasis has been placed on addressing the whole health needs of the child victims referred to the program. Medical assessments are not yet taking place at the center as grants are pending for medical equipment; however the center's designated medical provider is dedicated to the program and has reserved a standing appointment slot for Kids' HOPE to refer clients.

Nearly \$20,000.00 in grant dollars were received for the purchase and installation of new forensic recording equipment, with an additional \$5,000.00 going towards supporting the 11<sup>th</sup> annual Family Fun Day and Race for the Kids which occurred in April. Information was shared with over 1,000 families who participated in the Family Fun Day event, an effort that without the help of the Coos community at large, could not have taken place.

Bay Area Hospital was asked by the comprehensive multidisciplinary team who governs the program to step in and take

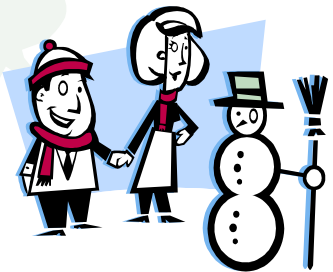
the Child Abuse Intervention Center under its wing. Emphasis previously had been on a prosecution based model which focused on the criminal case portion during child abuse investigations. With the shift from a prosecution model to a medical one, priority is placed on the whole health needs of the child first, with prosecution coming second. This approach ensures that all children referred to Kids' HOPE are being evaluated for the need for a medical assessment, referred to therapeutic services, and that familial supports are in place ensuring that the whole health needs of the child are being addressed from the beginning.

The largest reward of transitioning to a medical model has also been the biggest challenge. The number of children and families being referred to the center has been overwhelming. More cases are being reported to, and being addressed through, the Kids' HOPE Center. This means that more families and children are receiving best practice services and supports to help these young victims begin their individual healing. Previously, families had to handle some of these stressors alone. This workload also means that the staff of two has become heavily reliant upon volunteers and support from the community to keep moving forward. This flux in referrals has also brought to the forefront the

always known, but now concretely evident, issue of child abuse in the Coos community. The success of the program has been bittersweet. Families are being provided with services and care and many more are finally stepping forward, yet as is the case with many programs in the state, the need is exceeding the resources available to provide for the demand.

In 2013, 197 children were provided with multidisciplinary team case staffing, forensic interviews, welfare checks, referrals for behavioral health counseling, and medical examinations. As of October 2014, Kids' HOPE is already there, with the anticipation of serving nearly 225 children and families before the years' end.

The Kids' HOPE Center looks forward to the next year of providing best practice services and support to the kids and families of the Coos Community.



# UNDERSTANDING CRIME VICTIMS' COMPENSATION

By: Rebecca Shaw, Crime Victims' Services Division Compensation Section Manager

Crime Victims' Compensation is a benefit available to eligible victims of a violent crime. There are statutorily imposed eligibility criteria that must first be met in order to qualify for these often essential benefits. In cases where children have been seen at a child abuse intervention center (CAIC), there are also certain criteria that must be met. Statutorily, the Program can only provide compensation when a child is referred by law enforcement (including DHS) for forensic evaluation due to suspected physical or sexual abuse (ORS 147.390). If the Program receives a compensation application that indicates that a child was seen at a CAIC due to suspected neglect, drug exposure or other high risk environment (including witnessing domestic violence), payment will be denied for the medical assessment. However, if the child discloses witnessing domestic violence, discloses abuse or a tangible physiological injury resulting from the neglect is documented within the evaluation report; benefits may be awarded to the child victim. Abuse does not have to be disclosed in order for Compensation benefits to apply for payment of the medical assessment; abuse must be suspected in the referral.

When a bill is submitted on behalf of a victim the Program must ensure that the treatment is a direct result of the criminal incident. If the treatment is crime related, the Program pays co-pays and/or deductibles that are determined to be the patient's responsibility. Any amount that is a provider write-off would not be compensable and must be absorbed by the medical provider as that is a contractual agreement between the insurance carrier and the treatment provider. If an eligible victim is uninsured, the Program will assess the Workers' Compensation fee schedule for appropriate reductions. Any reduction taken by the Program must also be absorbed by the provider as the patient cannot be billed for that write off.

The Crime Victims' Compensation Program receives approximately 5500 claims per year and pays approximately \$4 million on behalf of victims of violent crime. While the Program does receive a Federal Victim of Crime Act (VOCA) Compensation grant every year, the amount of the grant is based on the state funds spent during the previous year. It therefore becomes a fiscal balancing act to ensure that the Program will receive VOCA funds the following year. The Program receives 60% of what is spent in state funds back from VOCA. While we are all pleased with the prospect of receiving additional VOCA Assistance funds due to the recent increase in the VOCA cap, this will unfortunately not have a fiscal impact on the compensation program as the 60% pay back remains the same despite the increase. Any increase in VOCA Assistance funding means that DOJ would have more grant funds to award to victim service provider agencies in Oregon.

The Crime Victims' Compensation Program offers free quarterly trainings to anyone interested in learning more about the program requirements and application process. If this is something you or your staff might be interested in, please contact Sherree Rodriquez at 503-378-5348 to sign up for the next training on February 11, 2015.



**We hope you have a good holiday season and a happy new year!**

# Sudoku Corner

Fill the small squares so that every column, row, and 3x3 square includes all of the digits from one to nine.

		3		4				
2			3	6				
				9	2		4	
	5	4						8
	7		8					
8						1	7	6
7		9			1	6		
4					7			
	3	5	2			9	1	

## 2014 OREGON RURAL HEALTH HERO OF THE YEAR

By: Cindy White, Malheur County Director of Victim Services

Dr. Sandra Dunbrasky was recently named Rural Health Hero of the Year 2014, this award joins many others that acknowledge Dr. Dunbrasky's personal and professional impact not only on the communities in Malheur County, but on the communities of the world as well.

Dr. Dunbrasky was an RN working in the Treasure Valley before she became a pediatrician. Her goal when she became a pediatrician, was to return to the Treasure Valley, which includes Eastern Oregon and Western Idaho to fulfill the need for children's care. Dr. Dunbrasky had recognized this need in our communities, when she was caring for her patients as an RN and as a pediatrician and works to make a difference in children's lives. Dr. Dunbrasky enjoys seeing her patients with their families while out shopping or out on other errands, she believes it is important to know the whole family and this knowledge helps her to know the child as a whole as well.

A significant part of Dr. Dunbrasky's service to the Treasure Valley has been to revitalize the STAR Center. The STAR Center is a resource for victims of child sex abuse and child physical abuse, under her direction the STAR Center is once again a

child-friendly assessment center for the children in Malheur County. Medical exams can be provided 24 hours a day, seven days a week. The STAR center has child interviewers who have received additional training in child forensic interviewing, and also the interview room at the center is equipped with an audio and video system that allows police officers to observe the interview, this opportunity to observe assists the officers in their investigation.

*"A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drive but the world may be different because I was important to the life of a CHILD."*

Dr. Dunbrasky has also provided medical care for many different disasters, including Hurricanes Ivan 2004, Katrina 2005, Rita 2005 and Gustav 2008, she assisted victims of the tsunami in

American Samoa in 2009 and she also spent three weeks assisting victims of Super Storm Sandy in 2012. Dr. Dunbrasky also travels to Haiti periodically to work at a primary care clinic there. Per Dr. Dunbrasky, disasters cause many different kinds of injuries, not only physical injuries but psychological injuries as well, hearing the individual stories and her work with these patients has given her hope for humanity.

Malheur County is one of the poorest counties per capita in Oregon. Our county has a huge need for children's services and it is sometimes difficult to provide the needed services. There are not many resources available and it often difficult to get to those resources due to the distances involved. Dr. Dunbrasky has made a huge impact in our county and has made a difference in the lives of many children. Dr. Dunbrasky has a plaque on her wall that means much to her: A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drive but the world may be different because I was important in the life of a CHILD.



*The mission of the Crime Victims' Services Division (CVSD) 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.*

***We want to hear from you!***

*Do you have a great story idea? Want to write an article? Have feedback on articles? CAMI questions?*

**Contact us at:**

[Robin.E.Reimer@doj.state.or.us](mailto:Robin.E.Reimer@doj.state.or.us)

[Jordan.D.James-Largent@doj.state.or.us](mailto:Jordan.D.James-Largent@doj.state.or.us)

**Visit the CAMI webpage!**

<http://www.doj.state.or.us/victims/pages/cami.aspx>

## LIBERTY HOUSE RECEIVES \$1 MILLION FOR NEW BUILDING

This article was featured in the Statesman Journal 12/10/14, Written by Stefanie Knowlton

Alison Kelley, chief executive officer of the Liberty House, is launching a capital campaign to buy the building next door to expand services for children suspected of being sexually or physically abused.

Liberty House, a child abuse assessment center, received a \$1 million anonymous donation, putting it within reach of buying a second building to serve more children. The nonprofit launched a \$1.5 million campaign in August to buy the building next door and remodel its existing space to serve another 200 to 300 children per year. Leaders hope to raise the remaining \$450,000 by Dec. 31. "The fact that we were able to raise more than \$1 million in less than three months is amazing and really shows the support we have," said Chief Executive Officer Alison Kelley.

Liberty House gives local children a safe place to talk about abuse and neglect, but the building isn't big enough to serve all the children who need help, Kelley said. Marion and Polk counties record up to 1,200 confirmed cases of abuse and neglect each year. Liberty House, Marion County's only child abuse assessment center, can only evaluate up to 360 children a year because of limited space.

The center has only one exam room and waiting area so professionals have to serve one family at a time. Appointments are booked out so far ahead that Liberty House can't see acute cases that need immediate attention or ones with suspicious injuries. Kelley hopes to add two exam rooms and waiting rooms to the existing building, immediately boosting the assessment center's capacity to 600 children per year. Administrative staff would move to the new building. Local partners could also use the new space to better serve the families and children. For example, law enforcement might have a detective on site to observe interviews, answer questions and work quickly to protect children. Officers might also have a space to interview kids in a safe, comfortable, neutral setting.

Many of the victims who are not seen at Liberty House are interviewed in the field by police or caseworkers, sometimes with perpetrators nearby. "It gets problematic in a 10-by-8-foot room in an apartment when the suspect might be in the next room," said Salem Police Deputy Chief Jim Ferraris in August. "An assessment center is best practice to hold such an interview." Children relax at Liberty House when they see soft colors, comfortable furniture and toys to play with. That

helps police gather the best evidence to protect them.

For example one 4-year-old boy was the only witness in his brother's death, and police had to ask him about his stepfather. Imagine that conversation in the back of a patrol car or at the police station. Liberty House will also invite mental health professionals to the space so families can better access those services. Counseling is critical for children who experience abuse and neglect, Kelley said. "We've got an emergency on our hands," Kelley said. "Children are being abused in ways that are tragic and appalling. We stop that and help them live the life they want."



(Photo: Timothy J. Gonzalez /Statesman J)