

D R A F T

SUMMARY

Digest: The Act requires that CASAs be members of certain councils, committees and teams. (Flesch Readability Score: 63.4).

Requires the appointment of court appointed special advocates to specified advisory councils, advisory committees and review teams.

A BILL FOR AN ACT

1
2 Relating to court appointed special advocates; amending ORS 418.043,
3 418.714, 418.726, 418.747, 418.782, 418.784, 418.811 and 418.978.

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

5 **SECTION 1.** ORS 418.043 is amended to read:

6 418.043. (1) The members of the Governor's Child Foster Care Advisory
7 Commission must be residents of this state with experience and expertise in
8 the foster care system in this state, including but not limited to:

9 (a) Current or former foster parents and current or former foster children;

10 (b) Family members of individuals described in paragraph (a) of this sub-
11 section;

12 (c) Biological parents involved in the foster care system in this state;

13 (d) Representatives of advocacy organizations that advocate regarding is-
14 sues pertaining to the foster care system in this state;

15 (e) Representatives of public, private, profit and nonprofit agencies, or-
16 ganizations and other entities with experience in, interest in and responsi-
17 bility for the provision of care to children in the foster care system in this
18 state;

19 (f) Members of the Oregon State Bar with expertise in family and juvenile
20 dependency law;

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 (g) Representatives of law enforcement agencies and district attorneys;
- 2 (h) Former employees of the Department of Human Services, Oregon
3 Health Authority and Department of Justice who were responsible for the
4 administration and oversight of the child welfare and foster care systems in
5 this state, including but not limited to former caseworkers [*and former court*
6 *appointed special advocates*];
- 7 (i) Representatives of the Judicial Department; [*and*]
- 8 (j) Representatives of federally recognized Indian tribes in Oregon and
9 organizations serving Native Americans[.]; **and**
- 10 **(k) Current or former court appointed special advocates, as defined**
11 **in ORS 419A.004.**

12 (2) The members of the commission shall select one of the commission's
13 members to serve as chairperson and another to serve as vice chairperson,
14 for terms and with duties and powers necessary for the performance of the
15 functions of the offices as the commission determines.

16 (3) A majority of the members of the commission constitutes a quorum for
17 the transaction of business.

18 (4) The commission shall meet at least once every three months at a time
19 and place determined by the chairperson of the commission. The commission
20 also may meet at other times and places specified by the call of the chair-
21 person or of a majority of the members of the commission.

22 (5) All agencies of state government, as defined in ORS 174.111, are di-
23 rected to assist the commission in the performance of the commission's du-
24 ties, powers and obligations and, to the extent permitted by laws relating to
25 confidentiality, to furnish information that the members of the commission
26 consider necessary in order to further the work of the commission.

27 (6) The Department of Human Services shall provide the commission, in-
28 cluding any advisory or technical committees established under ORS 418.046,
29 with any necessary clerical and administrative staff support, including, at a
30 minimum, one full-time equivalent (FTE) policy analyst.

31 **SECTION 2.** ORS 418.714 is amended to read:

1 418.714. (1) A local domestic violence coordinating council recognized by
2 the local public safety coordinating council or by the governing body of the
3 county may establish a multidisciplinary domestic violence fatality review
4 team to assist local organizations and agencies in identifying and reviewing
5 domestic violence fatalities. When no local domestic violence coordinating
6 council exists, a similar interdisciplinary group may establish the fatality
7 review team.

8 (2) The purpose of a fatality review team is to review domestic violence
9 fatalities and make recommendations to prevent domestic violence fatalities
10 by:

11 (a) Improving communication between public and private organizations
12 and agencies;

13 (b) Determining the number of domestic violence fatalities occurring in
14 the team's county and the factors associated with those fatalities;

15 (c) Identifying ways in which community response might have intervened
16 to prevent a fatality;

17 (d) Providing accurate information about domestic violence to the com-
18 munity; and

19 (e) Generating recommendations for improving community response to and
20 prevention of domestic violence.

21 (3) A fatality review team shall include but is not limited to the following
22 members, if available:

23 (a) Domestic violence program service staff or other advocates for bat-
24 tered women;

25 (b) Medical personnel with expertise in the field of domestic violence;

26 (c) Local health department staff;

27 (d) The local district attorney or the district attorney's designees;

28 (e) Law enforcement personnel;

29 (f) Civil legal services attorneys;

30 (g) Protective services workers;

31 (h) Community corrections professionals;

- 1 (i) Judges, court administrators or their representatives;
- 2 (j) Perpetrator treatment providers;
- 3 (k) A survivor of domestic violence; *[and]*
- 4 (L) Medical examiners or other experts in the field of forensic
- 5 pathology[.]; **and**
- 6 **(m) Current or former court appointed special advocates, as defined**
- 7 **in ORS 419A.004.**

8 (4) Other individuals may, with the unanimous consent of the team, be
9 included in a fatality review team on an ad hoc basis. The team, by unani-
10 mous consent, may decide the extent to which the individual may participate
11 as a full member of the team for a particular review.

12 (5) Upon formation and before reviewing its first case, a fatality review
13 team shall adopt a written protocol for review of domestic violence fatalities.
14 The protocol must be designed to facilitate communication among organiza-
15 tions and agencies involved in domestic violence cases so that incidents of
16 domestic violence and domestic violence fatalities are identified and pre-
17 vented. The protocol shall define procedures for case review and preservation
18 of confidentiality, and shall identify team members.

19 (6) Consistent with recommendations provided by the statewide interdis-
20 ciplinary team under ORS 418.718, a local fatality review team shall provide
21 the statewide team with information regarding domestic violence fatalities.

22 (7) To ensure consistent and uniform results, fatality review teams may
23 collect and summarize data to show the statistical occurrence of domestic
24 violence fatalities in the team's county.

25 (8) Each organization or agency represented on a fatality review team
26 may share with other members of the team information concerning the victim
27 who is the subject of the review. Any information shared between team
28 members is confidential.

29 (9) An individual who is a member of an organization or agency that is
30 represented on a fatality review team is not required to disclose information.
31 The intent of this section and ORS 418.718 is to allow the voluntary disclo-

1 sure of information.

2 (10) An oral or written communication or a document related to a do-
3 mestic violence fatality review that is shared within or produced by a
4 fatality review team is confidential, not subject to disclosure and not
5 discoverable by a third party. An oral or written communication or a docu-
6 ment provided by a third party to a fatality review team is confidential, not
7 subject to disclosure and not discoverable by a third party. All information
8 and records acquired by a team in the exercise of its duties are confidential
9 and may be disclosed only as necessary to carry out the purposes of the
10 fatality review. However, recommendations of a team upon the completion
11 of a review may be disclosed without personal identifiers at the discretion
12 of two-thirds of the members of the team.

13 (11) Information, documents and records otherwise available from other
14 sources are not immune from discovery or introduction into evidence solely
15 because the information, documents or records were presented to or reviewed
16 by a fatality review team.

17 (12) ORS 192.610 to 192.705 do not apply to meetings of a fatality review
18 team.

19 (13) Each fatality review team shall develop written agreements signed
20 by member organizations and agencies that specify the organizations' and
21 agencies' understanding of and agreement with the principles outlined in this
22 section.

23 **SECTION 3.** ORS 418.726 is amended to read:

24 418.726. (1) There is created a Youth Suicide Intervention and Prevention
25 Advisory Committee to advise the Oregon Health Authority on the develop-
26 ment and administration of strategies to address suicide intervention and
27 prevention for children and youth 5 through 24 years of age. The Director
28 of the Oregon Health Authority shall appoint members of the advisory com-
29 mittee and members shall serve at the pleasure of the director. The authority
30 shall provide staffing for the advisory committee.

31 (2) The director shall ensure that advisory committee membership reflects

1 the cultural, linguistic, geographic and economic diversity of this state. The
2 members of the advisory committee must include, but need not be limited to:

- 3 (a) Individuals who have survived suicide attempts;
- 4 (b) Individuals who have lost friends or family members to suicide;
- 5 (c) Individuals who have not attained 21 years of age;
- 6 (d) Representatives of state agencies, including but not limited to the
7 Department of Human Services, the Oregon Health Authority and the De-
8 partment of Education, who provide services to individuals who have not
9 attained 21 years of age;
- 10 (e) Representatives of Oregon Indian tribes;
- 11 (f) Representatives of colleges and universities;
- 12 (g) Medical and behavioral treatment providers;
- 13 (h) Representatives of hospitals and health systems;
- 14 (i) Representatives of coordinated care organizations and private insurers;
- 15 (j) Suicide prevention specialists; *[and]*
- 16 (k) Representatives of members of the military and their families[.]; **and**
- 17 **(L) Current or former court appointed special advocates, as defined**
18 **in ORS 419A.004.**

19 (3) Members of the advisory committee other than members employed in
20 full-time public service may be compensated for their services and may be
21 reimbursed by the authority for the member's actual and necessary expenses
22 incurred in the performance of the member's duties. Members of the advisory
23 committee who are employed in full-time public service may be reimbursed
24 by the member's employing agency for the member's actual and necessary
25 expenses incurred in the performance of the member's duties. Reimburse-
26 ments under this subsection are subject to the provisions of ORS 292.210 to
27 292.288.

28 (4) The advisory committee shall meet no less than once every three
29 months.

30 (5) The advisory committee may recommend potential members for ap-
31 pointment to the advisory committee.

1 (6) The advisory committee shall consult with the Youth Suicide Inter-
2 vention and Prevention Coordinator on updates to the Youth Suicide Inter-
3 vention and Prevention Plan under ORS 418.733.

4 **SECTION 4.** ORS 418.747, as amended by section 62, chapter 73, Oregon
5 Laws 2024, is amended to read:

6 418.747. (1) The district attorney in each county shall be responsible for
7 developing county child abuse multidisciplinary teams to consist of but not
8 be limited to law enforcement personnel, Department of Human Services
9 child protective service workers, school officials, local health department
10 personnel, county mental health department personnel who have experience
11 with children and family mental health issues, child abuse intervention cen-
12 ter workers, if available, **current or former court appointed special ad-**
13 **vocates** and juvenile department representatives, as well as others specially
14 trained in child abuse, child sexual abuse and rape of children investigation.

15 (2) The teams shall develop a written protocol for immediate investigation
16 of and notification procedures for child abuse cases, including child sexual
17 abuse, and for interviewing child abuse victims. Each team also shall develop
18 written agreements signed by member agencies that are represented on the
19 team that specify:

20 (a) The role of each agency;

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

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

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

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

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

30 (3) Each team member and the personnel conducting child abuse investi-
31 gations and interviews of child abuse victims shall be trained in risk as-

1 sessment, the dynamics of child abuse, child sexual abuse and rape of
2 children, and forensic interviewing.

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

14 (5) To ensure the protection and safe placement of a child, the Depart-
15 ment of Human Services may request that team members obtain criminal
16 history information on any person who is part of the household where the
17 department may place or has placed a child who is in the department's cus-
18 tody. All information obtained by the team members and the department in
19 the exercise of their duties is confidential and may be disclosed only when
20 necessary to ensure the safe placement of a child.

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

22 (7)(a) Each team shall develop and implement procedures for evaluating
23 and reporting compliance of member agencies with the protocols and proce-
24 dures required under this section. Each team shall submit to the adminis-
25 trator of the Child Abuse Multidisciplinary Intervention Program copies of
26 the protocols and procedures required under this section and the results of
27 the evaluation as requested.

28 (b) The administrator may:

29 (A) Consider the evaluation results when making eligibility determi-
30 nations under ORS 418.746 (3);

31 (B) If requested by the Advisory Council on Child Abuse Assessment, ask

1 a team to revise the protocols and procedures being used by the team based
2 on the evaluation results; or

3 (C) Ask a team to evaluate the team's compliance with the protocols and
4 procedures in a particular case.

5 (c) The information and records compiled under this subsection are ex-
6 empt from ORS 192.311 to 192.478.

7 (8) Each team shall develop policies that provide for an independent re-
8 view of investigation procedures of sensitive cases after completion of court
9 actions on particular cases. The policies shall include independent citizen
10 input. Parents of child abuse victims shall be notified of the review proce-
11 dure.

12 (9) Each team shall designate at least one physician, physician associate
13 or nurse practitioner who has been trained to conduct child abuse assess-
14 ments, as defined in ORS 418.782, and who is, or who may designate another
15 physician, physician associate or nurse practitioner who is, regularly avail-
16 able to conduct the medical assessment described in ORS 419B.023.

17 (10) If photographs are taken pursuant to ORS 419B.028, and if the team
18 meets to discuss the case, the photographs shall be made available to each
19 member of the team at the first meeting regarding the child's case following
20 the taking of the photographs.

21 (11) No later than September 1, 2008, each team shall submit to the De-
22 partment of Justice a written summary identifying the designated medical
23 professional described in subsection (9) of this section. After that date, this
24 information shall be included in each regular report to the Department of
25 Justice.

26 (12) If, after reasonable effort, the team is not able to identify a desig-
27 nated medical professional described in subsection (9) of this section, the
28 team shall develop a written plan outlining the necessary steps, recruitment
29 and training needed to make such a medical professional available to the
30 children of the county. The team shall also develop a written strategy to
31 ensure that each child in the county who is a suspected victim of child abuse

1 will receive a medical assessment in compliance with ORS 419B.023. This
2 strategy, and the estimated fiscal impact of any necessary recruitment and
3 training, shall be submitted to the Department of Justice no later than Sep-
4 tember 1, 2008. This information shall be included in each regular report to
5 the Department of Justice for each reporting period in which a team is not
6 able to identify a designated medical professional described in subsection (9)
7 of this section.

8 **SECTION 5.** ORS 418.782, as amended by section 63, chapter 73, Oregon
9 Laws 2024, is amended to read:

10 418.782. As used in ORS 418.746 to 418.796:

11 (1) “Child abuse” means “abuse” as defined by ORS 419B.005.

12 (2) “Child abuse assessment” means services provided by a children’s ad-
13 vocacy center for the purpose of determining whether or not a child has been
14 abused and identifying the appropriate treatment or referral for follow-up for
15 the child. “Child abuse assessment” may include one or more of the follow-
16 ing:

17 (a) A medical assessment;

18 (b) A forensic interview;

19 (c) Care coordination; or

20 (d) Family support.

21 (3) “Children’s advocacy center” means a facility that meets the facility
22 standards described in ORS 418.788, to which a child from the community
23 may be referred to receive a thorough child abuse assessment for the purpose
24 of determining whether the child has been abused or neglected, and that fa-
25 cilitates a coordinated, comprehensive and multidisciplinary response to
26 cases of child abuse.

27 (4) **“Court appointed special advocate” means a person in a CASA**
28 **Volunteer Program who is appointed by a court to act as a court ap-**
29 **pointed special advocate pursuant to ORS 419B.112.**

30 [(4)] (5) “Forensic interview” means an interview that is conducted by an
31 individual who has completed training described in ORS 418.788 for the

1 purpose of preserving a child's statements and that is conducted in a manner
2 that is legally sound, age appropriate, of a neutral, fact-finding nature and
3 coordinated to avoid duplicative interviewing.

4 [(5)] (6) "Medical assessment" means the taking of a child's thorough
5 medical history and a complete physical examination of the child, for the
6 purpose of making a medical diagnosis, by or under the direction of an in-
7 dividual trained in the evaluation, diagnosis and treatment of child abuse
8 who is a licensed physician, physician associate or nurse practitioner.

9 [(6)] (7) "Regional children's advocacy center" means a facility operated
10 by a children's advocacy center that meets the facility standards described
11 in ORS 418.788 and is selected by the Child Abuse Multidisciplinary Inter-
12 vention Program to provide training and complex case assistance.

13 [(7)] (8) "Training and complex case assistance" includes one or more of
14 the following:

- 15 (a) Consultation;
- 16 (b) Education;
- 17 (c) Referral;
- 18 (d) Technical assistance; and
- 19 (e) If authorized by the Department of Justice, other services as needed.

20 **SECTION 6.** ORS 418.784 is amended to read:

21 418.784. (1) There is created the Advisory Council on Child Abuse As-
22 sessment, consisting of at least [*nine*] **ten** members appointed by the Attor-
23 ney General. The Attorney General shall serve as an ex officio member of
24 the council. The council shall direct the administrator of the Child Abuse
25 Multidisciplinary Intervention Program on the administration of funds to
26 establish and maintain children's advocacy centers or regional children's
27 advocacy centers under ORS 418.746 to 418.796.

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

29 (a) One member [*shall*] **must** be an employee of the Department of Human
30 Services with duties related to child protective services;

31 (b) One member [*shall*] **must** be a physician licensed to practice medicine

1 in Oregon who specializes in children and families;

2 (c) One member [*shall*] **must** be a person having experience dealing with
3 child abuse;

4 (d) One member [*shall*] **must** be a district attorney or the designee of a
5 district attorney;

6 (e) One member [*shall*] **must** be an employee of a law enforcement agency,
7 in addition to the member who is a district attorney or the designee of a
8 district attorney;

9 (f) One member [*shall*] **must** be from an operating regional children's
10 advocacy center; [*and*]

11 **(g) One member must be a current or former court appointed spe-**
12 **cial advocate; and**

13 [(*g*)] **(h)** At least three members [*shall*] **must** be citizens with appropriate
14 interest in advocating for the medical interest of abused children.

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

16 (a) Are not entitled to compensation; and

17 (b) Are entitled to reimbursement for actual and necessary travel ex-
18 penses incurred by them in the performance of their official duties as mem-
19 bers of the council if there are sufficient funds available in the Child Abuse
20 Multidisciplinary Intervention Account established in ORS 418.746.

21 (4) Members of the council who are state employees carrying out their
22 state employment functions are entitled to compensation and reimbursement
23 by their employing agencies for actual and necessary travel and other ex-
24 penses incurred by them in the performance of their official duties as mem-
25 bers of the council.

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

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

30 (7) A majority of the members of the council constitutes a quorum for the
31 transaction of business.

1 **SECTION 7.** ORS 418.811 is amended to read:

2 418.811. (1) When the Department of Human Services becomes aware of
3 a critical incident, the department shall assign a Critical Incident Review
4 Team.

5 (2) The department shall assign the team required under subsection (1)
6 of this section no later than the earlier of:

7 (a) Ten days after the department becomes aware of a fatality that the
8 department reasonably believes is the result of child abuse; or

9 (b) Seven days after the department causes an investigation under ORS
10 419B.020 to be made into the nature and cause of a fatality when the de-
11 partment reasonably believes the fatality is the result of child abuse.

12 (3)(a) Members of the team shall include, at a minimum, the following:

13 (A) The Director of Human Services or a deputy director of the depart-
14 ment;

15 (B) The lead department personnel responsible for the administration and
16 oversight of the child welfare system within the department or the lead
17 personnel's deputy; [*and*]

18 (C) The department personnel responsible for media and
19 communications; **and**

20 **(D) A current court appointed special advocate, as defined in ORS**
21 **419A.004, chosen from a list furnished by the statewide coordinating**
22 **entity contracted with by the Oregon Department of Administrative**
23 **Services under ORS 184.492 of not fewer than three nor more than five**
24 **nominees who have no prior contact with or knowledge of the deceased**
25 **child or the deceased child's family.**

26 (b) Members of the team may include:

27 (A) Members of the public, appointed by the director, as appropriate;

28 (B) A juvenile court judge appointed by the Chief Justice of the Supreme
29 Court;

30 (C) A member of a local citizen review board established under ORS
31 419A.090 whose service area does not include the location where the critical

1 incident occurred; or

2 (D) If the director determines it is appropriate to include one or more
3 legislators as members of the team, up to one state Senator appointed by the
4 President of the Senate and one state Representative appointed by the
5 Speaker of the House of Representatives. A person is ineligible for appoint-
6 ment to a team under this subparagraph if the critical incident occurred in
7 the person's district, the person had prior contact with or knowledge of the
8 deceased child or the deceased child's family, or the person is a family
9 member of any person associated with the case.

10 (4)(a) During the course of its review of the case, the team may include
11 or consult with the district attorney from the county in which the critical
12 incident occurred.

13 (b) All members of the team must attend meetings of the team in person,
14 by telephone or by other two-way electronic communication device. A team
15 member may not send a delegate to meetings of the team to appear on the
16 member's behalf. Notwithstanding the provisions of this paragraph, a meet-
17 ing of the team may be convened and held even if one or more members are
18 unable to attend the meeting.

19 (5)(a) All information and records available to the department regarding
20 the critical incident shall be provided to team members. Information and
21 records under this subsection include, but are not limited to, medical records,
22 hospital records, records maintained by any state, county or local agency,
23 police investigative data, coroner or medical examiner investigative data and
24 social services records, as necessary to complete a case review under this
25 section.

26 (b) Information and records provided to team members are confidential
27 and may be disclosed only as necessary to carry out the purposes of the
28 team's case review.

29 (6) In reviewing the case to which the team has been assigned, the team
30 shall, with the assistance and cooperation of the department:

31 (a) Review the case with the primary focus on the history of the safety

1 and well-being of the child who was involved in the critical incident and any
2 other children who may be impacted by the circumstances surrounding the
3 critical incident.

4 (b) Document and make a part of the record of the case review all team
5 conclusions and decisions.

6 (c) Complete the case review even if:

7 (A) The team concludes that the critical incident was the result of the
8 actions of one or more department employees or staff and that such actions
9 were inconsistent with department policy or administrative rule; or

10 (B) The department's investigation into the critical incident results in a
11 finding that the report of child abuse is unfounded or cannot be determined,
12 as described in ORS 419B.026.

13 (d) Prepare and submit the final report required under ORS 418.813.

14 (7) If the team concludes that the critical incident involves personnel
15 matters relevant to the department, the department shall refer the matters
16 to the human resources or personnel divisions of the department.

17 (8) The team may meet, upon conclusion of a criminal investigation or
18 prosecution arising out of a child fatality to which the team was assigned
19 for review, with members of law enforcement that investigated the child
20 fatality or with the prosecuting attorneys who prosecuted the case for the
21 purpose of reviewing the conclusions and recommendations of the team and
22 the reports prepared and submitted by the team.

23 (9) The department shall adopt rules necessary to carry out the provisions
24 of ORS 418.806 to 418.816. The rules adopted by the department shall sub-
25 stantially conform with the department's child welfare protocol regarding
26 Notification and Review of Critical Incidents.

27 **SECTION 8.** ORS 418.978 is amended to read:

28 418.978. (1) A commission known as the System of Care Advisory Council
29 is established.

30 (2) The council consists of [25] **26** members appointed as follows:

31 (a) The Chief Justice of the Supreme Court shall appoint one represen-

1 tative from the Judicial Department.

2 (b) The Governor shall appoint:

3 (A) Two members who are representatives of the Department of Human
4 Services with extensive knowledge of systems of care, one of whom must
5 have direct experience with intellectual and developmental disabilities pro-
6 grams.

7 (B) One member who is a representative of the Oregon Youth Authority
8 with extensive knowledge of systems of care.

9 (C) One member who is a representative of the Oregon Health Authority
10 with extensive knowledge of systems of care.

11 (D) One member who is a representative of the Department of Education.

12 (E) Two members who are representatives of coordinated care organiza-
13 tions meeting the criteria adopted by the Oregon Health Authority under
14 ORS 414.572, at least one of which must provide services to rural communi-
15 ties.

16 (F) One psychiatrist, one psychologist and one pediatric physician, each
17 of whom must have clinical experience with youth.

18 (G) One member who is a representative of an entity that offers commer-
19 cial insurance.

20 (H) Three members who are representatives of agencies that provide dif-
21 ferent services and supports to youth and families of youth.

22 (I) One member who is a representative of organizations that advocate for
23 youth.

24 (J) One member who is a representative of organizations that advocate for
25 families of youth.

26 (K) Two members of the public, each of whom are family members of:

27 (i) Persons with intellectual or developmental disabilities or mental ill-
28 ness; or

29 (ii) Persons who are currently or were previously in the foster care sys-
30 tem or the youth criminal justice system.

31 (L) Two members of the public who are no more than 25 years of age at

1 the time of appointment or reappointment and who:

2 (i) Are persons with intellectual or developmental disabilities or mental
3 illness; or

4 (ii) Are currently or were previously a ward, youth or adjudicated youth,
5 as those terms are defined in ORS 419A.004.

6 (M) One member who is a county juvenile department director.

7 (N) One member who is a county mental health program director.

8 (O) One member who is a member of a federally recognized Indian tribe
9 in this state or a designee of the Indian tribe.

10 (P) One member who is a representative of Oregon's federally mandated
11 disability protection and advocacy agency.

12 **(Q) One member who is a current or former court appointed special**
13 **advocate, as defined in ORS 419A.004.**

14 (3) The term of office of each member of the council is four years, but a
15 member serves at the pleasure of the appointing authority. Before the expi-
16 ration of the term of a member, a successor shall be appointed whose term
17 begins on January 2 next following. A member is eligible for reappointment
18 to one additional term. If there is a vacancy for any cause, the appointing
19 authority shall make an appointment to become immediately effective for the
20 unexpired term.

21 (4)(a) Members of the council who are not state employees are not enti-
22 tled to compensation or reimbursement for expenses and serve as volunteers
23 on the council.

24 (b) Notwithstanding paragraph (a) of this subsection, members of the
25 council described in subsection (2)(b)(K) and (L) of this section may be re-
26 imburged for travel and other reasonable expenses associated with serving
27 on the council.

28 (5) Members of the council who are state employees carrying out their
29 state employment functions are entitled to compensation and reimbursement
30 by their employing agencies for actual and necessary travel and other ex-
31 penses incurred by them in the performance of their official duties as mem-

1 bers of the council.

2 (6) The Governor shall appoint one of the members as chairperson, to
3 serve at the pleasure of the Governor. The members of the council shall elect
4 from among themselves a vice chairperson who shall preside over meetings
5 and exercise the functions of the chairperson during the absence or disability
6 of the chairperson. The chairperson and the vice chairperson shall execute
7 the duties determined by the council to be necessary.

8 (7) The council shall appoint an executive director who shall be in the
9 exempt service and who shall be responsible for the performance of duties
10 assigned by the council. Subject to the State Personnel Relations Law, the
11 executive director may employ appropriate staff to carry out the duties as-
12 signed by the council.

13 (8) The council shall meet at least four times per year at a place, day and
14 hour determined by the council.

15 (9) A majority of the members of the council constitutes a quorum for the
16 transaction of business.

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