



Oregon SATF Campus Advocate Role & Referral Guide: Advocates, Mental Health & Medical Care Providers

HOW TO USE THIS RESOURCE

The attached chart gives a quick overview of common services provided to victims of crime, and describes whether advocates, mental health care providers or medical care providers are able to provide these services to students in Oregon.

This chart can help practitioners clearly delineate roles and services on campus, explain services (and their limitations) to survivors, and provide additional education for stakeholders.

KEY

Green = practitioner is able to provide this service to students

Yellow = practitioner may be able to provide this service (may vary by licensure, individual training, or campus rule)

Red = practitioner is not able to provide this service due to licensure or other restriction

Two versions of the chart are available:

1. The first chart (pages 2-4 of this document) provides brief detail of how the practitioner intersects with the particular service based on their professional role, and sites any limitations or state mandates associated with the role.
2. The second chart (page 5 of this document) is meant to serve as a quick-reference guide (or “one-pager”) that advocates can use to help clients, colleagues or other stakeholders understand the differences between the three roles (advocates, mental health care providers and medical care providers).

This resource is not intended as legal advice, nor should it be treated as such.

The attached resource is meant to provide a visual overview of aspects of the professional roles of advocates, mental health care providers and medical health care providers for the purpose of appropriate referrals. Please be advised that although we update materials on a continual basis, as research, new professional guidelines or case law changes, certain portions of content (including statistics) may become temporarily outdated.



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	ADVOCATES (CAMPUS-BASED)	MENTAL HEALTH CARE PROVIDERS	MEDICAL CARE PROVIDERS
Can this role keep a survivor's information private, confidential or privileged?	Advocates that have completed at least 40 hours of advocate training, 2 hours of privilege webinar specific to Oregon and work for a Qualified Victim Service Program as an <u>advocate</u> have legal privilege in Oregon (ORS 40.264)	Have legal privilege based on licensure. Student records required by state or federal law to be exempt from disclosure. [Formerly 192.496]	Have legal privilege based on licensure. Student records required by state or federal law to be exempt from disclosure. [Formerly 192.496]
Does this role have to report abuse of minors (under the age of 18)? (Another way of asking this: "Are staff in these roles considered Mandatory Reporters?")	Campus-based advocates are mandatory reporters of child abuse (as school employee, including an employee of a higher education institution; per Oregon Revised Statute 419B.005 (3)) Community-based advocates are <u>not</u> required to report child abuse in Oregon.	Must report child abuse (per Oregon Revised Statute 419B.005 (3)) Including: Psychologists; Regulated social workers; Licensed professional counselors; Licensed marriage and family therapists.	Oregon law states that all medical personnel are mandatory reporters (per Oregon Revised Statute 419B.005 (3)). Including: Physicians or physician assistants licensed under ORS chapter 677 or naturopathic physicians, including any intern or resident; Licensed practical nurses, registered nurses, nurse practitioners, nurse's aides, home health aides or employee of an in-home health services.
Does this role have to report self-harm or harm to others as part of their job?	Only required to report self-harm or harm to others if the advocate has actual knowledge and harm is imminent (within the proximity of the advocate, and means are available).	Licensed providers are mandated by state law to report certain behaviors to responsible authorities (e.g., the police, physicians, etc.). Licensure may have additional requirements.	Licensed providers are mandated by state law to report certain behaviors to responsible authorities (e.g., the police, physicians, etc.). Licensure may have additional requirements.
Can this role provide emergency response?	Respond in-person to hospitals, police stations and campuses for immediate crisis	Depending on the campus, may be available via after-hours hotline. Many schools have	Depending on the campus, may be available via after-hours hotline. Many schools have

	response.	MOUS with their county Public Health to have crisis response protocols for after hours staffing.	MOUS with their county Public Health to have crisis response protocols for after hours staffing.
Can this role accompany a survivor to a SANE exam or the hospital?	Receive training to accompany survivors during a SANE exam, are required by Oregon law (SB 759) to be called by police when survivor presents to law enforcement.	Do not accompany survivors to a SANE exam.	Medical providers that are trained as SANEs can perform exams for a survivor, additional medical staff should not be in the accompanying role for a survivor. SANE providers must call advocate per SB 759.
Can this role accompany a survivor to make a report to law enforcement, or be present for LE interviews?	<u>Required</u> to understand how to navigate local criminal justice processes, and can accompany survivors to interviews, restraining order hearings, trial and sentencing.	Do not accompany survivors to court or interviews with law enforcement.	Do not accompany survivors to court or interviews with law enforcement.
Can this role accompany a survivor throughout Title IX (or school conduct) proceedings, including interviews and hearings?	<u>Required</u> to understand the Title IX reporting process, can explain reporting options available to students and can accompany survivors through the process as support persons.	Depending on the campus, may be able to accompany survivors through the process as support persons, or be available during an on-call basis for survivors after interviews or hearings.	Do not accompany survivors through the Title IX process as support persons.
Can this role provide a survivor with <i>short-term</i> mental and emotional health support?	Support survivors through crisis-management, including grounding techniques, identifying coping skills and resource referrals/connections. Advocates do not utilize strategies like CBT, etc.	Support survivors through crisis-management, including grounding techniques, identifying coping skills and resource referrals/connections and may use therapeutic strategies (CBT, DBT, client-centered therapy, motivational interviewing, etc.)	Medical staff with focus on mental health care (Psychiatrist, PsyNP, MHNP, etc.) may provide ongoing monitoring and care for mental and emotional health.
Can this role provide a survivor with <i>long-term</i> mental and emotional health support?	Advocates do not provide ongoing mental health care (therapeutic) for survivors. If client needs ongoing care, advocate refers to mental health provider.	Mental health providers support survivors with ongoing, potentially long (including multi-year) support to survivors to develop positive thinking and coping skills and treat mental health issues (such as mental illness and trauma) with clinical approaches (CBT, DBT, client-centered therapy, motivational interviewing, etc.)	Do not provide ongoing mental health care (therapeutic) for survivors. If client needs ongoing care, professional refers to mental health provider. Exceptions include medical providers specializing in management of mental health (Psychiatrists, Psychiatric Nurse Practitioners, etc.)
Does this role provide a survivor with safety	<u>Required</u> to provide safety planning as a main function of their job.	May assist survivors with safety assessment and planning depending on training.	Medical staff <i>may</i> assess for safety and assist patients with safety planning.

planning (identifying strategies to promote safety and reduce risk of future violence)?	Advocates (or their agency / organization) may provide 24-7 safety-plan follow up with crisis lines and in-person services.	May or may not be available on an emergency or on-call basis for follow-up.	Are usually not available in an on-call capacity for safety-plan follow-up.
Does this role aid survivors in seeking academic remedies, no-contact orders, protective orders, emergency housing, campus escorts, and other interim measures?	Advocates are <u>required</u> to assist survivors in accessing and understanding academic accommodations, no-contact orders, protective orders, emergency housing, etc. on campus and in the greater community,	Depending on the school, mental health care providers may be able to describe remedies and protective measures to a student, usually cannot take student to off campus or on-campus offices to obtain paperwork or services.	Depending on the school, medical providers may be able to describe remedies and protective measures to a student, usually cannot take student to off campus or on-campus offices to obtain paperwork or services.
Does this role provide treatment of Sexual Offenders / Perpetrators / Respondents?	Advocates do not meet with sexual offenders when that is the primary reason for seeking services.	Mental health care providers care for all students. May refer to specialized treatment with provider specializing in offender management and treatment.	Medical providers care for all students.
Does this role meet with survivors in person, talk on the phone, or communicate with survivors via text or email?	Advocates may communicate with a survivor in the means that is most appropriate/safe for the survivor and that follows the professional guidelines as outlined by the advocacy agency/program.	Mental health care providers must communicate with clients in a HIPPA compliant manner.	Medical care providers must communicate with clients in a HIPPA compliant manner.
Does this role provide support for friends and allies?	Advocates provide support for friends and allies of survivors (including family members, partners and/or children as necessary).	Mental health care providers may also provide support for friends and allies.	Medical providers may treat friends and allies of survivors to the extent that they require medical attention.
Does this role connect survivors with other resources (such as counseling services, local sexual assault or domestic violence agency, law enforcement, culturally-specific services or legal advocacy)?	Resource referral is a primary function and requirement of the advocate role.	Mental health care providers often connect survivors with other resources.	Medical care providers often connect survivors with other resources.



OREGON SATF Campus Advocate Role & Referral Guide: Quick Reference Sheet

	ADVOCATES	MENTAL HEALTH CARE PROVIDERS	MEDICAL CARE PROVIDERS
Legal Privilege	yes	yes	yes
Emergency Response	yes	maybe	maybe
Hospital/SANE Accompaniment	yes	no	no
Law Enforcement Accompaniment	yes	no	no
Title IX Proceedings Accompaniment	yes	maybe	no
Short-term Mental & Emotional Support	yes, non-therapeutic	yes, therapeutic	yes, non-therapeutic
Long-term Mental & Emotional Support	no (refer to mental health care provider)	yes, therapeutic	no* (excluding mental health care medical providers)
Mandatory Reporting for Minors (under age 18)	yes* (*community-based advocates are not mandatory reporters of child abuse)	yes	yes
Reporting of self-harm or harm to others	maybe	yes	yes
Safety Planning	yes	maybe	maybe
Aid survivors in seeking academic accommodations, no-contact orders, protective orders, emergency housing, campus escorts, and other accommodations	yes	may be able to provide information about campus and community resources	may be able to provide information about campus and community resources
Treatment of Sexual Offenders / Perpetrators / Respondents	no	yes	yes
Meet with survivors in person, talk on the phone, or via text or email	yes	needs to be HIPPA compliant	needs to be HIPPA compliant
Provide support for friends and allies	yes	maybe	only if medical need
Connect survivors with other resources, such as counseling, local sexual assault or domestic violence agency, or legal advocacy	yes	yes	yes